

Paper from: **Jilla Burgess-Allen, Director of Public Health**  
**Alison Leigh, Behaviour Change Lead, Public Health**

Paper to: **Stockport Health and Wellbeing Board**

Date: **Wednesday 17th July 2024**

Title: **GM Making Smoking History Strategic Framework and  
Local Stop Smoking Services and Support Grant**

## 1. Overview

The aims of this paper are:

- To share details of the draft Greater Manchester Making Smoking History Strategic Framework and receive feedback on this. This is the primary focus.
- To raise awareness of the Local Stop Smoking Services and Support Grant which has been allocated to Stockport, and specific Stockport proposals related to this.
- To provide a brief update on the Tobacco and Vapes Bill.

## 2. Background to The Greater Manchester Making Smoking History Programme and Strategic Framework

Greater Manchester has been leading the way nationally for a number of years in the development of a city-region approach to reducing smoking prevalence. Smoking is the biggest preventable cause of premature death and ill health for our residents. The refreshed GM Make Smoking History (MSH) Strategic Framework sets out how GM will become a smokefree city region by 2030.

Our GM Making Smoking History (MSH) programme has been delivered through a partnership of city region, locality and community-based programmes since 2017.

We are on track to become a smokefree city-region, a key part of our commitment to achieving the greatest and fastest improvement to the health and wellbeing of the 2.9 million people who live here. The new MSH Strategic Framework builds on our successes over the recent years to deliver positive change for our residents.

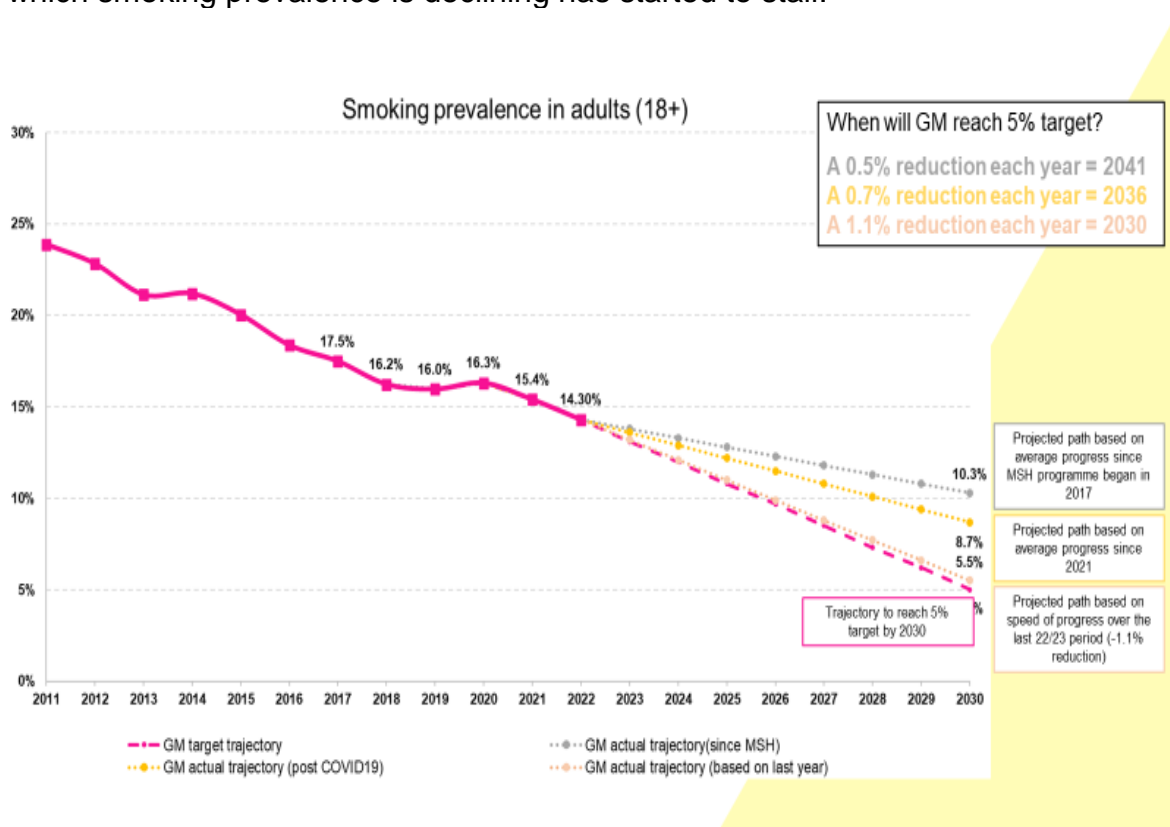
By reducing smoking in Greater Manchester, we can make a sizeable impact on health inequalities. We know that people who smoke die younger than non-smokers and have poor health as they age. Each year 3,900 people in Greater Manchester die from smoking-related causes.

