

Committee Name and Date of Committee Meeting

Cabinet – 17 March 2025

Report Title

Confirmation of Supplementary Public Health Grants for 2025/26 and approval of grant spend

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

Rotherham Council received Supplementary Public Health Grant funding for substance misuse treatment and recovery and stop smoking and support during 2024/25. This paper provides an update on the 2024/25 spend, outlines the confirmation of allocations and changes to these supplementary grants for 2025/26 and seeks approval for delegating the 2025/26 spend to the Director of Public Health in line with the Grant conditions and associated plans.

Recommendations

That Cabinet:-

1. Note the delivery of commitments for 2024/2025 and the impacts of those services for Rotherham.
2. Note the allocations and changes to the supplementary Public Health Grants for 2025/2026.
3. Approve the delegation to Director of Public Health, in consultation with the lead member for Adult Care and Public Health, for spend against the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG) in line with grant conditions.

4. Approve the delegation to the Director of Public Health, in consultation with the lead member for Adult Care and Public Health, for the spend against the Local Stop Smoking Services and Support Grant (LSSSSG) for 2025/2026 in line with grant conditions.
5. Approve the delegation to the Director of Public Health, in consultation with the lead member for Adult Care and Public Health, for spend against the Individual Placement and Support Grant for 2025/26 in line with grant conditions.

List of Appendices Included

- Appendix 1 Part A Equality Impact assessment for services
- Appendix 2 Drug and Alcohol 2022 paper Part A Equality Impact assessment for services
- Appendix 3 Drug and Alcohol 2022 paper Part B Equality Analysis Form
- Appendix 4 LSSSSG 2024 paper Initial Equality Screening
- Appendix 5 LSSSSG 2024 paper Full Equality Analysis
- Appendix 6 Carbon Impact form

Background Papers

Drug and Alcohol Grants:

[Public Health Proposals for Drugs and Alcohol Grant 2022-2025](#)

[Public Health Proposals for Drugs and Alcohol Grant 2022-2025 - Annual update](#)

[Dame Carol Black's independent review of drugs: phase two report](#)

[From harm to hope: A 10-year drugs plan to cut crime and save lives](#)

[Additional drug and alcohol treatment funding allocations: 2022 to 2023](#)

[Additional drug and alcohol treatment funding allocations: 2023 to 2024 and 2024 to 2025](#)

Local Stop Smoking Services and Support Grant:

[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](#)

[Cabinet Report: Local Stop Smoking Services and Support Grant 12 February 2024](#)

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

Confirmation of Supplementary Public Health Grants for 2025/26 and approval of grant spend

1. Background

- 1.1 Rotherham Council had received Supplementary Public Health Grant funding for substance misuse treatment and recovery and stop smoking and support during 2024/25. These grants were made as part of the Government strategies on Drugs and Alcohol, and Tobacco, respectively. Both Grants have specific conditions including maintaining baseline Public Health Grant spend on the respective core services.
- 1.2 The supplementary grants consist of:
- Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) – Rotherham allocation of £2,178,186.
 - Inpatient Detoxification Grant (IPD) – Rotherham allocation of £64,077.
 - Individual Placement Support Grant (IPS) – Rotherham allocation of £165,719.
 - the Local Stop Smoking Services and Support Grant (LSSSSG) – Rotherham allocation of £398,587.
- 1.3 This paper provides an update on the 2024/25 spend against each of these grants. It outlines the changes to these supplementary grants for 2025/26 and the confirmation of allocations to Rotherham Council. It seeks approval for delegating the 2025/26 spend to the Director of Public Health in consultation with the lead member for Adult Care and Public Health and in line with the Grant conditions and associated plans.

Drug and Alcohol Treatment and Recovery Grants

- 1.4 In July 2022 Cabinet received a report 'Public Health Proposals for Drugs and Alcohol Grant 2022-2025' outlining the availability of 2 grants being made available to Rotherham by the Office for Health Improvement and Disparities (OHID)- part of the Department of Health and Social Care- to support the drug and alcohol treatment and recovery agenda, and recommendations on how they could be utilised. These grants are: The Supplemental Substance Misuse Recovery and Treatment Grant (SSMTRG) and the Inpatient Detoxification (IPD) Grant. This paper and the subsequent September 2023 Cabinet report contain further details.
- 1.5 OHID also allocated grant funding for the Rotherham Individual Placement and Support (IPS) service which launched in December 2022. The funding is aimed at delivering employment support for those in substance misuse treatment.
- 1.6 For 2025/26 continuation of this funding OHID have amalgamated several grants into a single Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). The grants that will be consolidated which are received by Rotherham are SSMTRG and the IPD grant, with IPS grant remaining as a standalone grant.
- 1.7 Rotherham's allocation for the DATRIG has been confirmed as £2,242,263, which is the same as the combined amount received through the SSMTRG and IPD

grants for 2024/25 with no uplift for inflation. The DATRIG grant priorities are broadly the same as those for SSMTRG, with the renewed areas of focus being:

