

From: Dr Anjan Ghosh, Director of Public Health

To: Dan Watkins, Cabinet Member for Adult Social Care and Public Health

Subject: **Stop Smoking Services and Support Grant (Section 31 Grant)**

Decision Number: 24/00001

Classification: Unrestricted

Previous Pathway of Report: Health Reform and Public Health Cabinet Committee – 23 January 2024

Future Pathway of Report: Cabinet Member decision

Electoral Division: All

Summary: Although smoking prevalence is declining nationally and locally, smoking is still the main cause of premature mortality, accountable for 27% of all cancer deaths and a range of long-term health conditions. In Kent, it is estimated that 11.6% of the adult population smoke, but smoking rates are much higher among some groups, particularly those in lower socio-economic and vulnerable communities, making smoking a major risk factor for health inequalities.

On 4 October 2023, the government published *Stopping the start: our new plan to create a smokefree generation*. This included a programme of funding to support current smokers to quit smoking, with £70 million additional funding per year for local authority stop smoking services and support.

This will more than double the current local authority spend on stop smoking services of £68 million per year to a total of £138 million.

This new funding is in addition to the Public Health Grant and will be provided through a new Section 31 Grant on top of the current Public Health Grant allocations. This funding will be ringfenced for local authority led stop smoking services and support.

The aim of this additional funding is to ensure there is a nationwide comprehensive offer to help people stop smoking across England and to increase the number of smokers engaging with effective interventions to quit smoking.

Local authorities will be required to meet certain criteria to be eligible for the additional funding. To receive the funding, Kent County Council (KCC) must maintain its existing spend on stop smoking services, based on the stop smoking service data KCC submitted for the year 2022 to 2023. KCC should ensure it then maintains this level of funding throughout the whole grant period.

KCC will receive the grant agreement in January 2024. This will provide KCC with the

full grant conditions. Once received, KCC will be asked to read and return a signed copy.

The grant agreement will start from 6 April 2024 and activity will need to be mobilised quickly in line with procurement regulations.

The additional funding is a great opportunity for KCC to increase and enhance the stop smoking service offer for Kent residents and therefore improve outcomes.

Recommendations: The Cabinet Member for Adult Social Care and Public Health is asked to:

- a) **APPROVE** the acceptance of the Stop Smoking Services and Support Grant 2024/2025 to 2028/2029, subject to final review and consideration of detailed terms and conditions from the Department of Health and Social Care.
- b) **DELEGATE** authority to the Director of Public Health, after consultation with the Cabinet Member for Adult Social Care and Public Health, to review and agree to the required terms and conditions to enter into the necessary grant arrangements.
- c) **DELEGATE** authority to the Director of Public Health, after consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director Finance, to accept and deploy future years' allocations of Stop Smoking Services and Support Grant funding, provided funding is given on similar terms.
- d) **DELEGATE** authority to the Director of Public Health to take other necessary actions, including but not limited to entering into contracts or other legal agreements, as required to implement the decision.

1. Introduction

- 1.1 Tobacco is the single most important entirely preventable cause of ill health, disability and death¹ and is responsible for 64,000 deaths in England² a year.
- 1.2 An independent review in 2022 found that by 2030 smoking will have killed another half a million people alive in England today.³
- 1.3 On 4 October 2023, the government published *Stopping the start: our new plan to create a smokefree generation*⁴. This included a programme of funding to support current smokers to quit smoking, with £70 million additional funding per year for local stop smoking services and support.
- 1.4 Local authorities currently receive funding to provide local stop smoking services and support through the Public Health Grant. However, this only supports approximately 2% of smokers in Kent annually.
- 1.5 This new funding is in addition to the Public Health Grant and will be provided through a new Section 31 Grant on top of the current Public Health Grant allocations.

