

DECISION REPORT

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**

Decision Number: **24/00028**

Classification: Unrestricted

Previous Pathway of Report: Health Reform and Public Health Cabinet Committees on – 23 January 2024 and Health Reform Public Health Cabinet Committee 14 May 2024

Future Pathway of Report: Cabinet Member decision

Electoral Division: All

Summary:

This report sets out a proposed decision on the commissioning and planning of required Stop Smoking Services and activity to deliver against the conditions of the recent Stop Smoking grant accepted from Government via Decision 24/0001 taken earlier this year.

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

KCC received the full grant agreement in February 2024, detailing the relevant conditions and the full funding allocation for 2024/25, £1,944,823. The grant agreement came into effect on 1 April 2024, therefore 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 (measured through 4 week quits). The funding will be used to build demand and capacity in stop smoking services and increase targeting.

The additional funding is anticipated to be provided over the next five financial years, starting from 2024-25 until 2028-29. The grant agreement covers the first year, with funding for subsequent years subject to spending review settlements, following the routine practice for all government expenditure.

It is proposed that a 'Stop Smoking Service Framework' will be used to determine spend of local stop smoking service grant funding and support decision making.

Recommendations:

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

- a) **APPROVE** the commissioning of Stop Smoking Services to deliver against the Support Grant and project requirements;
- b) **APPROVE** the framework arrangements set out in the report for ongoing management of the Stop Smoking Services and Support Grant 2024/2025 to 2028/2029;
- c) **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health and Corporate Director for Finance, to revise and amend the arrangements set out in the framework details, subject to the scope and terms and conditions of the grant funding;
- d) **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to take relevant actions, including but not limited to, awarding, finalising the terms of and entering into the relevant contracts or other legal agreements, as necessary, to implement the decision; and
- e) **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to award extensions of contracts for commissioned services in accordance with future grant allocations.

1. Introduction

- 1.1 On 4 October 2023, the government published *Stopping the start: our new plan to create a smokefree generation*¹. 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.
- 1.2 This new funding is in addition to the Public Health Grant and is being provided through a new Section 31 Grant on top of the current Public Health Grant allocations. 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.
- 1.3 This report outlines the proposed approach to deploying the grant funding to deliver against the smoking cessation outcomes desired by KCC and the Government. It builds upon the previous decision, discussed at Health Reform and Public Health Cabinet Committee on 23 January 2024 and taken in February 2024. The proposed decision details how the additional funding can be used and how KCC will measure outcomes, effectiveness and demonstrate success to DHSC so as to maintain the year on year income.
- 1.4 KCC Public Health are currently undertaking a transformation programme and therefore, stop smoking service models being designed as part of that programme will need to consider how these services interlink and sit alongside activity developed with this additional funding.

2. Kent County Council and Key Partner Strategies

- 2.1 **KCC's Strategy Statement 2022-2026 – Framing Kent's Future:** Stop smoking services supports KCC to achieve the following priorities set out in the Councils Strategy 2022-2026 'Framing Kent's Future':

¹ [Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/stopping-the-start-our-new-plan-to-create-a-smokefree-generation)

Priority 1: Levelling up Kent

- To see significant improvements in the economy, connectivity, educational attainment, skills and employment rates and public health outcomes in deprived communities in coastal areas so that they improve faster than the rest of Kent to reduce the gaps
- To work with our partners to hardwire a preventative approach into improving the health of Kent's population and narrowing health inequalities.

2.2 **Securing Kents Future:** Stop smoking services supports KCC to achieve the priorities set out in Securing Kent Future, by preventing people from getting long term health conditions linked to smoking, which increase's demand and costs in Health and Social Care.

Action on Smoking and Health (ASH) Ready Reckoner estimates the overall costs of smoking in Kent to be £1.3 Billion annually. Overall cost of smoking is derived from the four following areas: Productivity, Healthcare, Social Care and Fires. This feels especially significant given the cost pressures faced locally.

Table 1: Estimated Costs of Smoking in Kent

Overall costs	Productivity Costs	Social Care Costs	Healthcare Costs	Fire Costs
£1.3B	£771.5M	£427.4M	£52.2M	£7.8M

2.3 **Kent & Medway Integrated Care Strategy:** Stop smoking services supports the Kent & Medway Integrated Care System to achieve the following outcomes set out in the Integrated Care Strategy:

- Helping the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place
- Helping people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.

