

**Committee Name and Date of Committee Meeting**

Cabinet – 12 February 2024

**Report Title**

Local Stop Smoking Services and Support Grant

**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)**

Michael Ng, Operational Commissioner (Public Health)  
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**Ward(s) Affected**

Borough-Wide

**Report Summary**

The Department of Health and Social Care (DHSC) is making a grant available to Rotherham for the next five years to support people in stopping smoking. The value of the grant for 2024/25 is £384,845. This paper outlines how this grant will be allocated in line with the Rotherham Tobacco Control Work Plan.

**Recommendations**

That Cabinet:

1. Agrees to the proposed allocation of this grant to support the delivery of stop-smoking services as detailed across the themes within the Tobacco Control Work Plan.
2. Agrees that the approval of the details of the type of stop-smoking services and their administration is delegated to the Public Health Director in line with the Tobacco Work Plan.

**List of Appendices Included**

- Appendix 1 Tobacco Control Work Plan (2022/23 – 2024/25)
- Appendix 2 Initial Equality Screening Assessment
- Appendix 3 Equality Analysis Form
- Appendix 4 Carbon Impact Assessment

**Background Papers**

[The Khan review: making smoking obsolete.](#)

[Swap to Stop](#)

[Cabinet Report: Tobacco Control Review 16 October 2023](#)

[Notice of motion: Tobacco Control 12 April 2023](#)

[Health and Wellbeing Board 25 January 2023](#)

[Cabinet Report: Public Health, Healthy Lifestyle Services Pathway 16 May 2022](#)

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

No

**Council Approval Required**

No

**Exempt from the Press and Public**

No

## **Local Stop Smoking Services and Support Grant**

### **1. Background**

- 1.1 This report sets out the proposals for allocating the Local Stop Smoking Services and Support Grant, which is being made available to the Council by DHSC.
- 1.2 On 8 November 2023, the Government announced a set of Tobacco Control proposals in response to the Khan Review and the Government's ambition to make England smoke-free by 2030. Alongside the proposed legislation to create a 'Smokefree Generation', a ringfenced £70m Local Stop Smoking and Support Grant was announced with the intention of supporting an additional 360,000 people to quit smoking nationally.
- 1.3 Rotherham's allocation, based on an estimated smoking prevalence of 15.39%, is £384,845 in funding allocated for 2024/25 and a similar amount (to be confirmed annually) each year through to 2028/29, giving an estimated total of £1.92m over five years.
- 1.4 The announcement also highlighted that the funding should be used to link smokers to the most effective interventions and support the 'Swap to Stop' scheme which is managed by Connect Healthcare Rotherham Community Interest Company (CiC).

### **2. Key Issues**

- 2.1 This additional funding aims to ensure there is a comprehensive offer to help people stop smoking in Rotherham and to increase the number of smokers engaging with effective interventions to quit smoking by:
  - Stimulating more quit attempts by providing more smokers with advice and swift support.
  - Linking smokers to the most effective interventions to quit.
  - Boosting existing behavioural support schemes designed to encourage smokers to quit (for example, the 'swap to stop' scheme).
  - Building capacity in local areas to respond to increased demand.
  - Strengthening partnerships in local healthcare systems.
- 2.2 The grant conditions stipulate that the currently declared annual expenditure of £397,193 is maintained. This figure was required to be reported to NHS Digital by Parkwood Healthcare (the provider of these services at the time) for 2022/23. The data return is part of Rotherham statistics for Stop Smoking Services and includes £224,000 on service delivery and £173,193 on the provision of Nicotine Replacement Therapy (NRT).

2.3 The funding will stimulate additional quit attempts, link smokers to effective interventions, boost community stop-smoking service (CSSS) capacity, build professional competence, and strengthen partnerships within local healthcare systems.

2.3.1 A full Council motion on 12 April 2023 and the Tobacco Control Review report to Cabinet on 16 October 2023 noted that the current national investment was insufficient to meet the Smokefree 2030 ambition at that time.

2.3.2 This additional funding is crucial; however, current modelling by Rotherham's Public Health Intelligence team indicates that reaching Rotherham's ambition to become Smokefree by 2030 (<5% prevalence) may require further investment.

2.3.3 The table below highlights the proposed activity, which aligns with the strategic aims detailed in the Work Plan, with the majority of the grant being allocated to the CSSS.