¹ https://fingertips.phe.org.uk/static-reports/health-profile-for-england/hpfe_report.html

² <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132885/pat/159/par/K02000001/ati/15/are/E92000001/iid/93748/age/202/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0.%202021>

³ [Making smoking obsolete \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

⁴ [Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

- 1.6 The Department of Health and Social Care (DHSC) will provide the grant and the additional funding will be used to complement and enhance existing stop smoking services in Kent.
- 1.7 The management of the grant will be administered by KCC Public Health and Integrated Commissioning.
- 1.8 This report provides an overview of the funding aims, the framework for delivering services and support, information on the grant agreement process and grant funding criteria and the confirmed funding allocation.

2. Background

- 2.1 In 2019, the government set an objective for England to be Smokefree by 2030, meaning only 5% of the population would smoke by then. This supports the government manifesto commitment to extend health life expectancy by five years by 2035.
- 2.2 In 2022, the government launched an independent review into tobacco control policies, led by Dr Javed Khan OBE, which found that without further action, England will miss the smokefree 2030 target by at least seven years.
- 2.3 The review detailed four critical recommendations to be implemented in order for the Government to deliver the smokefree 2030 target. These include:
 - Increased investment
 - Increase the age of sale
 - Promote vaping as an effective tool to help people to quit smoking tobacco
 - Improve prevention in the NHS
- 2.4 On 4 October 2023, the government published *Stopping the start: our new plan to create a smokefree generation*, which considered the recommendations detailed in the independent review and sets out the proposed actions the government will take to tackle smoking and youth vaping.
- 2.5 To help reach the Smokefree 2030 ambition, the government is committing additional funding of £70 million per year for local authority led stop smoking services and support.
- 2.6 This will more than double the current local authority spend on stop smoking services of £68 million per year to a total of £138 million, and meets the independent review recommendation for increased investment. In total the funding will aim to support around 360,000 people to quit with 198,000 successful quits (measured as four-week quits).

3. Needs of the Local Population

- 3.1 Although smoking prevalence is declining nationally and locally, smoking is still the main cause of premature mortality, accountable for 27%⁵ of all cancer deaths and a range of long-term health conditions. In Kent, it is estimated that 11.6%⁶ of the adult population smoke, but smoking rates are much higher among some groups, particularly those in lower socio-economic and vulnerable communities, making smoking a major risk factor for health inequalities. Smoking rates are higher among routine and manual workers (24.5%⁷) and this rate remains stubbornly high as they are more likely to be long-term hardened smokers. In addition, smoking rates among people with a long-term mental health illness is also high (23.7%⁸) as well as adults suffering from anxiety and depression (25.1%⁹). Smoking prevalence is also higher among drug and alcohol users. In Kent, 67%¹⁰ of adults who were admitted to hospital for non-opiates use and 49%¹¹ admitted for alcohol misuse were smokers. A local study shows there are higher smoking rates among Gypsy/Irish Travellers (36.4%), adults identified as White Other (24%), Arab communities (21.9%) and White and Black Caribbean (19.4%).
- 3.2 Smoking status is not routinely collected at a local level among some communities that are known to have high smoking rates. It is estimated that nationally, 77%¹² of homeless people smoke, 80%¹³ of people entering the prison service smoke and 26%¹⁴ of those in social housing are smokers. There is further information on how we can engage further with these high smoking prevalence groups in the Tobacco Control Needs Assessment that will be published soon.
- 3.3 This Needs Assessment will inform how the additional funding will be utilised.

4. Funding Aims

- 4.1 The aim of this additional funding is to ensure there is a nationwide comprehensive offer to help people stop smoking across England and to increase the number of smokers engaging with effective interventions to quit smoking.