2.4 **Inequalities, Prevent and Population Health (IPPH) Prevention Sub Committee Action Plan:** Stop smoking services supports the delivery of the IPPH Prevention Sub Committee Action Plan. Below details the IPPH objective set:

- Increase number of smokers from high prevalence group referred to stop smoking services
- Prevent young people taking up vaping and encourage those currently vaping to quit. Develop public facing information on young people and vaping
- Ensure sustainable models of acute stop smoking services within acute care that work synergistically with community stop smoking services. Ensure the maternity and acute Long Term Plan models are implemented and sustainable

- De-normalise smoking by creating smokefree public spaces which will help reduce the take up of smoking, encourage quitting and reduce the risk of harms caused by second hand smoke.

3. Funding Aims

- 3.1 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.
- 3.2 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.
- 3.3 Additional funding is being 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.
- 3.4 The Government's ambition for this investment is to see 360,000 people set quit dates, with 198,000 successful quits (measured as 4-week quits) in England each year.

4. Grant Agreement Process and Funding Criteria

- 4.1 A Key Decision (Decision No: 24/00001) was taken on 19 February 2024, which approved the Council entering into the agreement and delegating authority to the Director of Public Health, after consultation with the Cabinet Member of Adult Social Care and Public Health, to review and agree to the required terms and conditions to enter into the necessary grant arrangement so as to secure the funding. The proposed decision covered in this report focuses on the choices KCC must make about how it will deliver against the grant conditions.
- 4.2 The grant agreement came into effect on 1 April 2024, therefore activity must be mobilised as quickly as possible to minimise delays to the commissioning process, commitment of grant funding and most importantly, the delivery of the improved services.
- 4.3 The additional funding is anticipated to be provided over the next five financial years, starting from 2024-25 until 2028-29. The grant agreement covers the first year, with funding for subsequent years subject to spending review settlements, following the routine practice for all government expenditure. It will be important that KCC is able to demonstrate on an annual basis, that it is achieving good value for money and delivery of outcomes, while balancing the likelihood that any underspends in year may lead to future reductions in the grant allocation.
- 4.4 Local authorities will be required to 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.
- 4.5 The Secretary of State for Health and Social Care has determined that the grant will be paid based on the understanding that the funding will be used to:

- Invest in enhancing local authority commissioned stop smoking services and support, in addition to and while maintaining existing spend on these services and support from the public health grant. This should not replace other/existing programmes which support smokers to quit, for example the tobacco dependency programme delivered within the NHS Long Term Plan
- Build capacity to deliver expanded local stop smoking services and support
- Build demand for local stop smoking services and support
- Deliver increases in the number of people setting a quit date (360,000) and 4 week quit outcomes (198,000), reporting outcomes in the Stop Smoking Services Collection.

5. Commissioning Activity for 2024/25 and Future Years

- 5.1 Work is underway to plan commissioning activity for 2024/25 and future years. All planned activity is in line with the Grant Conditions.
- 5.2 This planned activity is summarised in Table 2.

Table 2: Planned Stop Smoking Services and Support Grant Commissioning Activity

Activity	Summary
<p>Commission a service with a focus on engaging and motivating smokers from priority groups (identified by the needs assessment, link below) into services and deliver quit attempts.</p> <p>https://www.kpho.org.uk/joint-strategic-needs-assessment/health-intelligence/lifestyle/smoking#tab1</p>	<p>The service will undertake outreach and other engagement activities in the community to engage and motivate individuals who may otherwise not engage with Stop Smoking Services.</p> <p>Outreach may occur in workplaces, community venues, places where people congregate (shopping malls and sports events), job centres and social housing and in locations where other services are delivered, recognising culturally appropriate settings and approaches so that people feel comfortable to engage in the service.</p> <p>The service offered will be tailored to the locality and audience it is being provided to.</p> <p>The service will not replace other/existing programmes which support smokers to quit and will work with the existing KCC Stop Smoking Services and NHS Services to avoid duplication and ensure a good coverage of support across the county.</p> <p>The service will initially aim to support 3256 people to set a quit date annually. This target will increase each year.</p> <p>The service will also offer Very Brief Advice training. This will enable other services to deliver smoking cessation advice to those they support and increase good quality referrals to stop smoking services.</p>
Commission a dedicated stop	The service will be dedicated to supporting young people

smoking service for young people.	aged 12 – 25 to quit smoking, tailoring support to best meet the needs of this age group. The service will initially aim to support 300 people to set a quit date annually. This target will increase each year.
Commission alternative models of Support.	Commission/Pilot new models of delivery to test outcome achievement and inform future commissioning. The service will initially aim to support 1302 people to set a quit date annually. This target will increase each year.

5.3 Services will be commissioned so they are able to innovate and change. It will be a requirement that the services collaborate with people who smoke to further enhance understanding on how they would like to be supported and how services should be delivered. This intelligence will be used to innovate and enhance the service offer. Insights gathered as part of the Public Health Transformation Programme will also be used to support in the development of service provision.