2.3.4 The amount is expected to vary on an annual basis depending on need as the smoking prevalence reduces.

## 2.4 **Strategic Aims and proposed activity:**

2.4.1 Quit for good. Encourage and support smokers to quit for good:

- Recruiting additional dedicated specialist staff to provide smoking cessation interventions and support.
- Improving the knowledge and skills of non-specialist staff (other healthcare professionals like nurses and pharmacists) to extend the reach of stop-smoking interventions.

2.4.2 Reduce variation in smoking rates by tackling inequalities:

- Providing access to specialist and non-specialist advisers in locations where the most addicted smokers routinely attend, such as GP surgeries, mental health services and employers.
- Increasing spending for stop smoking aids for smokers to use in their quit attempts from the range of products available as recommended by National Centre for Smoking Cessation and Training (NCSCT) and the National Institute for Health and Care Excellence (NICE) guideline NG209.
- Enhancing the overall service infrastructure, digital and remote support and establishing a physical presence in prominent locations.
- Targeted outreach efforts, especially for local priority populations.

2.4.3 Strategy and Coordination. Delivering a coordinated tobacco control policy, strategy, governance and monitoring system:

- Develop a communication and engagement plan with a focus on changing social norms within communities with high smoking rates.

#### 2.4.4 Stop the start. Reduce the number of people taking up smoking:

- Development of the South Yorkshire Tobacco Control Alliance to support the building of demand for the services by promoting the local options available directly to smokers and working with partners in the local system to stimulate quit attempts to refer people swiftly into effective support.

2.5 Although the funding allocation for 2024/25 has been confirmed, the allocation in future years may vary as the prevalence reduces locally and nationally; the allocations will be managed to reflect any changes in the allocation.

2.6 The Council currently has a 4-year contract with Connect Healthcare CIC to deliver stop-smoking services with the option to extend annually for up to five years. The final expiry date is up to 30 September 2033. This contract has a lifetime value of £4,039,200. This new grant is not included in this value.

2.7 A Public Health Consultant chairs the Rotherham Tobacco Control Steering Group with oversight of the Director of Public Health and will manage the grant allocation and outcomes. This group reports to the Health and Wellbeing Board. Funding allocated to Connect Healthcare Rotherham CIC will become part of the overall contract and service performance monitoring.

### 3. Options considered and recommended proposal

3.1 Option one and recommended. That Cabinet approves the proposed allocation of this grant to support the delivery of stop-smoking services as detailed across the themes within the Tobacco Control Work Plan and agrees that the approval of the details of the type of stop-smoking services and their administration is delegated to the Public Health Director in line with the Tobacco Work Plan.

3.2 Option two and not recommended. That Cabinet does not accept the funding, this option is not recommended as additional resource will enable Rotherham to go further and faster in reducing smoking prevalence within our communities and maximise the health and economic benefits for Rotherham residents.

### 4. Consultation on proposal

4.1 The Tobacco Control Steering Group have worked in partnership to develop the updated Tobacco Control Work Plan (2022/23 – 2024/25). The group membership includes Council Directorates (Adult Care, Housing and Public Health, Regeneration and Environment and Children and Young People's Services), Connect Rotherham Healthcare CIC, The Rotherham NHS Foundation Trust and Rotherham Doncaster and South Humber NHS Trust and representation from South Yorkshire Integrated Care Board Rotherham

Place. The Work plan was approved by the Health and Wellbeing Board on 25 January 2023 and endorsed by Cabinet on 16 October 2023.

## **5. Timetable and Accountability for Implementing this Decision**

- 5.1 The grant will be made available starting 1 April 2024. A contract will be agreed upon with Connect Rotherham Healthcare CIC by mid-March 2024, which will align with the aims of the work plan. Further contracts and agreements will be procured to manage any additional requirements during the five years of the grant.

## **6. Financial and Procurement Advice and Implications**

- 6.1 To receive the grant the Council is required to maintain current spending of £397,193 (see 2.2) as reported through NHS Digital.
- 6.2 The majority of the grant will be spent on commissioning a provider to deliver Stop Smoking services, but there is the potential for some spending with wider partners and within RMBC on the administration of the grant, depending on the work plan. (2.5).
- 6.3 The majority of the services described within this report would be defined as Health Care Services as set out in the Health Care Services (Provider Selection Regime) Regulations 2023 ("PSR"), which came into force on 1 January 2024.
- 6.4 The award of contracts for the year 1 allocation (£384,845), and any future grant monies to be received during years 2 – 5 must therefore be undertaken in accordance with the PSR.
- 6.5 The remainder of the services would fall within the scope of Public Contract Regulations 2015 (as amended) and must be procured in compliance with these.

## **7. Legal Advice and Implications**

- 7.1 The Strategic Director of Adult Care, Housing and Public Health is authorised to discharge executive functions through the commissioning and provision of social services for adults and public health services for the whole population and delivery of housing for the Borough, including in relation to Public Health (a) Commissioning and Quality (b) Health Improvement (c) Health Intelligence (d) Health Protection Save where the Leader or the relevant Portfolio Holder has directed or the Strategic Director considers that the matter should be referred to Cabinet for consideration Together with similar and ancillary functions which have not been delegated to another Strategic Director.
- 7.2 The conditions relating to this grant will form part of the grant agreement and therefore at this time it is not possible to see what they will be. The cover letter states that to receive the funding local authorities must maintain their existing spend on stop smoking services, as of SSS data provided for

Quarter 2 in 2022 -2023 throughout the whole grant period. They must also maintain compliance with the reporting requirements for expenditure related to the stop smoking service by submitting quarterly reports to NHS Digital. Detailed funding criteria and precise funding allocations will be communicated to local authorities through the formal grant agreement process.

## **8. Human Resources Advice and Implications**

8.1 There are no HR implications associated with this report.

## **9. Implications for Children and Young People and Vulnerable Adults**

9.1 Supporting adults to quit increases the likelihood of children living in smoke-free homes.

9.2 The grant funding is to support smokers to quit tobacco; the current commissioned service provided by Connect Healthcare Rotherham CIC includes a Young Person Stop Smoking service, which is delivered in partnership with the school nurses as part of the 0-19 Service (The Rotherham NHS Foundation Trust) for young people aged 12 and over who are dependent on nicotine.

9.3 The aim to reduce variation in smoking rates and will also direct efforts to support Rotherham's most vulnerable groups, including:

- People with mental health conditions.
- People working in routine and manual jobs.
- Communities in areas of high deprivation.
- Ethnic groups with a high smoking prevalence.
- LGBTQIA+ people.

9.4 The referral route via NHS Health Checks will support engagement with this population as the delivery of NHS Health Checks prioritises the populations of GP practices with the highest levels of deprivation.

## **10. Equalities and Human Rights Advice and Implications**

10.1 Some demographic groups are known to have higher rates of smoking and, therefore, be at greater risk of tobacco-related ill health, including people from lower socioeconomic groups. Interventions to reduce smoking in our communities will help to reduce this health inequality.

## **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 successful in reducing tobacco consumption in Rotherham, there will be indirect benefits along the tobacco supply chain.

## 12. Implications for Partners

- 12.1. Additional capacity within the community stop-smoking service will enable providers across the borough to play a more focused role in referring smokers they see in front-line services to access quick and effective support to quit. The community Stop Smoking service can receive referrals from any source, including self-referral and online.

## 13. Risks and Mitigation

- 13.1 Some of the smoking population might be described as more clinically complex (for example, they may have higher levels of tobacco dependency, live more complex lives or have a range of additional clinical needs or long-term conditions). Over time, there will be a greater proportion of the smoking population remaining in this group. This can make the task of the services more difficult over time whilst potentially increasing the cost of these interventions. To mitigate this challenge, it is important that services are resourced and that the most recent evidence-based practice is used with this group.
- 13.2 Failure to meet the grant conditions of maintaining the current spending on stop-smoking services and not delivering services as set out in the grant reporting conditions could lead to DHSC withholding up to 30% of the allocated financial year's funding.
- 13.3 The Public Health Commissioning team will manage compliance with the grant conditions via quarterly contract management meetings, which will monitor and manage grant spending, ensuring that services are delivered as outlined in the grant conditions, with the Public Health Senior Management Team and the Tobacco Control Group will have oversight of the grant spending via quarterly reporting.

## 14. Accountable Officers

Ben Anderson, Director of Public Health

Approvals obtained on behalf of Statutory Officers: -

	<b>Named Officer</b>	<b>Date</b>
Chief Executive	Sharon Kemp	29/01/24
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	23/01/24
Assistant Director, Legal Services (Monitoring Officer)	Phil Horsfield	23/01/24

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