⁵ Acton on Smoking and Health, Impact of Smoking on Core20Plus5: Guide for NHS – Kent April 2022

⁶ Office for Health Improvement and Disparities, Local Tobacco Control Profiles, Smoking Prevalence in Adults 2022 [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/publications/local-tobacco-control-profiles-data-ohid)

⁷ Office for Health Improvement and Disparities, Local Tobacco Control Profiles, Smoking Prevalence in Adults in Routine and Manual Occupations 2022 [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/publications/local-tobacco-control-profiles-data-ohid)

⁸ Office for Health Improvement and Disparities, Local Tobacco Control Profiles, Smoking Prevalence in Adults with a long term health condition 2021/22 [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/publications/local-tobacco-control-profiles-data-ohid)

⁹ Office for Health Improvement and Disparities, Local Tobacco Control Profiles, Smoking Prevalence in Adults with anxiety or depression 2016/17 [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/publications/local-tobacco-control-profiles-data-ohid)

¹⁰ Office for Health Improvement and Disparities, Local Tobacco Control Profiles, Smoking Prevalence in Adults admitted for treatment for substance misuse – non-opiates 2019/20 [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/publications/local-tobacco-control-profiles-data-ohid)

¹¹ Office for Health Improvement and Disparities, Local Tobacco Control Profiles, Smoking Prevalence in Adults admitted for treatment for substance misuse – alcohol 2019/20 [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/publications/local-tobacco-control-profiles-data-ohid)

¹² Acton on Smoking and Health, Impact of Smoking on Core20Plus5: Guide for NHS – Kent April 2022

¹³ Ibid

¹⁴ Ibid

- 4.2 It is important to recognise that the people currently smoking are likely to be the most entrenched smokers and may find it harder to quit having experienced a number of unsuccessful quit attempts. Helping these individuals successfully quit is essential, even if it may require a higher cost per smoker.
- 4.3 Additional funding will be provided to local authorities with the highest smoking rates to level up the communities who need the support the most and to address health disparities.
- 4.4 This will be achieved 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

5. Framework for delivery services and support

- 5.1 The government has published a framework for delivering services and support which outlines the most effective actions that local areas can take to meet the funding objectives.
- 5.2 The framework mainly focuses on strengthening resources and capacity and enhancing infrastructure. Local authorities can consider which of these options are most appropriate for their local populations.
- 5.3 The framework is intended to help local authorities to make decisions on how they can increase capacity across the system with this spending uplift, building on their existing services and structures. The government expect that the majority of funding will be spent on the activities detailed in Appendix 1. Additional activities are permitted but the government expect these to demonstrate good evidence of effectiveness.

6. Grant Agreement Process and Funding Criteria

- 6.1 Local authorities currently receive funding to provide local stop smoking services and support through the Public Health Grant.
- 6.2 This new funding is in addition to the Public Health Grant and will be provided through a new Section 31 Grant on top of the current Public Health Grant allocations. This funding will be ringfenced for local authority led stop smoking services and support. The DHSC will provide the grant.
- 6.3 Payments will be given to local authorities every six months. In the first six months, local authorities will receive 70% of their allocated financial year's funding. They will then be expected to provide grant reporting to the DHSC grants team to receive the second payment.
- 6.4 Local authorities will receive the grant agreement in January 2024. This will provide local authorities with the full grant conditions. Once received, local authorities will be asked to read and return a signed copy.

- 6.5 The grant agreement will start from 6 April 2024 and activity will need to be mobilised quickly in line with procurement regulations.
- 6.6 Local authorities will be required to meet certain criteria to be eligible for the additional funding.
- 6.7 To receive the funding, local authorities must maintain their existing spend on stop smoking services, based on the stop smoking service data they have submitted for the year 2022 to 2023. They should ensure they maintain this level of funding throughout the whole grant period.
- 6.8 Local authorities must also comply with the reporting requirements for expenditure related to the stop smoking service by submitting quarterly reports to NHS England.
- 6.9 There will be some flexibility at a local level for the funding to support wider tobacco control policies and efforts to reduce youth vaping, such as for local awareness-raising campaigns. However, the majority of the funding should be focused on stop smoking services and support.

7. Financial Implications

- 7.1 The table below shows the confirmed maximum amount of funding allocation for Kent if Kent County Council meets all the eligible criteria.