5.4 The estimated percentage of funding allocated to planned commissioning activity in 2024/25 is 86.4%, this equates to £1.68m. Actual spend will be dependent on a number of factors such as activity levels, procurement processes etc.

6. Stop Smoking Service Framework

6.1 It is proposed that a 'Stop Smoking Service Framework' will be used to determine spend of local stop smoking service grant funding and support decision making.

6.2 The Framework decision approach places responsibility and accountability as well, as Strategic oversight, with the Cabinet Member for Adult Social Care and Public Health. The operational decision-making, and implementation activity, within the scope defined by the Framework agreed by the Cabinet Member for Adult Social Care and Public Health as part of this decision, is delegated to the Director of Public Health.

6.3 Under this Framework all expenditure of Local Stop Smoking Services and Support Grant funding must be in line with budget forecasting and adhere to DHSC Local Stop Smoking Services and Support Grant terms and conditions. Proposals for spend must meet one of the following criteria:

- A. Will support the council in enhancing commissioned stop smoking services and support. This should not replace other/existing programmes which support smokers to quit, for example the tobacco dependency programme delivered within the NHS Long Term Plan
- B. Will support the council to build capacity to deliver expanded local stop smoking services and support
- C. Will build demand for local stop smoking services and support
- D. Will support the council to deliver increases in the number of people setting a quit date and 4 week quit outcomes.

6.4 An example of a project that would meet the criteria:

- Develop marketing materials and social media campaigns to increase awareness of local stop smoking services (this may involve engagement with people who smoke).

6.5 The Stop Smoking Service Framework will allow for the ability to deliver pilots, short-term services and expeditionary realign Stop Smoking Services and Support Grant funded services, to meet changing needs and demands, providing all revised proposals meet the criteria set out in point 6.3.

6.6 Work is underway to plan activity for 2024/25 and future years. All planned activity is in line with the Grant Conditions and adheres to the proposed Framework criteria.

Table 3: Planned Stop Smoking Service Framework Activity

Activity	Summary
Staffing resource.	Increase KCC Public Health, strategic leadership and commissioning capacity on a temporary basis to deliver this work at pace and measure the impact and outcomes.
Increase awareness of stop smoking services.	<p>Local Stop Smoking Services and other organisations will increase demand for local stop services by motivating people to want to quit smoking through local engagement in the community. It will be a requirement that commissioned services will build demand for services through marketing, awareness campaigns and other techniques.</p> <p>Additional funding for the KCC PH Communication Team, so they can enhance and develop marketing materials and social media campaigns.</p> <p>Incentive District, Borough and City Councils to deliver smokefree public spaces and town centres, where marketing materials advertising local stop smoking services will be on display.</p>

6.7 The estimated percentage of funding allocated to planned Framework activity in 2024/25 is 13.6%, this equates to £264,823. Actual spend will be dependent on a number of factors such as the date when new members of staff start employment.

7. Reporting Requirement and Demonstrating Success

7.1 KCC will be required to work with the DHSC to provide the necessary information and data to monitor and evaluate progress.

7.2 The reporting will take place through these delivery mechanisms:

- Stop Smoking Services Collection, an existing data collection and reporting system used to monitor the delivery of local stop smoking interventions. NHS England collects the data from local authorities and there is a requirement to submit activity for each quarter. NHS England publishes submission dates and local authorities can return activity and outcome data associated with quit support provided

- The DHSC will financially monitor the grants provided to authorities on a quarterly basis using the supplied financial reporting template. This financial monitoring will ask authorities to provide a breakdown of the payments to service providers and a breakdown by budget line of spend within the project delivery
- A final statement of grant usage must be submitted to the DHSC on the 21st day of the month following the expiry of the Financial Year. The final statement of grant usage must be certified by the authority's Chief Executive/s Officer that, to the best of their knowledge, the amounts shown on the statement are all eligible expenditure and that the grant has been used for the purposes intended.

- 7.3 KCC must notify the DHSC immediately in writing should it become aware of any circumstances that may cause delay in delivery.
- 7.4 It is understood that local authorities will need time to commission and upscale local offers and generate demand for stop smoking support over time.
- 7.5 KCC will need to increase the number of people setting a quit date and successfully quitting at 4 weeks. Specific targets have not yet been set but local authorities have been given performance measures that scale up over the next five years. This means Kent should aim for 26,937 additional set quit dates over the next five years, with 1,347 additional set quit dates in the first year (25% increase on current performance).

