

# HAMPSHIRE COUNTY COUNCIL

## Decision Report

<b>Decision Maker:</b>	Executive Lead Member for Adult Social Care and Public Health
<b>Date:</b>	19 March 2024
<b>Title:</b>	A Smokefree Generation: Smoking cessation and prevention services
<b>Report From:</b>	Director of Public Health

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### Purpose of this Report

1. The purpose of this report is to request approval from the Executive Lead Member for Adult Social Care and Public Health to spend up to a maximum amount of £23.0m on a new smoking cessation and prevention service over a period of seven years, with the purpose of supporting the government plan to create a smokefree generation and make smoking obsolete.

### Recommendation(s)

2. That the Executive Lead Member for Adult Social Care and Public Health gives approval to spend up to a maximum amount of £23.0m to procure smoking cessation and prevention services over a period of seven years, commencing April 2025 on a 4+3 year basis.

### Executive Summary

3. This report outlines plans to spend up to maximum amount of £23.0m on smoking cessation and prevention services over seven years considering recent government announcements to create a smokefree generation and make smoking obsolete. This will be funded from the ringfenced public health grant and an additional ringfenced allocation from the Local Stop Smoking Services and Support Grant. The Local Stop Smoking Services and Support Grant will enable the County Council to expand current evidence-based

interventions to reduce smoking rates, contingent on maintaining existing spend on smoking prevention and cessation.

## **Contextual Information**

4. Public Health currently commissions a smoking cessation and prevention service (Smokefree Hampshire) that supports 3,500 smokers to quit each year.
5. Smoking continues to be the single most preventable cause of ill health and premature death and main driver of health inequalities in Hampshire. Smoking is a major risk factor for many diseases such as lung cancer, respiratory disease (including chronic obstructive pulmonary disease) and heart disease. It is also strongly linked with cancers in other organs, including the lip, mouth, throat, bladder, kidney, stomach, liver, and cervix.
6. Smoking is no longer considered a lifestyle choice but a preventable addiction that requires treatment. Effective tobacco control measures can reduce the rates of smoking in the population by preventing uptake in non-smokers and by supporting current smokers to quit. Supporting people to stop smoking directly contributes to improving health and wellbeing. Evidence-based, specialist smoking cessation services are the most effective way to quit.
7. In 2022, it was estimated that 10.5% of the adult residents in Hampshire smoked, ranging from 5.5% in Winchester to 18.4% in Rushmoor. There are also differences in smoking rates by socio-demographic groups, for example rates being higher in routine and manual workers (21.1%) and residents with long term mental ill health (19.6%).
8. Modelling suggests that smoking could cost the Hampshire economy £1.1bn each year, a figure that is broken down into losses in economic productivity (£682m), social care costs (£329m), healthcare costs (£41m) and fire costs (£5m). The Hampshire Tobacco Control Strategy states that 4,522 residents die, and 8,631 residents are admitted to hospital each year because of smoking.
9. In October 2023, the government announced new ringfenced funding to local authorities (the Local Stop Smoking Services and Support Grant), additional to the ringfenced public health grant, as part of their ambition to create a smokefree generation and make smoking obsolete. The County Council's annual allocation of the Local Stop Smoking Services and Support Grant amounts to £1,381,823 from 06 April 2024 through to 05 April 2029, and should be spent on initiatives to support people to quit smoking. Allocations are based on local smoking rates, contingent on maintaining existing spend on smoking, and it is anticipated that allocations would remain similar each year.

## **Current Service**

10. The current commissioned service offers three tiers of support to provide a programme that meets the needs of smokers:
  - Specialist support for those who need it and are ready to quit with specialist support (specialist service).
  - Brief support and a stop smoking medicine for those who want help but do not require specialist support (GP/pharmacy and smoking cessation service).
  - Self-support for those who want to stop but do not want professional support (digital behavioural support via Artificial Intelligence Quit Adviser Bella/support pack).
  
11. Within the current contracted specialist smoking cessation service performance and quality targets are being achieved for most locally specified key performance indicators and information reporting requirements. The current service engages with 3,500 smokers annually, which is twice as many smokers than expected according to national guidance, and the Local Stop Smoking Services and Support Grant allows further service expansion.
  
12. Alongside the commissioned service, Public Health has a range of programmes that includes:
  - A multi-agency Hampshire Tobacco Alliance that brings partners together to align strategic priorities and provide support, resources, and collaborative working to prevent smoking and vaping and treat tobacco dependence. The work of the Alliance is underpinned by the Hampshire Tobacco Control Strategy 2024, which was presented at the Health and Wellbeing Board in March 2023.
  - An active programme of work with schools and colleges in Hampshire that supports the establishment of smokefree sites and provides resources to teachers and parents around smoking and vaping.
  - Communication and marketing campaigns that are regularly conducted throughout the year, with many focusing on higher risk groups such as pregnant women and younger people. Local campaigns are designed to amplify national and regional campaigns and work in conjunction with campaigns run by the specialist smoking cessation service.

