

Policy Committee Decision Report

Title of Report:	Smokefree Generation
Date of Decision:	August 29 th , 2024
Report To:	Strategy and Resources Committee
Report Of:	Greg Fell, Strategic Director of Public Health and Integrated Commissioning
Report Author:	Sarah Hepworth, Health Improvement Principal, Public Health

Executive Summary:

The proposal is seeking authorisation to spend the Local Stop Smoking Services and Tobacco Control Interventions Support Grant, which is being made available to the Council by the Department of Health and Social Care (DHSC) totalling £650,694 from April 2024 for the delivery of stop smoking services and tobacco control interventions in Sheffield and across South Yorkshire. An officer decision was taken on 25th March 2024 to permit the Council to become the accountable body for this grant.

This proposal will contribute to the achievement of the vision of the 2022-2027 Tobacco Control Strategy in Sheffield which aims for people to live longer and healthier lives, smokefree. The vision is also that Sheffield children grow up in a city where smoking is unusual; and that Sheffield is a smokefree city in which to live, work and play. Our ambition to make smoking obsolete by 2030 or to get to 5% prevalence in adults across all social groups. This strategy was signed off at Council Cabinet in April 2022.



Council Plan outcomes:

[A place where all children belong and all young people can build a successful future](#)

[Great neighbourhoods that people are happy to call home](#)

[People live in caring, engaged communities that value diversity and support wellbeing](#)

[A creative and prosperous city full of culture, learning, and innovation](#)

Policy Committee remit:

This report is to be considered by the Strategy and Resources Policy Committee as its remit includes Responsibility for any issue identified as being of significant strategic importance or financial risk to the Council (which is considered to be by its nature cross-cutting):

Does the report contain confidential or exempt information? No

Recommendations:

Strategy and Resources Committee is recommended to:

1. approve the grant of £65,000 to Humber and North Yorkshire Integrated Care Board to contribute to the Yorkshire and Humber Smokefree campaign, as outlined in this report.
2. note the Council's intention in becoming a key partner and funder of the South Yorkshire Tobacco Control Alliance and entering into a partnership agreement. This decision will be taken via an officer decision report.
3. note the £127,694 being allocated to the incentive scheme in which the Council will commission goods and services, as outlined in this report. This decision will be taken via an officer decision report.

Financial Implications: Yes [Approved by: Sonya Oates]

Legal Implications: Yes [Approved by: Gemma Beecroft]

Equality and Inclusion Implications: Yes [Adele Robinson]

[Full Equalities Impact Assessment completed with EIA number: 1171]

Climate Change Implications: Yes [Approved by: Jessika Rick]

Background Papers:

Sheffield Tobacco Control Strategy 2022-2027 report, 20th April 2022

A Smokefree Generation - Helping current smokers to quit. New Government funding for tobacco control interventions and stop smoking services. 25/3/24 Officer Decision Report.

1. Background to the issue

- 1.1.1 Smoking is the UK's biggest preventable killer – causing around 1 in 4 cancer deaths and leading to 64,000 deaths per year in England.
- 1.1.2 The Sheffield Tobacco Control Partnership and Public Health Team have an excellent track record of delivery in driving down prevalence in adults during the last 7 years. Since 2017 we have reduced smoking prevalence in adults by 30% (20,000 fewer smokers) and smoking has reduced across all social groups (adults from 17.6% to 12%). That is 0.8% reduction each year compared to 0.4% national average. We are the 5th best in Yorkshire and Humber – competing with more affluent areas and have the lowest smoking prevalence of the core cities.
- 1.1.3 We are one of the most proactive Tobacco Control programmes in the country and highest performing local authorities and on the 8th June 2023 won the Local Government Chronical National Award in the Public Health Category for our innovative and collaborative tobacco control strategy.
- 1.1.4 However, in Sheffield around 54,000 (12%) adults continue to smoke, leading to immense harm. **Each year 5200 people are admitted to hospital and tobacco kills around 666 people.** Long-term smokers die on average 10 years earlier, but before this many will spend years in poor health living with a serious smoking-related illness. Smokers need social care support ten years earlier than never smokers, accounting for 8% of local authority spending on adult social care. It is estimated that 939 11–15-year-olds start smoking in Sheffield annually, and that two thirds of adult smokers started before they reached 18 years old.
- 1.1.5 Reducing smoking rates is one of the biggest single health interventions that we can make to level up the UK. Smoking costs the economy £17 billion a year, through smoking related lost earnings, unemployment, early deaths, and costs to social care and the NHS. Overall, it is estimated that smoking costs Sheffield £193 million each year including costs of healthcare, social care, lost productivity, and fire costs. It is also one of the biggest drivers of health inequalities across the country.
- 1.1.6 The dependence on tobacco and subsequent outcomes are not shared equally across the richest and poorest in society. In the Southeast and North of city we see rates of smoking that are three times higher than in the Southwest of the city. Often it is those who can least afford tobacco that spend the most on their smoking addiction. Deaths from smoking are twice as high in more deprived areas than affluent.
- 1.1.7 With the cost-of-living crisis there has never been a more important time to support smokers to stop. Stopping smoking benefits hard-pressed families, reducing poverty by increasing disposable household income. It helps create jobs, increases productivity, reduces NHS waiting lists and improves health and wellbeingⁱ. Once smoking is obsolete in Sheffield the £122m- £305m that is spent on tobacco each year will be going back into communities' and families' pocketsⁱⁱ.
- 1.1.8 Quitting tobacco helps our most disadvantaged smokers restore family budgets, break the cycle of smoking addiction across generations, providing much needed funds that can be spent on household needs and in the local economy rather than on

tobacco industry profits or taxⁱⁱⁱ. Furthermore 11,000 fewer children will live in poverty in our city