1. Quality system coordination and commissioning.
2. Improving capacity and quality of children and young people's alcohol and drug services.
3. Outreach and harm reduction provision.
4. Strong care pathways and integration between education, criminal justice, health, housing and social care services and alcohol and drug treatment.
5. High quality of treatment services.
6. Increased capacity and quality of recovery support services.
7. Strengthened local recovery community.

1.8 The 25/26 Grant Plan has been developed in consultation with the Rotherham Combatting Drugs Partnership (CDP) and is subject to an approval process from OHID.

1.9 Whilst the DATRIG is made as part of a 10-year national strategy, this is a one year allocation and there is currently no certainty of funding beyond 2025/26.

1.10 Rotherham's 2025/26 allocation for the Individual Placement Support Grant is £165,719 giving an uplift on the 2024/25 allocation.

Local Stop Smoking Services and Support Grant

1.11 In February 2024 Cabinet received a report following the Government announcement of 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.

1.12 Rotherham's allocation was £384,845 for 2024/25. Based on an estimated smoking prevalence of 15.15% (Average 3-Year Smoking Prevalence for 2021-2023), this allocation has increased to £398,587 for 2025/26 with a similar amount to be confirmed each year through to 2028/29, giving an estimated total of £1.92m over five years.

Grant allocations

1.13 A summary of the 2025/2026 supplementary Grant Allocations compared to 2024/2025 is shown below (SSMTRG and IPD shown as DATRIG components in 2025/2026):

		2024/25	2025/26
Drug and Alcohol Treatment and Recovery Improvement Grant	Supplemental Substance Misuse Treatment and Recovery Grant	£2,178,186	£2,178,186*
	Inpatient	£64,077	£64,077*

	Detoxification Grant		
	Total	-	£2,242,263*
Individual Placement Support		£157,432	£165,719
Local Stop Smoking Services and Support Grant		£384,845	£398,587

*Amounts are subject to the Department of Health and Social Care (DHSC) and Treasury approvals and as such final allocations could vary.

2. Key Issues

Grant Activity

2.1 The below provides an overview on the delivery of and spend against the SSMTRG, IPD and LSSSSG Grants for 24/25 and overview outlines the future targets and plans for the 25/26 Grants.

2.2 The aims of SSMTR Grant were to increase access to structured substance misuse treatment and recovery, both within commissioned services and wider partners. The forecasted end of year spend is to budget (£2,178,186). Activity funded in 24/25 has included: quicker access to treatment, enhanced Children's and families and criminal justice provision, additional residential rehabilitation placements and increased clinical capacity. The below table describes progress of the workstreams funded via the SSMTRG as continued from the previous update.

Forecast 24/25 spend)	Update
Commissioning support staff (£270,398)	All staff are in place, including additional Commissioning Officer resource until March 2025 to support with the management of the new DATRIG funding and project management/set up. There are 5.5WTE Public Health and Commissioning support posts attached to the SSMTRG.
Drug & Alcohol Related Death (DARD) Review Process (£25,999)	Drug and alcohol death surveillance system, provided by Quality Education Solutions Ltd (QES), procured. With You staff and key partners have been trained on the system, with further training of partners to be rolled out. Three DARD Review panel sessions have been held to inform the development of the death review process. A Prevention Officer employed by South Yorkshire Police (SYP) continues to be crucial in the co-ordination of Rotherham processes with the other South Yorkshire Local Authorities and the sharing of drug intelligence from SYP.