We can also make an impact on other areas of inequality. Research in 2022 found a strong link between smoking and deprivation. One of the areas we see this most starkly is smoking in pregnancy and the impact that has on children of smokers throughout their life. Almost 87,000 households across Greater Manchester with at least one smoker, are living in poverty.

The framework is underpinned by the GMPOWER model:

- G**row a social movement
- M**onitor tobacco use
- P**rotect people from second-hand smoke
- O**ffer help to quit
- W**arn people of the dangers of tobacco
- E**nforce regulations
- R**aise the price of tobacco

Since the Making Smoking History Programme began the prevalence of smokers has decreased from 18.4% of the population to 14.3% of adults. The Office for National Statistics showed that around 317,000 people in Greater Manchester were smoking in 2022. Greater Manchester continues to close the regional and national smoking prevalence gap, sitting at just 0.9 percentage points above the Northwest (13.4%) and 1.6 percentage points above England (12.7%). However, the speed at which smoking prevalence is declining has started to stall.



The GM Making Smoking History team have been co-designing and refreshing the MSH Strategic Framework with partners, setting out aims and ambitions until 2030 across GM and localities. The Health and Wellbeing Board is asked to provide feedback on the document.

### 3. Refreshing the GM Make Smoking History Strategic Framework for 2024 - 2030

In 2023, NHS GM started to engage with tobacco leads, key system stakeholders and senior leaders across Greater Manchester to reflect on the previous strategy. By exploring the key learning, successes and challenges of the past few years, work was begun to the evolution and development of a refreshed delivery framework.

In 2023, there was engagement with Locality Directors of Public Health and Tobacco Leads, a senior leadership engagement event, and a large stakeholder engagement event to support the co-design of a refreshed strategic framework covering the period 2024 – 2030.

The MSH Strategic Framework describes:

- work in localities, led by local tobacco alliances
- work delivered pan-regionally, led by NHS GM
- how we respond and connect with national initiatives and with other regional NW programmes
- our shared commitment to work together

Under each of our seven GMPOWER principles, there is an overview of plans and a matrix that describes local, regional and national plans and how we will align and deliver at a local and regional level.

The latest draft of the strategic framework is provided in Appendix A.

This draft is being socialised widely within the system. It has been taken to the One Stockport Health and Care Board and to other appropriate boards in the 10 GM local authority areas, with a view to obtaining further feedback and updating the framework prior to it being signed off the by GM ICB later this summer.

### 4. Stockport Public Health and Local Stop Smoking Services and Support Grant

Stockport Public Health is supportive of the draft GM Making Smoking History Strategic Framework. We value the model of working in partnership on GM and local programmes which support Stockport local priorities and are based on the GMPOWER principles.

One of these principles is 'offer help to quit'. Stopping smoking is the single best thing a smoker can do to improve their health and 2 in 3 smokers will die prematurely if they do not stop smoking. We know most smokers (6 in 10) want to quit but only 1 in 20 smokers will quit smoking for a year without support.

We have a specialist community stop smoking service in Stockport which is commissioned by Stockport Council and provided by ABL Health. In 23/24, 1,023 people set a quit date and of these 558 quit within 4 weeks (a quit rate of 55%).

Earlier this year, the government announced additional funding for local stop smoking services and support over the next five financial years, starting from 2024-

25 until 2028-29. The aim of this additional funding is to ensure there is a nationwide comprehensive offer to help people stop smoking across England and to increase the number of smokers engaging with effective interventions to quit smoking. Local authority allocations are based on smoking prevalence rates.

Stockport smoking prevalence in adults is 11.8% (2022/3), which is lower than the North-West (13.4%) and England (12.7%) rates. However, the overall smoking prevalence rate masks significant inequalities. GP practice prevalence figures range from 5.6% (Bramhall and Cheadle Hulme) to 34.0% (Brinnington).

The grant allocated to Stockport Metropolitan Borough Council is £360,808 for 2024/25. Whilst five-year funding has been referenced, details of the actual funding amounts are likely to be confirmed on an annual basis as part of the government spending review. This is a significant additional investment in local stop smoking services. The current contract value for our combined smoking cessation and tier 2 weight management is £332,595 per annum, of which a notional £192,000 is allocated to smoking cessation.

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 funding cannot 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 and 4 week quit outcomes.

The grant is ring-fenced for use on local stop smoking services and support.

The contract with ABL Health to provide community stop smoking support for Stockport residents was established in 2022 following a competitive tender exercise undertaken by SMBC. The contract was awarded for the period of 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2027, with the option to extend for up to a further 2 years.