- 1.1.9 Our approach to delivering the Sheffield Tobacco Control Strategy includes a mix of evidence based smokefree policy, services, action on illicit tobacco/age of sale, communication campaigns and harm reduction. These interventions impact on a range of environmental, social, economic, and behavioural factors that influence smoking behaviour and make it easier for smokers to stop and harder for children to start smoking. A multicomponent approach to tackling tobacco is required to meet the needs of the whole smoking population, not just to those who attend community Stop Smoking Services. Our programme of interventions is based on the best global evidence, the [World Health Organisation MPOWER](#) model.
- 1.1.10 Our approach is underpinned by behavioural science models (COM-B and EAST) to make it as easy as possible for people to quit their addiction for good. This includes creating more opportunities to quit, environments that make smokefree the norm and neighbourhoods that are not blighted by cheap and illicit tobacco, all of which can make it harder to break the addiction.
- 1.1.11 If we do not act, the Independent Khan Review, published in 2022, estimated that nearly half a million people will die from smoking by 2030. 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. Also supporting adults to quit supports reductions in uptake of smoking amongst children and young people, by denormalising smoking and contributing to our goal of achieving a Smokefree generation.
- 1.1.12 We need decisions to be taken on the government grant funding now as this allocation must be spent by March 2025 and we are awaiting further information on subsequent funding expected to be clarified in the Autumn budget.

2 Proposal

- 2.1.1 The proposal is seeking authorisation to spend the Local Stop Smoking Services and Tobacco Control Interventions Support Grant, which is being made available to the Council by the Department of Health and Social Care (DHSC) totalling £650,694 for the year from April 2024 for the delivery of stop smoking services and tobacco control interventions in Sheffield and across South Yorkshire. An officer decision was taken on 25th March 2024 to permit the Council to become the accountable body for this grant. Following approval of this report, the Council entered into a grant agreement with Office for Health Improvement and Disparities which sets out the conditions attached to the grant funding. Funding is currently confirmed for 24/25. The previous conservative government set 5-year targets and announced funding for the 5-year period, Labour are keen to continue this funding however this has yet to be confirmed. Further decisions will be sought in accordance with the constitution if further funding is awarded by government.
- 2.1.2 This proposal will contribute to the achievement of the vision of the 2022-2027 Tobacco Control Strategy in Sheffield which aims for people to live longer and healthier lives, smokefree. The vision is also that Sheffield children grow up in a city

where smoking is unusual; and that Sheffield is a smokefree city in which to live, work and play. Our ambition to make smoking obsolete by 2030 or to get to 5% prevalence in adults across all social groups. This strategy was signed off by Council Cabinet in April 2022.

- 2.1.3 On 4 October 2023, the government published Stopping the start: our new plan to create a smokefree generation in response to the Khan Review and the Government's ambition to make England smoke-free by 2030. This included a programme of funding to support existing smokers to quit, the Government are more than doubling the funding available for stop smoking services, investing an additional £70 million a year over the next five years (2024/25-2028/29) to expand locally delivered and cost-effective smoking cessation services across England. It is estimated that the new funding will support around an additional 360,000 people to quit smoking a year across England.
- 2.1.4 Sheffield's allocation, based on an estimated smoking prevalence of 12%, is £650,694 in funding allocated for 2024/25 and if a similar amount was confirmed annually each year through to 2028/29, that would be an estimated total of £3,253,470 over five years.
- 2.1.5 **Grant Funding Conditions**
- 2.1.6 To receive the funding local authorities must maintain their existing spend on stop smoking services, as of Quarter 2 in 2022 -2023 throughout the whole grant period. For Sheffield at this time, the annual expenditure was £630,000.
- 2.1.7 Local authorities are expected to accept four main conditions within the grant agreement, which correspond with DHSC guidance published in November, Local stop smoking services and support: guidance for local authorities - GOV.UK (www.gov.uk)
- 2.1.8 The four conditions are that local authorities: invest in Stop Smoking Services maintaining existing services from the Public Health Grant for Stop Smoking Services; build capacity to deliver expanded Stop Smoking Services; build demand for Stop Smoking Services; and report quarterly outcomes for people setting a quit date and 4 week quits in the Stop Smoking Services Collection (SSSC), with quarterly financial reporting to Office for Health Improvement and Disparities (OHID) grants team.
- 2.1.9 This new government funding aims to ensure there is a comprehensive offer to help people stop smoking across the country and in Sheffield and to increase the number of smokers engaging with effective interventions to quit smoking.
- 2.1.10 There is some flexibility for the funding to support wider tobacco such as local awareness raising campaigns, to provide more flexibility at the local and regional level. However, the majority of the funding should be focused on stop smoking support.