Table 4: Kent Targets

National Goal Increase	Smoking Population Proportion	1 Year figure (Goal*Smoking Proportion)	Kent 5 Year Figure	Y1 (25%) Increase	Y2 (50%) Increase	Y3 (125%) Increase	Y4 (150%) Increase	Y5 (150%) Increase
193,908	2.778%	5,387	26,937	1,347	2,694	6,734	8,081	8,081

8. Financial Implications

- 8.1 The table below shows the confirmed maximum amount of funding allocation for Kent.

Table 5: Kent Funding Allocation 2024/25

	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

- 8.2 The grant allocation will initially apply for the first year of the grant (the financial year 2024 to 2025).
- 8.3 The additional funding is anticipated to be provided over the next five financial years, until 2028-29.
- 8.4 The government cannot provide specific allocations for 2025 to 2026 and beyond at this stage. Funding for subsequent years will be subject to spending review settlements, following the routine practice for all government expenditure. Authority has been delegated via the previous decision, for Officer agreement to

accept any future funding allocations providing it is on similar terms.

- 8.5 Important to highlight that this funding is in addition to the Public Health Grant and therefore the Stop Smoking activity and spend for this programme does not create any additional pressure on KCC's base budget.

9. Equalities Implications

- 9.1 An Equalities impact assessment (EqIA) has been undertaken (Appendix 1).
- 9.2 The EQIA found the impact of this work to be positive. Specific service arrangements made via the Framework will incorporate necessary equality consideration as part of Officer level decision-making.

10. Data Protection Implications

- 10.1 New service delivery as implemented through the life course of the grant will have a Data Protection Impact Assessment undertaken.
- 10.2 The existing DPIA will be updated as required.

11. Legal Implications

- 11.1 Spending of the funding will be compliant with 'Spending the Council's Money' and relevant procurement legislation (Provider Selection Regime, 2023).
- 11.2 Implementing the Stop Smoking Service Framework (Section 6.3) will support the delivery of activity and support the council in spending the funding in accordance with the grant conditions set by DHSC.
- 11.3 Legal and Commercial advice will be sought as and when required.

12. Management of Works

- 12.1 The management and implementation of the additional funding will be delivered by KCC Public Health and Integrated Commissioning. Internal governance arrangements will be developed to monitor expenditure to make sure activity adheres to the framework approved by this decision and the grant agreement terms and conditions.
- 12.2 KCC Public Health and Integrated Commissioning plan to update Health Reform and Public Health Cabinet Committee of progress of these plans and outcome achievement annually.

13. Options Considered but Rejected

- 13.1 The option of turning down the additional stop smoking services funding was discarded as there are many people in Kent who will benefit from this resource, and it is a great opportunity for KCC to increase and enhance the stop smoking service offer for Kent residents and therefore improve outcomes.
- 13.2 The option for handling all funding activity on an individual basis, with certain projects managed at operational level and others progressing via the Key Decision process as and when required was considered. That option would not enable the council to respond quickly and flexibly to changing demand and need or provide a clear strategic plan for delivering against the Local Stop Smoking and Support Grant requirements.

14. Conclusion

- 14.1 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. Supporting more people to stop smoking will result in reduced pressure on health and social care services in the future and improve the quality of life of those who have ceased smoking.
- 14.2 The additional funding will be used, in broad terms to:
- Invest in enhancing stop smoking services and support for residents of Kent
 - Build capacity to deliver expanded local stop smoking services and support
 - Build demand for local stop smoking services and support
 - Deliver increases in the number of people setting a quit date and 4 week quit outcomes.
- 14.3 The additional funding is anticipated to be provided over the next five financial years, starting from 2024-25 until 2028-29. Receipt of future grant funding is dependent on effective delivery of the programme objectives within set timescales, so it is necessary for KCC to move at pace to undertake the required commissioning activity and mobilise the support for residents.

15. Recommendations

- 15.1 Recommendations:** The Cabinet Member for Adult Social Care and Public Health is asked to:
- APPROVE** the commissioning of a Stop Smoking Services to deliver against the Support Grant and project requirements.
 - APPROVE** the framework arrangements set out in the report for ongoing management of the Stop Smoking Services and Support Grant 2024/25 to 2028/29
 - DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health and Corporate Director for Finance, to revise and amend the arrangements set out in the framework details, subject to the scope and terms and conditions of the grant funding
 - DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to take relevant actions, including but not limited to, awarding, finalising the terms of and entering into the relevant contracts or other legal agreements, as necessary, to implement the decision.
 - DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to award extensions of contracts for commissioned services in accordance with future grant allocations

16. Background Documents

24/00001 – Stop Smoking Services and Support Grant (Section 31 Grant)
[Decision - 24/00001 - Stop Smoking Services and Support Grant \(Section 31 Grant\)](#)
[\(kent.gov.uk\)](#)

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