The current contract provides a locality-based smoking cessation service, which supports the people of Stockport to improve their health and wellbeing by making positive, health-enhancing behaviour changes. The service seeks to reduce health inequalities, providing services on the basis of proportionate universalism where everyone receives support appropriate to their level of need. The service is available to all residents, but ABL is proactive in addressing the needs of the people most at risk of the consequences of smoking. The service provides behaviour change support and quit aids including the direct supply of Nicotine Replacement Therapy and vapes, and the supply of prescribed medication (e.g. Zyban) through liaison with the patients GP. The service has a good quit rate for those engaging (55%) but the reach of the service is limited by current capacity.

The majority of the additional grant funding will be allocated to our local community stop smoking service to enable increased capacity and enable more outreach. There will be a greater focus on health inequalities and work with targeted populations. This includes those with a serious mental illness, long term conditions, and/or drug and alcohol issues. The additional capacity will also enable more tailored support to people who are living in deprived areas, those who are unemployed, those in routine and manual work, as well as engaging with LGBTQ communities and ethnic minority groups.

Smoking prevalence rates are generally higher in the populations listed above. The figures for Stockport show:

- Prevalence in adults (18+) current smokers: 11.8%
- Prevalence rates in deprived areas as high as 34.0%
- Prevalence in routine and manual workers: 27.9%
- Prevalence in those with a long-term mental health condition: 19.0%

We are also mindful that:

- Smoking rates of people with serious mental illness (SMI) have three times more the smoking rate of the general population (41% vs 14%)-ASH, 2023.
- OHID population data indicates an estimated 22% prevalence of smoking in LGBTQ communities.
- Smoking is an important contributing factor to race-related health inequalities.
- Smoking is a known cause or associated risk factor for ill health and premature death
- 74% of those receiving treatment for opioid addiction smoke and 47% of 47% of those receiving treatment for alcohol addiction.

The new grant funding is regarded as an opportunity to enhance the offer of the current smoking cessation service and to reach out to priority groups in Stockport.

As part of this, we will:

- develop a collaborative Swap-to-Stop scheme by training and mentoring local partners in contact with the priority groups to motivate these clients in using the Swap-to-Stop scheme to quit smoking.
- provide a more flexible approach for people who find it hard to quit through person-centred and tailored interventions. For example, longer appointment times, more frequent contact in the early weeks, providing Cutting Down To Stop (CDTS) support prior to the traditional 12 week quit support, implementing supplementary NRT where needed to support a quit
- work with Primary Care Networks / wider primary care/ place-based teams and having a greater focus on engaging with key stakeholders to implement seamless pathways and integrated partnership working. This will also facilitate alignment with other organisations/community services such as Job Centres, foodbanks, and family hubs.
- develop additional and targeted communications to support consistent messages and marketing for Stockport residents.
- have increased numbers of people engaging in the service, setting a quit date and achieving a quit.

A small annual allocation will also be made to PaSH as part of a collaborative approach across most of GM. PaSH is a collaboration between BHA for Equality, George House Trust, and LGBT Foundation. Their engagement teams work across Greater Manchester within communities to deliver outreach, training and support for people most at risk of STI and HIV, and people living with HIV. They already provide a targeted programme of activities both in person and online to reach and engage with people facing multiple inequalities and disadvantage, often from the most deprived areas, and are well suited to engage with people who smoke and use illegal vapes. Their offer will include:

- Very Brief Advice (VBA) which will be delivered opportunistically during engagement activities with service users using an 'Ask, Advise, Act' framework to promote smoking cessation and prompt a quit attempt.
- targeted promotion of services available to support people stop smoking through outreach, in-reach, and via community venues, spaces and groups.
- co-production of a social media campaign and assets to raise awareness and promote smoking cessation services for dissemination through community influencers.

## 6. Smokefree Generation

The Tobacco and Vapes Bill aimed at protecting future generations across the UK from the harmful impacts of smoking, was introduced to Parliament on 20<sup>th</sup> March 2024. MPs voted in favour of this at the second reading on 16<sup>th</sup> April 2024 (by a majority of 316) and the Bill progressed to committee stage. However, progress stopped following the announcement of a General Election and the Bill was not included in the 'wash up' process prior to the dissolution of Parliament.

Given the wide cross-party support for the Bill and general public support, it is possible that such a Bill will be reintroduced once the new government is formed.

For background, the original Bill included amending the age of sale of tobacco products so children turning 15 this year or younger would never legally be able to be sold tobacco. It also sought to introduce new powers to restrict vape flavours and packaging that is intentionally marketed at children.

## 7. Recommendations

- 7.1 That the Board considers and provides feedback on the GM Make Smoking History Strategic Framework for 2024 – 2030.
- 7.2 That the Board notes the Local Stop Smoking Services and Support Grant allocation for Stockport and planned expansion of services.

## Appendix A: The Greater Manchester Making Smoking History Strategic Framework



052024 GM Making  
Smoking History Str: