

MEETING

SLOUGH HEALTH & WELLBEING BOARD

(Councillors Smith, Dr Jim O'Donnell, Will Tuckley, Sue Butcher, Umar Ansari, Adrian Davies, Caroline Farrar, Marc Gadsby, Jamie Green, Caroline Hutton, Supt. Helen Kenny, Simon Lanaway, Matthew Lewis, Tessa Lindfield, Andrew Stockwell, Chris Stratford, Haddy Bojang and Councillor Shah

DATE AND TIME:

TUESDAY, 18TH JUNE, 2024 AT 3.00 PM

VENUE:

COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR ROAD, SL1 2EL

DEMOCRATIC SERVICES

MANIZE TALUKDAR

OFFICER:

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(for all enquiries)

SUPPLEMENTARY PAPERS

The following Papers have been added to the agenda for the above meeting:-

* Item 4 was not available for publication with the rest of the agenda.

PART 1

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
4.	Additional Investment in Smoking Cessation Delivery Plans	1 - 8	

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Slough Borough Council

Report To:	Health and Wellbeing Board
Date:	18/06/2024
Subject:	Local Stop Smoking Services and Support Grant 2024-2025
Chief Officer:	Tessa Lindfield, Executive Director of Public Health and Public Protection
Contact Officer:	Kelly Evans, Deputy Director of Public Health
Ward(s):	All
Exempt:	NO
Appendices:	[Appendix 1- Grant Award Letter. Appendix 2- Breakdown of grant allocation for year 1

1. Summary and Recommendations

1.1. This report is to inform the Health and Wellbeing Board of the rationale and plan for utilising a new tobacco control grant to significantly enhance Slough's local stop smoking services and support. The funding will target high-risk groups, expand service capacity, and drive demand for quitting.

Recommendations:

The Health and Wellbeing is recommended to:

- a) Note the Department of Health and Social Care (DHSC) Tobacco Control Grant of £211,1394 per annum for the next five years.
- b) Note the proposed breakdown of the grant allocation for strengthening local stop smoking services (SSS) and driving demand for quit smoking (as detailed in the report)

2. Report

Introductory paragraph

- 2.1. 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. It puts huge pressure on the NHS and social care, almost every minute of every day someone is admitted to hospital because of smoking, and up to 75,000 GP appointments could be attributed to smoking each month - equivalent to over 100 appointments every hour.
- 2.2. Slough has a high smoking prevalence with 17,450 smokers corresponding to around 15.2% of the adult population. Smoking rates are much higher among some groups, particularly those in lower socio-economic and vulnerable communities. Local smoking rates are higher among routine and manual workers (22.2%), among people with a long-term mental health illness (37.7%) as well as adults suffering from anxiety and depression (20.6%). Higher

prevalence is also seen among drug and alcohol users. 54.2% of adults who were admitted to Slough hospitals for non- opiates use and 42.1% admitted for alcohol misuse were smokers.

- 2.3. The recommendations outlined in this report directly support the Slough Borough Council's strategic priorities as detailed in their "A Fresh Start Slough: Corporate Plan 2023-27." Tackling smoking prevalence through this initiative contributes to the Council's goal of promoting healthier, safer, and more independent lives for residents. By addressing a major risk factor for preventable diseases like heart disease, stroke, and lung cancer, reduced smoking rates can enable residents to live longer, participate more actively in community life, and potentially require less long-term care.
- 2.4. Smoking is also one of the biggest drivers of health inequalities across the country – deaths from smoking are more than two times higher in the most deprived local authorities, where more people smoke, compared to the most affluent. Our funding allocation seeks to identify high-risk groups by working collaboratively with partners to use population health management approaches, to ensure all residents, regardless of background, have access to resources and support to quit smoking. This targeted outreach promotes health equity and empowers residents to lead healthier, more independent lives, aligning with the Council's goals.
- 2.5. Furthermore, reducing smoking prevalence leads to a healthier workforce, potentially lowering absenteeism and boosting productivity within local businesses. This improved public health contributes to the Council's goal of a cleaner, healthier, and more prosperous Slough. Additionally, improved public health can translate to lower healthcare costs for the Slough system including residents, freeing up resources that can be invested in other priorities.
- 2.6. By effectively utilising the DHSC Tobacco Control Grant, the Council can make significant progress on its strategic goal of creating a healthier, safer, and more independent Slough. This initiative demonstrates the Council's commitment to public health and aligns with their broader vision of building a thriving and inclusive community.

Options considered

- 2.7. An options appraisal was conducted and presented internally and across East Berkshire Public Health leadership meeting. The recommended option is option 3

Option 1: Do Not Receive and Use the Grant

- **Description:** Decline the DHSC grant and continue with existing public health funding for smoking cessation services.
- **Advantages:**
 - No need to comply with grant conditions.
 - Existing services remain unchanged.
- **Disadvantages:**
 - Forgoes significant additional funding for smoking cessation efforts.
 - Limits potential for expanding services and reaching high-risk groups.
 - Fails to capitalise on national focus on smokefree generation.

Option 2: Use All Grant Funding to Support Local Stop Smoking Services (SSS)

- **Description:** Allocate the entirety of the grant towards directly bolstering existing SSS programme.
- **Advantages:**
 - Provides a significant boost to service capacity and accessibility.
 - Directly supports individuals seeking to quit smoking.
- **Disadvantages:**
 - Limited focus on public awareness and demand generation for SSS.
 - May not effectively reach high-risk groups who might not be actively seeking services.
 - Does not consider the capacity of the service provider to deliver
 - Does not focus on driving demand via multiple channels

Option 3: Utilise Grant Funding for a split approach balancing investing in current service provision, creating awareness about the dangers of smoking and exploring new pathways for smoking cessation service provision

- **Description:** Divide the grant funding to invest in both strengthening existing SSS and driving demand for quit smoking. This could involve:
 - Allocating a portion of the grant to expand and improve SSS programs.
 - Directing resources towards targeted awareness campaigns focused on high-risk groups.
 - Utilising a population health management approach to identify and engage smokers through primary care and community partnerships.
- **Advantages:**
 - Enhances existing services while increasing awareness and demand for support.
 - Targets resources towards high-risk groups identified in the health needs assessment.
 - Aligns with the grant conditions and national smokefree generation goals.
- **Disadvantages:**
 - Requires careful planning and coordination across different initiatives.
 - Balancing allocation between service improvement and demand generation needs careful consideration.

Background

- 2.8. The UK Government's Smokefree Generation Policy, which restricts tobacco sales to those born on or after 1 January 2009, necessitates stronger local support for smoking cessation efforts. To address this need, the government has pledged an additional £70 million annually to bolster local authority-led Stop Smoking Services (SSS). Slough Borough Council will receive a significant funding boost of £211,394 per annum for the next five years, starting from April 2024. This increase will significantly augment our current smoking cessation budget of £229,133.
- 2.9. These additional resources are crucial for tackling the smoking-related health disparities in Slough. Data from the 2023 health needs assessment reveals that adult smoking prevalence in Slough (14.9% in 2021) is higher than both the Southeast region (11.9%) and the national average (13%). Furthermore, the assessment highlights disproportionate impacts on minority ethnic groups and individuals with mental health conditions.

Why a Change is Needed:

- 2.10. The current SSS budget and service offerings require expansion to effectively address the identified gaps and disparities. While smoking rates have declined overall, specific high-risk groups require targeted interventions.

Consultation and Views of Other Bodies:

- 2.11. Ongoing discussions with the Department of Health and Social Care (DHSC) via the South East ADPH Tobacco Control Network have focused on sharing best practice for utilising the additional funding.
- 2.12. Feedback from the Slough Tobacco Control Network and emphasise the need for focused investment in awareness campaigns and tailored interventions for high-risk groups.

3. Implications of the Recommendation

Financial implications

- 3.1.1. The additional tobacco control grant comes with specific conditions set by the Department of Health and Social Care. These conditions ensure the funding is used effectively to enhance local stop smoking services and support.
- 3.1.2. Crucially, the grant cannot be used as a substitute for our existing spending commitments on tobacco control within the public health grant. The proposed breakdown of the funding allocation outlined in this report fully aligns with these conditions. It prioritises investment in expanding services and building capacity, while maintaining existing support programs. This ensures the grant serves as a significant boost to our tobacco control efforts in Slough, without impacting our core commitments in this area.
 - 3.1.2.1. Awareness Campaigns: Implement targeted awareness campaigns. These campaigns will leverage insights from the health needs assessment to reach priority groups with high smoking rates, such as minority ethnic communities and individuals with mental health conditions.
 - 3.1.2.2. Expanding Stop Smoking Service (SSS) Targets: Resources will be directed towards expanding the reach and effectiveness of existing SSS programs. This includes increased capacity to address health inequalities and support more individuals in their quit attempts.
 - 3.1.2.3. Digital Technology Pilot: Investment in a pilot program utilising innovative digital technology to identify and engage smokers. This project, led by NHS Frimley, will leverage connected care data to target smokers with personalised text messages, directing them towards local SSS resources.
 - 3.1.2.4. Additional workforce capacity: To efficiently manage the grant and ensure successful implementation of these initiatives over the next five years, a dedicated public health officer position will be established. This role will be crucial for leading tobacco control projects, addressing

smoking disparities, and building community capacity to support smoking cessation efforts.

3.1.2.5. Pharmacy/Manual Worker Intervention Pilot: A portion of the funding will be allocated to piloting new intervention strategies focused on specific populations, such as manual workers who may have higher smoking prevalence.

3.1.3.

3.2. Legal implications

3.2.1. This proposal to utilise the DHSC tobacco control grant aligns with the Local Government Act 2003, Section 31: This section empowers the Secretary of State to award grants to local authorities for specific purposes, including public health initiatives.

3.2.2. The grant itself is subject to specific conditions outlined in the "Ring-fenced local stop smoking services and support grant determination 2024 to 2025" document. These conditions, summarised earlier in the report, dictate the eligible uses of the grant and ensure it directly supports local stop smoking services and expands capacity.

3.2.3. The decision to accept the grant and utilise the funding falls within the Council's delegated decision-making authority for public health matters. No further public consultation is necessary beyond the initial consultations undertaken to develop the health needs assessment and service expansion plans.

3.3. Risk management implications

Risk	Mitigation	Assessment	Monitored By
Ineffective implementation of grant-funded initiatives	Dedicated project management, performance monitoring, and adjustments	Medium	Directorate
Difficulty engaging target populations	Tailored outreach strategies and collaboration with stakeholders	Medium	Directorate
Grant funding not being renewed after five years	We will develop a sunset plan acknowledging funding limitations. This plan will focus on maximising the grant's impact, building capacity within existing Public Health (PH) grant allocations to sustain core elements of the program, and exploring alternative funding sources.	High	Directorate

3.4. Environmental implications [

- 3.4.1. The proposed utilisation of the DHSC tobacco control grant is not expected to have any negative environmental implications. The funding will primarily be directed towards staffing, digital outreach initiatives, and pilot programs focused on behaviour change. These activities do not involve any substantial resource consumption or generation of waste. While the production and disposal of some promotional materials may occur, the overall environmental impact is anticipated to be minimal.
- 3.4.2. On a positive note, successfully reducing the prevalence of smoking in Slough can contribute to cleaner air quality. Cigarettes emit a range of pollutants, including particulate matter and harmful chemicals, into the environment. By encouraging residents to quit smoking, this initiative can help improve air quality and create a healthier environment for everyone.

3.5. Equality implications

- 3.5.1. We conducted a thorough review of our current integrated health and wellbeing service that includes our smoking cessation findings to assess the impact on addressing inequalities. The findings from the review reported strong performance in targeting some of the potentially vulnerable groups including routine and manual workers and people from minority ethnic groups. The findings from our service review of our existing stop smoking service also identified key demographic groups that were less likely to engage with the service. The review also sets out clear recommendations to increase access to the service from under-represented groups including pregnant women, people with mental health conditions. The grant aims to address and reduce health disparities among different demographic groups in Slough, particularly focusing our investment around targeting specific profiles from our digital pilot project and targeted awareness raising campaigns across under-represented communities.

3.6. Procurement implications

- 3.6.1. All procurements undertaken to utilise the DHSC tobacco control grant will strictly adhere to the Council's procurement rules and regulations. The specific procurement route chosen will depend on the nature and value of the goods or services required.
- 3.6.2. For lower-value procurements, established frameworks or quotations will be utilised to ensure efficiency and best value.

4. Background Papers

None

Appendices

Appendix 1

[Slough LSSASG GA 2024-25 SBC.docx](#) Local Stop Smoking Services and Support Grant 2024-2025

Appendix 2

Table 2: Breakdown of grant allocation for year 1

Item	Amount per annum (£)
Awareness Campaigns	£50,000
Expansion of Stop Smoking Service (SSS) Targets	£43,941
Investment in digital technology and connected care signposting system	£11,966.01
Pharmacy/Intervention with Routine Manual Workers Pilot	£20,000
Staffing - Grade 7 Public Health Officer (2-year position)	£51,889
Contingency/Surplus to be used to supplement stop smoking service/ New pathways	£33,597.99
Total	£211,394.

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