	The SYP naloxone pilot was successfully launched in December 2024, funded via the SSMTRG and SYP are indicating that officers have saved two lives within the first month.
Workforce Development (£42,249)	Over 1000 professionals in Rotherham have attended substance misuse skills and awareness training. Bespoke sessions have also been delivered, such as Foetal Alcohol Syndrome Disorder training to midwives. Feedback from all training sessions has highlighted the positive impact on individual's roles.
Residential Rehabilitation (£316,179)	23 placements have commenced (year to date) and performance is on track to meet the target of 26. A wider range of rehabilitation providers have been used and enhanced mental health units. When clients achieve an alcohol and drug free lifestyle this then supports others, providing role models of visible recovery.
Treatment provider activity (£1,019,160)	Additional activity delivered by With You (the commissioned drug and alcohol service provider) during 24/25 includes: <ul style="list-style-type: none"> • Harm reduction provision • Enhanced Criminal Justice activity • Increased prescribing and access to treatment • Community Alcohol treatment and detoxification • Dual diagnosis clinical provision • Enhanced Treatment access • Recovery- long term opiates • Young People school workers Activity outcomes and targets are shown in section 2.4 below.
Sexual Health Service substance misuse screening project (£79,995)	The project is to discontinue as planned after 31 st of March 2025. As a result of the project, substance misuse screening has been embedded within sexual health assessments. Staff from both ROADS and The Rotherham Foundation Trust have been upskilled in this area.
Early Help Substance Misuse Team CYPS (£134,196)	The staff team are in post and working from the Family Hubs. The team commenced taking referrals from September 2023, and data shows positive outcomes in engagement of families, reductions in substance use and engagement with ROADS. The wider Early Help staff have been upskilled and now screen for substance use issues in all new assessments.
Dual Diagnosis substance misuse and mental health issues (spend included with treatment provider activity)	Activity has included work to develop pathways for people presenting with a substance misuse issue who are thought to also have mental health concerns.

Recovery Community this is being delivered by Voluntary Action Rotherham (£285,000)	There is now a visible and accessible recovery offer in Rotherham, with 1488 attendances at recovery activities and events during 23/24, and 16 recovery grants awarded to fund grass roots recovery activity in the community. VAR are supporting existing recovery community groups and activities to become sustainable in applying for other funding or becoming Community Interest Companies.
Alcohol Screening and Brief intervention (including DrinkCoach) (£5,010)	Promotion of the online alcohol intervention via GP text messages to patients and well as a social media campaign have proved successful in increasing the number of people accessing the website and using the AUDIT screening tool to assess their alcohol consumption.

2.3 The aim of the Inpatient Detoxification allocation, which is delivered through a consortia led by Doncaster MBC, is to increase access to inpatient detoxification for individuals using both drugs or alcohol where community interventions are not appropriate. The allocation of £64,077 has been used in full - this equates to 12 placements for Rotherham residents.

Drug and Alcohol Treatment and Recovery Improvement Grant

2.4 This table displays the key OHID SSMTRG/ DATRIG targets, including 2022 baseline data, current performance and 2025/26 ambitions.

Local Target	Baseline (March '22)	Recent Performance (Sept '24)	2024/25 ambition	2025/2026 ambition*
Adults in treatment	2016	2294	2415	2415
Young people in treatment	34	74	34	74
Adults attending residential rehabilitation	1	28	26	28
Proportion of adults with substance misuse problems leaving prison are engaged with treatment (Continuity of Care)	29%	58%	75%	75%

*indicative targets as currently set in the OHID planning documents. To be agreed by OHID and the Council.

2.5 DATRIG targets for 2025/2026 have been set to maintain 2024/25 performance or achieve previous ambitions where these are yet to be met. Rotherham has met several of the 2024/2025 SSMTRG targets already and continues to work towards the ambitions for Continuity of Care (between prison and community services on

prisoner release) and the numbers of adults in treatment for opiate use. There is an additional focus, not just on numbers in treatment in 2025/2026 but also on treatment quality which is represented by targets for retention and progress in treatment.

- 2.6 The Local Delivery Plan will undergo a process, with confirmation from OHID as per grant conditions, with planned activity including the expansion of Rotherham's Recovery Community, and improving the quality and capacity of treatment within ROADS.
- 2.7 The aims of Individual Placement Support grant are to support individuals who are accessing substance misuse treatment to gain employment and to sustain this in the longer term. This also supports positive treatment and recovery outcomes. The forecast end of year spend is to budget (£157,432). Activity funded in 24/25 has included staffing, promotional activity and client expenses, such as travel, clothing expenses and role-specific training (e.g. food hygiene qualification). In the period, December 2022 to February 2024 the IPS service in Rotherham achieved 60 Job Entries from 336 referrals to the service.

Local Stop Smoking Services and Support Grant

- 2.8 The aim of LSSSG 24/25 is to build capacity and demand in the local stop smoking service and increase the number of people setting a quit date by 5,330, with the aim for Rotherham to become smoke free by 2030 (defined as achieving <5% prevalence).
- 2.9 The forecast end of year spend is £384,845. Activity funded in 24/25 is detailed in section 2.9 with activity being funded through South Yorkshire Tobacco Alliance and Connect Healthcare Rotherham CIC.
- 2.10 Activity aligned to the five strategic aims in the South Yorkshire Tobacco Control Workplan, which has been delivered through the grant in 24/25 are detailed below.
- Tobacco Alliance (£40,000)
 - Contributed to the South Yorkshire Tobacco Alliance delivery of a South Yorkshire 'Smokefree Starts' communication and engagement plan with a focus on changing social norms within communities with high smoking rates. Two regional online streaming tv adverts were created with a focus on mental health and tackling the myths around smoking and mental wellbeing. A new regional website landing page supported smokers to reach local stop smoking service support.
 - Connect Healthcare CIC (£344,845)
 - Recruited a 3.5 additional dedicated specialist staff to provide smoking cessation interventions and support.
 - Delivered training to improve the knowledge and skills of non-specialist staff to extend the reach of stop-smoking interventions.
 - Provided increased access to specialist and non-specialist advisers in locations where the most addicted smokers routinely attend, such as GP

surgeries, mental health services, the hospital QUIT programme, Lung Health Checks and employers.

- Increased 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.
- Enhanced the overall stop smoking service infrastructure, digital and remote support and establishing a physical presence in prominent locations.
- Targeted outreach efforts, especially for local priority populations, such as ethnic groups and manual and routine workers.

2.11 The published data for the delivery of the LSSSG so far covers Q1 stop smoking service quits for April to June 2024. The target set by the DHSC was to increase the number of people setting a quit date by 267 in year 1 and increases to 533 in year 2, 1,333 in year 3 and 1,599 for years 4 and 5. In the first three months the service has increased the number of people setting a quit date by 144, and it is therefore expected that the service will exceed the target. There was no target for number of successful quits, but the table shows the rate has remained similar whilst the number has increased.

	Setting a quit date	Successful Quitter
April 2023 to June 2023	189	142 (75%)
April 2024 to June 2024	333	234 (71%)
Difference	+144	+92

2.12 Plans for 2025/2026 delivery of the grant follow the same strategic aims as developed previously to align with the Khan review.

3. Options considered and recommended proposal

3.1 Option one is to accept the recommendations that: That Cabinet notes the proposed allocation of the Supplementary public health grants (DATRIG, IPS and LSSSG) to support the delivery of drug and alcohol treatment and recovery and stop-smoking services as detailed in the paper and associated work plans and approves delegation to the Director of Public Health in consultation with the lead member for Adult Care and Public Health for the spend of the grants in line with grant conditions.

3.2 Option two is not to accept the funding, this is not recommended. That Cabinet does not accept the funding. Not recommended as this additional resource will enable Rotherham to continue the positive impacts already achieved. The risks associated with this option would be the need to give staff notice and any associated costs both within the Council and for commissioned services.

3.3 It is recommended that Cabinet:

1. Note the progress made against the targets for 2024/2025 and the impacts of those improvements for Rotherham.

2. Note the allocations and changes to the supplementary Public Health Grants for 2025/2026.
3. Approve the delegation to the Director of Public Health for spend against the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG) in line with grant conditions.
4. Approve the delegation to the Director of Public Health for the spend against the Local Stop Smoking Services and Support Grant (LSSSSG) for 2025/2026 in line with grant conditions.
5. Approve the delegation to the Director of Public Health for spend against the Individual Placement and Support Grant for 2025/26 in line with grant conditions.

4. Consultation on proposal

- 4.1 The Council's Grant Acceptance process has been adhered to for each grant.
- 4.2 The Operational grant group, which worked to develop plans for SSMTRG expenditure, continues to contribute to grant plan development and management and now reports to the CDP. Additional groups have been established as appropriate to inform the priorities on the grant allocation.
- 4.3 The Tobacco Control Steering Group have worked in partnership to develop the updated Tobacco Control Work Plan (2025– 2029). 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. This group meets quarterly to continue to oversee and contribute to the delivery of the work plan.

5. Timetable and Accountability for Implementing this Decision

- 5.1 The grant awards will be made to the Council for the year 2025/26, with quarterly payment terms. Following Cabinet approval Memoranda of Understanding will be signed with Government and grant spending will commence in line with the grant conditions and local strategies.

6. Financial and Procurement Advice and Implications

- 6.1 The 2024/25 grant is expected to be fully spent in line with grant conditions and Council procedures and should Cabinet approve that the 2025/26 grant it will be similarly managed.
- 6.2 Where applicable the procurement requirements described at sections 2.2 and 2.8. have been procured in compliance with the Councils Financial and Procurement Procedure Rules and the Health Care Services (Provider Selection Regime) Regulations 2023.

Subject to acceptance of the proposed grant funding future procurement activity must be undertaken in compliance with the Council Financial and Procurement Procedure Rules and applicable legislation, Public Contract Regulations 2015 (as amended) to be replaced with the Procurement Act 2023 on the 24th February 2025 or Health Care Services (Provider Selection Regime) Regulations 2023.