	Average 3-year smoking prevalence (2020 to 2022)	Estimated number of smokers (2021 populations)	Confirmed additional allocation 2024/25
Kent County Council	13.14%	163,208	£1,944,823

- 7.2 The grant allocation will initially apply for the first year of the grant (the financial year 2024 to 2025).
- 7.3 To determine the 2024/2025 funding allocation for each local authority, the additional funding (£70 million per year from 2024 to 2025) was divided by the total number of smokers across England (5.6 million). This gives an approximate funding rate per smoker (£12.39). The funding rate per smoker was then multiplied by the estimated number of smokers in each local authority, to give a total allocation to each local authority.
- 7.4 The government cannot provide specific allocations for 2025 to 2026 and beyond at this stage. However, they have confirmed additional funding of £70 million a year for five years, from 2024 to 2025 through to 2028 to 2029.
- 7.5 Allocations will continue to be based on the average smoking prevalence over a three-year period to ensure the allocations are based on the most robust and recent data.

8. Equalities Implications

- 8.1 An Equalities impact assessment (EqIA) has been undertaken for accepting the Grant and the implications that this may have on protected groups (Appendix 2) The EqIA found that accepting the grant would cause no negative impact on protected groups and could allow for greater engagement with these cohorts utilising the funding once the grant conditions are known.
- 8.2 Future EqIA's will be undertaken for any existing commissioned services as required when utilising the grant funding in the future. New service delivery as implemented through the life course of the grant will have an Equality Impact Assessment undertaken to ensure protected groups are not disadvantaged.

9. Data Protection Implications

- 9.1 New service delivery as implemented through the life course of the grant will have a Data Protection Impact Assessment undertaken.

10. Legal Implications

- 10.1 Once the grant agreement has been received from DHSC, legal advice may be required to review and advise on the terms and conditions.

11. Management of Works

- 11.1 The management and implementation of the additional funding will be delivered by KCC Public Health and Integrated Commissioning. It is recognised there will need to be additional resource in order to manage the delivery of the grant which will be funded from the grant.

12. Conclusion

- 12.1 On 4 October 2023, the government published *Stopping the start: our new plan to create a smokefree generation*. This included a programme of funding to support current smokers to quit smoking, with £70 million additional funding per year for local stop smoking services and support.
- 12.2 This new funding is in addition to the Public Health Grant and will be provided through a new Section 31 Grant on top of the current Public Health Grant allocations. This funding will be ringfenced for local authority led stop smoking services and support.
- 12.3 KCC will receive the grant agreement in January 2024. This will provide KCC with the full grant conditions. Once received, KCC will be asked to read and return a signed copy.
- 12.4 The grant agreement will start from 6 April 2024.
- 12.5 The additional funding is a great opportunity for KCC to increase and enhance the stop smoking service offer for Kent residents and therefore improve outcomes.

12.6 It is intended a report will come to the next Health Reform and Public Health Cabinet Committee (5 March 2024) to provide an update on progress.

13. Recommendations

13.1 Recommendations: The Cabinet Member for Adult Social Care and Public Health is asked to:

- a) **APPROVE** the acceptance of the Stop Smoking Services and Support Grant 2024/2025 to 2028/2029, subject to final review and consideration of detailed terms and conditions from the Department of Health and Social Care.
- b) **DELEGATE** authority to the Director of Public Health, after consultation with the Cabinet Member for Adult Social Care and Public Health, to review and agree to the required terms and conditions to enter into the necessary grant arrangements.
- c) **DELEGATE** authority to the Director of Public Health, after consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director Finance, to accept and deploy future years' allocations of Stop Smoking Services and Support Grant funding, provided funding is given on similar terms.
- d) **DELEGATE** authority to the Director of Public Health to take other necessary actions, including but not limited to entering into contracts or other legal agreements, as required to implement the decision.

14. Background Documents

- Initial Information on [Grant Funding Criteria](#)

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