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

2.1.12 **Sheffield's targets set by the government are as follows:**

Sheffield has been allocated an average annual increase of 1,802 quit dates over 5 years (based on 2022/23 levels). The total of 9,012 quit dates over 5 years is profiled as follows:

Year	Proportion of annual increase (1,802) to be delivered	Additional quit dates	Total quit dates (based on 2022/23 baseline of 2,133)
2024/25	25%	451	2,584
2025/26	50%	901	3,034
2026/27	125%	2,253	4,386
2027/28	150%	2,704	4,837
2028/29	150%	2,704	4,837

2.1.13 In order to increase the number of smokers in Sheffield making a quit attempt and to increase capacity into the service it is proposed to spend the £650,694 allocation in the following evidence-based areas:

2.1.14 **For information not approval:**

- Increasing staffing capacity in public health to deliver the citywide multiagency tobacco control programme - total annual spend **£108,000**, x1 grade 9 Health Improvement practitioner on a secondment basis (already in place, plan to extend) and a further recruitment x1 grade 9 Health Improvement Practitioner and x 1 grade 7 Health Improvement Officer on 2-year fixed term contracts. Recruitment due to start in September 2024.
- **£127,694** being allocated to the incentive scheme in which the Council will commission goods and services, as outlined in this report. this decision will be taken via an officer decision report.
- Participation in the South Yorkshire Tobacco Control Alliance.

- Investment into the stop smoking service contract **£350,000** following funding reduction made by the Integrated Care Board in April 2024. The Council currently have a 5-year contract (with an option to extend after 3 years) with Southwest Yorkshire Partnership Foundation Trust (SWYFT) to deliver stop smoking services. This contract commenced in April 2023.
- This will allow the service to achieve the government target of a further 25% of smokers setting a quit date and making a quit attempt in 2024/25.

2.1.15 The Community Stop Smoking Service offers intensive stop smoking interventions targeting high prevalence groups, providing behavioural support and prescribed stop smoking medicines or e-cigarettes (vapes) in order to achieve a 12-week carbon monoxide verified quit in adults aged 18 +, and 40 x 4 weeks carbon monoxide-verified quits in children with support of Nicotine Replacement Therapy for those children 11-17 years of age and above, in line with the evidence base. E-cigarettes are an age restricted product for adults only. Children can also be supported to stop using vapes as part of the service offer. Nearly 6500 smokers were referred into the service in 2023/24.

2.1.16 The service prioritises action amongst high prevalence groups which include:

- Routine and Manual Workers (R&M)
- Those in living in the top 40% most deprived areas of Sheffield
- Black Asian and Minority Ethnic (BAME) communities
- Mental Health (SMI) severe and enduring mental illness, those on GP mental illness registers, those on enhanced Care Programme Approach or receiving secondary care interventions
- Mental health, depression and anxiety
- Those smokers who are living in social housing
- Those who are homeless
- Substance misusers
- Lesbian, Gay, Bisexual, Transgender and Queer/Questioning
- Those who have a learning disability
- Any household with children under 19 (Parents and Carers)
- People with smoking related conditions (e.g. Cancer, Coronary Heart Disease, Respiratory disease and Diabetes)
- Smokers screened for tobacco addiction in hospital and referred via the South Yorkshire ICS QUIT programme
- Children aged 11-17 years old.
- Immediate households of pregnant women (partners, siblings, older children, parents), although not a high prevalence group, will also be seen by the Service as the *priority* is to protect the unborn child or neonate from harm. Pregnant Women will receive their support through specialist midwifery-based service

2.1.17 In the first year of delivery the service has seen significant success with 67% more referrals, 45% more quit dates being set and 64% more 4 week quits being achieved and 83% more 12 week quits. In addition 95% of quit dates have been set by priority groups demonstrating the shift in the service model has been well received by those who most need it.

2.1.18 The service now delivers a traditional 12 week quit and harm reduction with the cut down to quit 6-week programme and option to quit or switch with vaping. Embedding the service into a range of community venues across the city has also made it easier to access support. This funding will support the continued increase in service capacity with scope for 10,000 referrals from 2022 where capacity was about half and will ensure we build on the success of the service model.

2.1.19 Our service model is so well regarded that we were asked to contribute nationally to the development of new stop smoking service guidance that has been developed by the National Centre for Smoking Cessation Training. [Local Stop Smoking Services and support: commissioning, delivery and monitoring guidance \(ncsct.co.uk\)](https://www.ncsct.co.uk)

2.1.20 Incentive scheme to support our most vulnerable smokers

2.1.21 We want to introduce an incentive scheme to support our most vulnerable smokers to quit. We know that smokers are economically disadvantaged as the tobacco industry profit a min £2500 per year from addicted smokers for their shareholders.

2.1.22 People living with social and economic hardship and those with mental health conditions are most likely to find quitting tobacco difficult but are no less likely to make attempts to quit^v. Smoking is more common in the communities they live in, they tend to have started younger and have higher levels of dependency on tobacco, all of which make it harder to quit successfully. Most people who smoke want to stop and many smokers state they wish they had never started^v. On average it can take up to 30 attempts for smokers to successfully quit^{vi}.

2.1.23 Cost of living crisis and smoking - We are facing a cost-of-living crisis that is hitting the poorest hardest. More and more people are relying on food banks, dealing with debt and increased costs impacting on heating, lighting, utilities to cook and even access to water. The cumulative effects of managing this has ramifications on relationships and how people feel about themselves – feelings of guilt, shame, and low self-esteem with little hope for the future. This also impacts on people's sense of control and agency in the world, worsening mental health, but also affecting people's sense of ability to influence their own health. Smoking adds to these financial pressures, but these can also be the catalyst to prompt many people to attempt to quit.

2.1.24 There is a very strong evidence base for incentives in pregnancy. They are nationally recommended by Action on Smoking and Health UK (2021), OHID (2020) and NICE (2022). An evidenced based incentive scheme developed by Greater Manchester is recommended as part of NHS Long Term Plan. Incentives are recognised as being highly cost-effective and deemed as 'excellent value for money'. Research demonstrates that when incentive schemes are implemented quit rates doubled from 8.6% to 22.5%. In Greater Manchester incentives increased quitting from 30% to 70% and increased engagement by women into the service from 41% to 69%.

2.1.25 Incentives in pregnancy are so effective because smoking is concentrated in more deprived groups on low incomes. This is reflected in rates of women smoking during pregnancy with women from more deprived backgrounds more likely to smoke during, and throughout their pregnancy. The vouchers enable them to buy essentials they may need for their baby.

2.1.26 We want to fund an incentive scheme targeting our priority group smokers where high smoking prevalence exists total funding will be **£127,694** and will include

evaluation with a university partner. Love to shop vouchers will enable quitters to spend money on essentials they will not be able to be spent on tobacco or other undesirable items such as alcohol or gambling.

- 2.1.27 We estimate we will be able to support a further 485 smokers to quit and believe the incentive scheme will provide further motivation for some of our most disadvantaged smokers. This will run alongside our communications campaign. We will be contributing to building the evidence base in this space and will share the outcomes with colleagues regionally and nationally. It is intended to deliver this scheme during Q4 to have the most impact and support smokers who may be more financially vulnerable due to increase in household bills from winter pressures.

2.1.28 South Yorkshire Tobacco Control Alliance

- 2.1.29 A South Yorkshire Tobacco Control Alliance has been developed in response to Independent Khan review commissioned by the government and published June 2022 [The Khan review: making smoking obsolete - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/104424/the_khan_review_making_smoking_obsolete.pdf) and the Stopping the start: our new plan to create a smokefree generation which was published on the 4 October 2023 to address the Khan review recommendations which sets out how the Government's ambition to reduce the national smoking rate to less than 5% by 2030 can be achieved. [Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/114424/stopping_the_start_our_new_plan_to_create_a_smokefree_generation.pdf)
- 2.1.30 In November 2023 the Integrated Care Partnership Board agreed, endorsed and committed to the development of a South Yorkshire Tobacco Control Alliance. The South Yorkshire Tobacco Control Alliance includes all four South Yorkshire local authorities and the South Yorkshire Integrated Care Partnership working collaboratively to reduce smoking prevalence. Smokefree Starts is the overarching brand developed by the partnership. Our brand identity is focused on being a trusted source, proud, optimistic, relatable and compassionate. Our values are collaboration, commitment, ambition, community and empowerment.
- 2.1.31 The primary aim of the South Yorkshire Tobacco Control Alliance Partnership is to collectively accelerate our efforts in eliminating smoking across our region and contribute to the achievement of the Government's Smokefree ambition.
- 2.1.32 In order to effectively reduce smoking prevalence, we must take action at all levels this includes place (Sheffield), Sub regional South Yorkshire and regional Yorkshire and Humber. Other areas that have operated in this way have reduced smoking rates faster than other parts of England and we want to join them in preventing the harm tobacco causes.
- 2.1.33 The intention is for the Council to become a key partner and funder of the South Yorkshire Tobacco Control Alliance in line with the partnership agreement currently being developed by the Council's legal services and Terms of Reference for this partnership. In 2024/25 our contribution will be via the Yorkshire and Humber communications campaign. Once future government funding is confirmed a proposal will be brought to the Committee for approval of acceptance of this grant and what we hope to contribute financially to the regional programme. We had fed back to DHSE that it would be helpful to have a 5 year grant agreement alongside the 5 year targets that have been set.

2.1.34 Intervention for approval:

2.1.35 Yorkshire and Humber Smokefree campaign

- 2.1.36 It is recommended to fund a Yorkshire and Humber regional Smokefree communication campaign to generate quit attempts across the population. Total cost £65,000. We will use a tried and tested TV campaign off the shelf for example from Colleagues in the Northeast FRESH which has evaluated with high impact.
- 2.1.37 Fresh [Fresh - Fresh Balance \(fresh-balance.co.uk\)](http://fresh-balance.co.uk) . is a programme working with many multi-agency partners across health, local government, emergency services and the voluntary sector to address the issues caused by tobacco. They are funded by and work with public health teams in local authorities through the [Association of Directors of Public Health](#) and the NHS through the [North East and North Cumbria Integrated Care Board](#).
- 2.1.38 This will be a collaboration with all 16 local authorities across Yorkshire and Humber with equal investment from West Yorkshire Tobacco Control Alliance and Humber North Yorkshire and Humber Centre for Excellence. Humber and North Yorkshire Integrated Care Board will be the host organisation for the delivery of this work. Therefore, the Council would need to enter into a grant agreement and MOU to action this. There is not enough time to develop a campaign from scratch, however Humber and North Yorkshire ICB will undertake a procurement exercise to deliver this work on behalf of all partners.
- 2.1.39 Evidence indicates that mass media communication campaigns are highly effective and cost effective in supporting attitude shifting, teaching about the harms from tobacco, changing beliefs, communicating hope, educating smokers about what support is available locally, nudging towards, and increasing quit intentions^{vii} and eliciting quit attempts amongst smokers. Campaigns aim for high reach and consistent exposure over time with mix of positive and negative approaches^{viii ix}. TV and radio are the most effective mediums for reaching the population and cutting through with messaging. We have a track record of delivering highly effective and wide-reaching campaigns motivating quit attempts both via Smokefree Sheffield and across Yorkshire and Humber.
- 2.1.40 A 2016 regional mass media campaign conducted by Fresh in the Northeast and Smokefree Yorkshire and Humber illustrates the value of mass media in promoting quit attempts. The campaign which focused on 16 cancers caused by smoking, reached approximately 333,000 people via TV, radio, print and online. Of those who saw the campaign 16% (around 55,300 people) cut down on their smoking. A further 8.4% (around 28,000 people) made a quit attempt as a result of the campaign while 4% switched to vapes. This shows the clear impact mass media campaigns have on triggering quit attempts and changes in behaviour.
- 2.1.41 Via Smokefree Sheffield we have delivered over 30 smokefree localised campaigns targeting high prevalence groups (pregnancy, routine manual workers, children and young people, smokers with mental health conditions, disadvantaged smokers) with significant success reaching thousands of smokers via social media, targeted interventions, radio and ITV On Demand. Campaigns include “We care”, “Closer each time”, “You are strong enough”, “QuitforCovid”, “Smokefree mum’s and families” more details can be found here www.SmokefreeSheffield.org.

2.1.42 However, we cannot afford to pay for television adverts for mainstream TV with our local budget, therefore this provides a real opportunity to reach significant numbers of smokers. Campaigns are a critical part of the programme in encouraging smokers to try once more and highlighting the support available and various routes to quitting. Since the inception of the Smokefree Sheffield website we have had over 60,000 visitors accessing information.

3.1 Council Plan outcomes

- 3.1.1 Reducing smoking rates contributes to achieving the Council plan and successful health and wellbeing for all. As we strive to become a smokefree city and improve the opportunities and future for families and Sheffield's communities.
- 3.1.2 Stopping smoking benefits hard-pressed families, reducing poverty by increasing disposable household income. It helps create jobs, increases productivity, reduces NHS waiting lists and improves health and wellbeing^x. Once smoking is obsolete in Sheffield the £122m- £305m that is spent on tobacco each year will be going back into communities' and families' pockets^{xi}. Quitting tobacco helps our most disadvantaged smokers restore family budgets, break the cycle of smoking addiction across generations, providing much needed funds that can be spent on household needs and in the local economy rather than on tobacco industry profits or tax^{xii}. Furthermore 11,000 fewer children will live in poverty in our city^{xiii}.
- 3.1.3 Reductions in smoking are one of the biggest single health interventions that we can make to level up the UK. Smoking costs the economy £17 billion a year, through smoking related lost earnings, unemployment, early deaths, and costs to the NHS. Overall, it is estimated that smoking costs Sheffield £193 million each year including costs of healthcare, social care, lost productivity, and fire costs. It is also one of the biggest drivers of health inequalities across the country. This proposal will reduce inequalities and make Sheffield fairer. This proposal seeks to maintain efforts to reduce the harm caused by tobacco on the residents Sheffield.
- 3.1.4 This decision will contribute to achieving the government's Smokefree 2030 ambition of adult smoking rates of 5% or less across all social groups, this alone will deliver the levelling up mission to extend healthy life expectancy by 5 years^{xiv}.

3.2 People – Prosperity - Planet

- 3.2.1 Reducing smoking contributes to the Council's policy triple-lock People, Prosperity and Planet.
- 3.2.2 People** - A smokefree city is a desirable attractive attribute of any city that demonstrates that the city values the health and wellbeing of its resident's life chances and opportunities.
- 3.2.3 Infant mortality has devastating impacts on families and hinders population growth, smoking is a major contributing factor. This proposal will contribute to preventing smoking amongst families across generations, reducing smoking during in pregnancy and preventing young people from starting to smoke. This means that babies and

young people will avoid the devastating effects of smoking on their health and wellbeing and be able to reach their full potential.

3.2.4 The Tobacco Control Programme and our interventions are delivered at the heart of communities utilising the partnerships and skills of the Voluntary Community and Faith sector in engagement of residents via the Local Area Committee's and other forums.

3.2.5 Prosperity - Tackling cheap and illicit tobacco and vapes reduces crime in our neighbourhoods and is a key part of the Sheffield Tobacco Control Strategy. It is essential we tackle this alongside delivery of the mass media campaigns to ensure our efforts are not undermined. Cheap and illicit tobacco is more affordable, enabling people to maintain their habit and making tobacco in reach of children at pocket money prices. It is estimated that smoking prevalence would drop by 10% if all cheap and illicit tobacco were eradicated. The most deprived areas of the city are targeted by those selling cheap and illicit tobacco and vapes which brings serious organised crime into neighbourhoods and drives out legitimate businesses and hinders neighbourhoods' ability to thrive. Reducing cheap and illicit tobacco from our communities would reduce crime in Sheffield neighbourhoods and free-up retail and housing space which would otherwise have a legitimate use.

3.2.6 Planet - Reducing smoking is also good for the planet. Reductions in smoking prevalence positively impact on climate change. The tobacco supply chain is extremely environmentally harmful on a global scale. This impact is particularly felt through the consequences of cultivation/farming, curation, and manufacturing, pollution, soil degradation, biodiversity losses, deforestation, cigarette litter^{xxvi}.

3.2.7 City Goals

3.2.8 A smokefree Sheffield contributes to Sheffield being a great city, a place where everyone lives well and takes care of each other. A place where people want to be and choose to live.

3.2.9 **Our Vision** - we wish to eliminate the harm smoked tobacco products cause our communities by transforming Sheffield to a smokefree city by 2030 in which to live, work and play. We want to create a smokefree generation. Sheffield people live longer and healthier lives, smokefree. Sheffield children will grow up in a city where smoking is unusual

4. What community or partner engagement has been undertaken and how has it informed the proposal

4.1 There is no statutory requirement to consult on this proposal. The Council have consulted with the Smokefree Sheffield Service and tobacco board partners and regional partners with regards to acceptance of this resource and most effective use to support the achievement of the government and Sheffield ambition of achieving a Smokefree generation and get to 5%.

4.2 Tobacco Control Board partners include:

- Sheffield Stop Smoking Service
- Sheffield Teaching Hospitals QUIT/Maternity
- Sheffield City Council C&YP Service
- Council CYP Public Health Lead
- Sheffield CCG
- Sheffield Smokefree C&YP Service
- Marketing and Communications Service
- Sheffield Health and Social Care Trust
- Sheffield Commissioning and Inclusion Team
- COPD nursing Team at STH
- Primary Care Mental Health Team
- Sheffield 0-19 Partnership (HV, CYP PH, SCC Early Years Prevention& Family Centres)
- Sheffield Children's Hospital
- Council Head of Youth Services
- Council Director of Education
- Council Trading Standards
- South Yorkshire Fire and Rescue Service
- Sheffield Universities
- Charles Clifford Dental Health STH
- Council Housing
- Council Social Care
- Local Medical Council
- Local Pharmaceutical Committee
- Voluntary Community and Faith sector
- Individual GPs, Primary Care Networks and Managers
- Pre-op Consultants
- Council Poverty Lead
- Consultant in Dental Public Health
- Deputy Director of Meds Management CCG
- Action on Smoking and Health UK
- Office for Health Disparities England (Y&H)

4.3 Regional partners include Tobacco Control Leads across Yorkshire and Humber and South Yorkshire Directors of Public Health and South Yorkshire and Humber North Yorkshire ICB colleagues, OHID, ASH UK.

4.4 The Council previously consulted with the public on the travel of direction in terms of moving to deliver more upstream interventions and wider tobacco control as well as stop smoking services. This approach was supported by the majority of the public who responded. The sample size of the survey was representative of the Sheffield population and smokers. Therefore, as the recommendation for this strategy is continuing to deliver comprehensive tobacco control, it is not deemed necessary to deliver public consultation on this. Service users will be engaged in the development of services/interventions and evaluations.

4.5 The Council have also conducted local behavioural insight work with smokers to inform the development and focus of the mass media campaign and service/interventions. This work focused on enablers and barriers to accessing stop smoking support. This has been done in collaboration with Sheffield Hallam University Behavioural Insights Unit. Further consultation and engagement will take place with smokers in the development of the Yorkshire and Humber Smokefree

campaign to ensure the messaging resonates, is impactful and targets the relevant populations effectively in eliciting behaviour change.

5. What alternative options did we consider?

5.1 Alternative Option 1:

5.1.1 **All additional funding to be allocated to the community stop smoking service.**

5.1.2 This would lead to a contract larger in size than the demand we could hope to treat via services. Some money would be dormant in the contract and not used to best effect. Only 5% of the smoking population attend services – which is why large promotion and engagement is required. Population level interventions are necessary such as mass media campaigns to elicit behaviour change across the whole smoking population. By funding a range of interventions, we maximise the opportunity to meet the needs of a range of smokers, as people are motivated by different factors to quit.

5.2 Alternative Option 2:

5.2.1 **Smokefree App**

5.2.2 Whilst Smokefree App's have been proven to support smokers in achieving successful quit attempts at a population level with wide reach. Previous use of these in Sheffield has led to low uptake. Also, they do not support those who are digitally excluded and could in some cases such as, where English is not your first language provide further barriers to accessing support. This was not viewed as the best option to maximise quit attempts.

6. How has equality, diversity and inclusion been actively considered?

6.1 Some demographic groups are known to have higher rates of smoking and, therefore, be at greater risk of tobacco-related ill health, including people from lower socioeconomic groups. Interventions to reduce smoking in our communities will help to reduce these health inequalities, through investing more heavily in those high prevalence groups who are most addicted, those with the most complex needs and those least able to afford to quit without significant investment and intensive support. (See Equality Impact Assessment - 1171)

6.2 Overall proposed approach is significantly positive for those in high prevalence smoking groups who will be most impacted by the changes. This includes:

- Men in high prevalence groups (e.g. routine and manual workers, men who have sex with men)
- Black and ethnic minority groups
- Children and young people
- Households of pregnant women
- Those with severe and enduring mental illness
- Those with smoking related long term illness or disability
- Those in areas of high deprivation with high smoking prevalence
- Those people living in poverty

6.3 The increased investment in Stop Smoking Service provision and communication campaigns will positively impact on the rates of children smoking as changes in social norms occur and adult smoking rates continue to decline smoking will become less desirable this combined with proposed national legislation on age of sale has the potential to be a game changer re stopping the start.

7. Financial and Commercial Implications

7.1 A grant offer of £650,694 from the Department of Health and Social Care has been received in order to support current smokers to quit smoking. The funding is separate to the Public Health funding already received for this purpose, and is subject to separate terms and conditions. Key features and terms and conditions of the grant are highlighted below:

- Funding will be delivered via a Section 31 Grant, and is ringfenced to local stop smoking services and support.
- Funding is expected to be spent in-year. Future grant amounts may be reduced in the event of significant and repeated underspends. Funding may also be clawed back in the event of a breach of conditions.
- The grant will run from 2024/25 to 2028/29. The £650,694 refers to 2024/25 only; further allocations will be confirmed each year once the grant eligibility criteria has been met. Future grant funding may also vary as the prevalence reduces locally and nationally.
- To receive this additional grant, the Council is required to maintain their existing spending on stop smoking services, based on data submitted in 2022 to 2023, and maintain this level of spend throughout the grant period. Detailed evidence based quarterly monitoring is also required, along with completion on an annual statement of grant usage, signed off by the Chief Executive.
- The majority of the grant must be spent on provision of Stop Smoking services, but there is the potential for some spending with wider tobacco control work with regional partners for example: on marketing and communications and within Sheffield on the administration of the grant for Public Health staffing to manage the extra capacity and requirements.
- For the 2024/25 funding, 70% will be received in quarter one. The remaining 30% will be paid in quarter four once the eligibility criteria has been met.

7.2 Procurement:

7.2.1 All public sector procurement is governed by and must be compliant with the Grant Agreement and UK National Law. In addition, all procurement in SCC must comply with its own Procurement Policy, and internal regulations known as 'Contracts Standing Orders' (CSOs).

7.2.2 Contracts Standing Orders requirements will apply in full to the procurement of services, goods or works utilising grants. All grant monies must be treated in the same way as any other Council monies and any requirement to purchase/acquire services, goods or works must go via a competitive process. The Portfolio / Service

Grant Manager will need to contact the Commercial Services Team for detailed guidance on adherence to these rules when spending grant monies.

- 7.2.3 The Project Manager will need to read, understand and comply with all of the grant terms and conditions, and the [Code of Conduct for Grant Recipients](#).

8. Legal Implications

- 8.1 Section 2B of the National Health Service Act 2006 requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area.
- 8.2 The Council has a duty under section 149 of the Equality Act 2010 (the public sector equality duty) in the exercise of its functions to have regard to the need to:
- eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under this Act.
 - advance equality of opportunity between persons who share a relevant protected characteristics and persons who do not share it.
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 8.3 The grant to Humber and North Yorkshire Integrated Care Board to contribute to the Yorkshire and Humber Smokefree campaign will support the Council in meeting the above duties.
- 8.4 Under Section 111 of the Local Government Act 1972, local authorities have the power to do anything (whether or not involving the expenditure, borrowing or lending of money or the acquisition or disposal of any property or rights) which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions.
- 8.5 In spending the Local Stop Smoking Services and Support grant the Council must ensure that it complies with the grant conditions. Key features of which are highlighted in the financial implications.
- 8.6 The Council will need to ensure the proposed grant award is in accordance with the Subsidy Control Act 2022, analysis will be carried out prior to the grant being awarded.

9. Climate and Environmental Implication

- 9.1 The tobacco supply chain is extremely environmentally harmful on a global scale. This impact is particularly felt through the consequences of cultivation/farming, curation, and manufacturing (pollution, soil degradation, biodiversity losses, deforestation, cigarette litter) (Zafeiridou et al. 2018). <https://doi.org/10.1021/acs.est.8b01533>.
- 9.2. Therefore, reductions in smoking prevalence positively impact on climate change. Reduced tobacco farming can make way for food cultivation which has less environmental effect, fulfils an essential human need, and is more profitable for farmers

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31888-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31888-4/fulltext)

- 9.3. Following the pandemic there has been an increase in hybrid working –with more staff working at home and less staff travel. We will continue this commitment across all tobacco control services/communication campaigns. We will also continue to actively promote active travel and use of public transport, car sharing where possible.
- 9.4 More support has been delivered via online video and telephone this reduces travel across the city for both the workforce (grey fleet) and service users. Services will be delivered at the heart of communities and be provided near public transport links to reduce the need to travel and ensure convenient access for service users, We will work with medicines management to reduce waste of pharmaceutical products and increase recycling.
- 9.5 We will work with the ICB Sustainability Working Group (chaired by Zak McMurray) to look for solutions to SY ICB Sheffield Place problems in relation to service provision in more environmentally friendly ways across the SY footprint.
- 9.6 Mitigation action to reduce the environmental impacts of e-cigarettes include:
 - E-cigarettes will be sourced from reputable brands and retailers registered with the Medicines & Healthcare products Regulatory Agency and who are committed to recycling policies, setting up disposal points to ensure appropriate disposal of batteries.
 - These retailers' products will last longer and will not need replacing as often will promote positive recycling habits and prevent waste from entering the environment.
- 9.7 Tobacco control meets Sustainable Development Goals.
<https://www.who.int/news/item/31-05-2022-who-raises-alarm-on-tobacco-industry-environmental-impact>
<https://ash.org.uk/uploads/Tobacco-Environment.pdf>
- 9.8 There will be a specific Method Statement question asked of providers in the tender process for the mass media campaign in relation to how their environment/climate policy will contribute to achieving environmental and sustainability targets and the reduction in carbon emissions to support the Council in our ambition to achieve Net Zero 2030 target.
- 9.9. Providers will have action plans with SMART objectives and Key performance Indicators in place and these will be monitored via quarterly monitoring meetings in collaboration with regional partners.

10. Other implications.

- 10.1 Some of the smoking population might be described as more clinically complex (for example, they may have higher levels of tobacco dependency, live more complex lives or have a range of additional clinical needs or long-term conditions). Over time, there will be a greater proportion of the smoking population remaining in this group. This can make the task of the services more difficult over time whilst potentially increasing the cost of these interventions. To mitigate this challenge, it is important that services are resourced and that the most recent evidence-based practice is used with this group. Also important that we test measures such as incentives to review how this impacts on motivation and willingness of smokers to try again to quit smoking.
- 10.2. Failure to meet the grant conditions of maintaining the current spending on stop-smoking services and not delivering services as set out in the grant reporting conditions could lead to DHSC withholding up to 30% of the allocated financial year's funding.
- 10.3 The Public Health 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, and the Tobacco Control board will have oversight of the grant spending.

11. Reasons for decision

- 11.1 By approving the grant of £65,000 to Humber and North Yorkshire Integrated Care Board to contribute to the Yorkshire and Humber Smokefree campaign on behalf of the South Yorkshire Tobacco Control Alliance will enable Sheffield to maximise the opportunity to support smokers further in increasing quit attempts and quit outcomes and ultimately reducing smoking prevalence and associated harm and health inequalities amongst our most vulnerable groups.
- 11.2 Furthermore, by the Committee noting the Council's intention in becoming a key partner and funder of the South Yorkshire Tobacco Control Alliance and entering into a partnership agreement, as well as noting the intention to deliver an incentive scheme ensures the committee have a full overview of the spend of the Local Stop Smoking Services and Tobacco Control Interventions Support Grant re: 2024/25 and future years. These plans will accelerate declines in smoking in Sheffield and South Yorkshire.
- 11.3 This proposal will contribute to the achievement of the vision of the 2022-2027 Tobacco Control Strategy where people to live longer and healthier lives, smokefree. Children will grow up in a city where smoking is unusual; and that Sheffield is a smokefree city in which to live, work and play. Our ambition to make smoking obsolete by 2030 or to get to 5% prevalence in adults across all social groups.

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- ⁱ Up in Smoke How Tobacco Drives Economic and Health Inequalities Sheffield Position ASH 2022.
- ⁱⁱ Action on Smoking and Health. ASH ready reckoner 2022. <https://ash.org.uk/ash-local-toolkit/ash-ready-reckoner-2022/>
- ⁱⁱⁱ [Legal smoking age in England should rise every year, review recommends | The BMJ](#)
- ^{iv} Up in Smoke How Tobacco Drives Economic and Health Inequalities Sheffield Position ASH 2022.
- ^v Royal College of Physicians and Action on Smoking and Health. [ASH at 50: stubbing out smoking since 1971](#). London: RCP, ASH 2021 [Smoking and health 2021 full report_0 \(4\).pdf](#)
- ^{vi} End of Smoking 2019 [The-End-of-Smoking_final.pdf \(ash.org.uk\)](#)
- ^{viii} [Optimising tobacco control campaigns within a changing media landscape and among priority populations | Tobacco Control \(bmj.com\)](#)
- ^{ix} Evidence into Practice: Motivating quitting through behaviour change communications 2021 [Communications-Evidence-Into-Practice.pdf \(ash.org.uk\)](#)
- ^x Up in Smoke How Tobacco Drives Economic and Health Inequalities Sheffield Position ASH 2022.
- ^{xi} Action on Smoking and Health. ASH ready reckoner 2022. <https://ash.org.uk/ash-local-toolkit/ash-ready-reckoner-2022/>
- ^{xii} [Legal smoking age in England should rise every year, review recommends | The BMJ](#)
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- ^{xiv} The Khan review Making smoking obsolete Independent review into smokefree 2030 policies Dr Javed Khan OBE (2022) [Making smoking obsolete \(publishing.service.gov.uk\)](#)
- ^{xv} Zafeiridou et al. 2018). <https://doi.org/10.1021/acs.est.8b01533>.
- ^{xvi} <https://ash.org.uk/uploads/Tobacco-Environment.pdf>