7. Legal Advice and Implications

- 7.1 Under the Health and Social Care Act 2012, the Council is responsible for improving the health of the Borough's population and part of this relates to the provision of services relating to the prevention of alcohol and drug misuse, supporting stop smoking, and also delivering employment support for those in substance misuse treatment. These functions are not reserved to the Council in legislation or regulations and therefore are executive functions, exercisable by the Cabinet, and capable of delegation in accordance with this report.
- 7.2 These functions are not reserved to Council in legislation or regulations and therefore are executive functions, exercisable by the Cabinet. The Service must ensure compliance with all the grants' conditions which includes the claims, reporting, and monitoring arrangements set out in the terms and conditions of the three grants; DATRIG, LSSSSG, and Individual Placement and Support Grant are followed in accordance with Rule 14.10 to 14.14 of the Council's Financial, Procurement Procedure Rules."

8. Human Resources Advice and Implications

- 8.1 All of the roles created by SSMTRG, continued by the 2025/2026 DATRIG allocation will potentially be at risk should the expected Grant be discontinued after that time, both within the Council and in provider services. Due Human Resources processes will be complied with should there be a service change.
- 8.2 There are no HR implications associated with LSSSSG for this report.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 Stakeholders including children's and young people's services, safeguarding, adult care and housing are integral to both the Combatting Drugs Partnership and the Operational Grant group. Within the new DATRIG plans there is a specific area of focus on Improving capacity and quality of children and young people's alcohol and drug services. This has been developed with ROADS and the findings from the recent Children and Young People's Drug and Alcohol Needs Assessment.
- 9.2 Supporting adults to quit increases the likelihood of children living in smoke-free homes.
- 9.3 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.

9.4 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.

9.5 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 An equalities screening has been completed to support this decision and is attached at Appendix 1. This screening concludes that an equalities impact assessment needs to be completed however, the previous impact assessments connected to these grants remain valid and so no new impact assessment has been completed. (The original impact assessments for these grants are attached at appendix 2,3,4 and 5 for information).

10.2 Some demographic groups are known to have higher rates of smoking and substance misuse, therefore, be at greater risk of substance misuse-related ill health, including people from lower socioeconomic groups. Interventions to reduce prevalence of substance misuse 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. A Carbon Impact Assessment form has been completed and can be reviewed in Appendix 6.

12. Implications for Partners

12.1 For the Public Health Supplementary grants there are a range of key internal partners including Housing, CYPS, Regeneration and Environment and Safeguarding. Key external partners include the current service providers WITHYOU and Connect Healthcare, South Yorkshire Police (including District Commander of Rotherham, and CDP co-chair, Chief Superintendent), South Yorkshire Probation Service, The Police and Crime Commissioner's Office, Public Health commissioned sexual health services, Voluntary Action Rotherham, Local NHS strategic leads including the Alcohol Care Team at TRFT and RDaSH mental health services. These partners are actively engaged in delivery and oversight of the grants through the Combatting Drugs Partnership and Tobacco Control Steering Group.

12.2 Additional capacity within these Public Health services will enable providers across the borough to play a more focused role in referring people they see in front-line services to access quick and effective support. These support services can receive referrals from any source, including self-referral and online.

13. Risks and Mitigation

13.1 As noted above, current grant allocations are indicative, there is a risk as authorisation process is completed with OHID the allocation may change.

13.2 DATRIG is part of a 10-year national strategy. The allocation continues to be provided on an annual basis and must be spent in the same financial year. To mitigate this, where possible, consideration is made for commissioning activity that will have a legacy impact (e.g. upskilling staff or improved processes).

13.3 There is a continued risk of SSMTRG/DATRIG underspend which may also impact on any possible future funding allocations beyond 2026. To mitigate this, there is flexibility within the plan to ensure minimisation of funds lost to Rotherham and maximisation of use of funds when there is further information on funding post 2026. The Public Health Commissioning team will manage this risk and Public Health Senior Management Team and Drug and Alcohol Grant Management Group will have oversight of grant spending.

13.4 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.

13.5 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.

13.6 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. The Public Health Senior Management Team and the Tobacco Control Group will have oversight of grant spending via quarterly reporting.

14. Accountable Officers

Ian Spicer, Strategic Director, ACH&PH

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	Date
Chief Executive	Sharon Kemp OBE	03/03/25
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	17/02/25
Assistant Director, Legal Services (Monitoring Officer)	Phillip Horsfield	19/02/25

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