## **Future Service**

13. The increase in government funding through the Local Stop Smoking Services and Support Grant, alongside the funding from the ringfenced public health grant, would enable the County Council to:

- procure a specialist service to expand our core evidence-based smoking cessation offer.
  - raise awareness of our specialist service through enhanced communications and marketing campaigns to the public.
  - deliver smoking prevention and cessation training for all health, care and wider workforce.
  - use innovative approaches targeted at localities and population groups to drive down smoking rates further.
14. Activity resulting from using the Local Stop Smoking Services and Support Grant would be delivered by the specialist provider and be monitored through existing reporting channels and would include information on the number of smokers setting a quit date and achieving a successful 4 week quit on a quarterly basis.
15. The emergence of electronic cigarette use among youth is of particular concern and the new procurement enables the provision of continued and additional focus on this area. This includes building on the programme of work with schools and colleges in Hampshire and developing a dedicated service for electronic cigarette cessation among children and young people.
16. The new procurement also allows for extending the existing programme of work to support smokers to use electronic cigarettes to quit and additionally supporting electronic cigarette users to quit by treating their underlying dependence to nicotine.
17. The service model would be adaptable to changes in prospective funding allocations, changes in smoking prevalence within Hampshire, changes in technology, and changes in the evidence-base around best practice and effective approaches. Future services would continue to provide the most intensive level of support to groups most at risk of smoking related ill health, including people living in areas of greatest deprivation, routine and manual workers, pregnant women, and those with existing ill health. The service, alongside the County Council, would also be expected to pro-actively market to target demographic groups using insight and market segmentation and provide a user-friendly digital front door as well as other access points to the service.
18. The procurement of this service enables us to review the current service model, build in improvements to the new contract, and expand the service to meet government ambitions to create a smokefree generation. There remains a large cohort of smokers who do not engage with current services and it is important understand how to reduce barriers to access, engagement and successful quits.

## **Finance**

19. Smoking cessation and prevention services are currently funded through the ringfenced public health grant and would be additionally funded by the ringfenced Local Stop Smoking Services and Support Grant from April 2025. It is proposed that the maximum spend would be £23.0m over the term of the seven years utilising both these grants.
20. The County Council's annual allocation of the Local Stop Smoking Services and Support Grant amounts to £1.4m per year for five years from 06 April 2024. Allocations are based on local smoking rates, and it is anticipated that allocations would remain similar each year. The County Council's annual allocation of the ringfenced public health grant assigned to smoking amounts to £2.2m per year.
21. The new seven year stop smoking service would financially structure around and account for the five years of committed funding from the Local Stop Smoking Services and Support Grant (e.g. structured as a four year contract with the option of three additional years, primarily with activity-based payment mechanisms).
22. The request for approval to spend up to a maximum amount of £23.0m over a period of seven years includes the estimated effects of inflation that may be applied to future allocations or any change in allocation to the ringfenced public health grant or the Local Stop Smoking Services and Support Grant.

## **Consultation and Equalities**

23. The plans have been informed by the Hampshire Tobacco Alliance, client feedback and ongoing insights work with local residents.
24. There would be a positive impact for people with serious mental health conditions, people during pregnancy and maternity, people living in poverty and those in the most deprived communities across Hampshire. This should help reduce health inequalities. There would be no negative impacts on people with protected characteristics.
25. The service would focus delivery in the most deprived communities across Hampshire where smoking rates are highest. This should help more people to get the benefits from stopping smoking and consequently reduce health inequalities. More people stopping smoking in these areas would further embed a non-smoking culture in communities, resulting in a break in the cycle of smoking across generations, helping to make smoking obsolete.
26. A full Equality Statement can be found in Integral Appendix B

## **Climate Change Impact Assessment**

27. A full assessment of climate change vulnerability was not completed as the initial vulnerability assessment showed that the service is at minimal risk from climate vulnerabilities. However, consideration would be given to ensure that locations of specialist smoking cessation clinics would promote and enable active travel to mitigate carbon risk.

## **Conclusions**

28. The County Council commissions a specialist smoking cessation and prevention service to reduce smoking rates, which serves to improve population health outcomes and reduce health inequalities for Hampshire residents.
29. The Executive Lead Member for Adult Social Care and Public Health is requested to approve spend up to a maximum amount of £23.0m on a new smoking cessation and prevention service over a period of seven years.

## REQUIRED CORPORATE AND LEGAL INFORMATION:

### Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

### Other Significant Links

<b>Links to previous Member decisions:</b>	
<u>Title</u> <a href="#">Previous member decision on specialist Stop Smoking Services commissioning</a>	<u>Date</u> 16 January 2019
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

### Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

2.1 A full Equalities Impact Assessment has been completed: EIA0560.

2.2 The current tobacco control programs and services are consistent in using the principle of proportionate universalism to address the social gradient in health and associated inequalities by providing the different levels of support required to enable all residents to access tobacco dependence treatment. This is further enhanced by targeting localities and population groups that have higher smoking prevalence.

2.3 The target populations for the specialist smoking cessation services are: routine and manual workers, people diagnosed with mental health conditions pregnant women who smoke, and people living in areas of deprivation.

2.4 The tobacco control programs and services that are evidence based contribute towards improving health and wellbeing and reducing inequalities across the most vulnerable population groups.