On the path to ending smoking: using new funding

Commonly Asked Questions: 2nd July 2024

What this document is

This document has been produced to guide local authorities further in how best to spend the additional funding and summarises the most **'Commonly Asked Questions'** posed by colleagues across the system in the context of the dissemination of the above briefing paper. It is ASH's interpretation of the national guidance that has been issued with input from other experts and practitioners. With particular thanks to Association of Directors of Public Health (ADPH) who were consulted during development of this document.

Overview

The additional funding for local authority stop smoking support, aims to increase support for people who smoke to quit. This funding is to the value of **£70 million** from **2024/25** and was committed to for **5 years**.

In addition to the conditions associated with a section 31 ring-fenced grant, there are **four main conditions** attached to funding in the first year of this programme, they can be summarised as:

1. Invest in stop smoking services and support, in addition to, and while maintaining existing spend from the public health grant.
2. Build capacity to deliver expanded local stop smoking services and support.
3. Build demand for local stop smoking services and support.
4. Deliver increases in the number of people setting a quit date and 4 week quit outcomes, reporting associated activity and financial spend.

Local authorities who accept the grant conditions, will receive **70% of their funding at the beginning of the first year**, with the **remaining 30% payment eligible to claim in the fourth quarter**.

To **support local decision making** in spending this additional funding, ASH has worked in partnership with Directors of Public Health and Humber and North Yorkshire's Centre for Tobacco Control Excellence to produce a briefing paper: On the path to ending smoking: using new funding. This document should be read in conjunction with the briefing paper.

Q: Can we use the additional funding for local authorities to address youth vaping?

A: No, we recognise that addressing youth vaping is a big priority for many areas, however, the focus of the additional funding is to support people who smoke to quit, with the recognition that smoking is the leading cause of preventable death and health inequalities nationally.

Currently, we know that vaping is substantially less harmful to health compared with smoking[1], but that it is not completely risk-free. We do not have good evidence around longer-term harms from vaping (>12 months), nor around what interventions are effective (including cost-effective) to support people, especially children, to stop vaping. However, based on current best evidence, we know that it would not be cost effective to fund stop vaping services to improve health[2].

We also have high confidence that nicotine vaping products are more effective at supporting smokers to quit compared with nicotine replacement therapy and behavioural support alone[3].

Q: Can we use the additional funding for local authorities to support enforcement activity?

A: No, the grant letters accompanying the additional funding for local authorities explicitly state that the funding should not be used to fund enforcement activity.

There is separate additional funding for enforcement to address illicit products, although this will largely be through national agencies (£30 million from 2024/25 for 5 years).

The case for further resource for enforcement needs to be made separately.

Q: Can we use the additional funding for local authorities for NHS inpatient tobacco dependence services?

A: No, the grant letters accompanying the additional funding for local authorities explicitly state that the funding should not be used for NHS inpatient tobacco dependence services. However, collaboration between the NHS and local authorities is encouraged, such as through outpatient pathways, and will be needed to drive through-put into services. Local authorities also have a key role in providing continued support on discharge from hospital for those patients who have initiated a supported quit attempt with NHS Tobacco Dependency Treatment services.

Q: How will success with the additional funding for local authorities be judged?

A: There is no conditionality to deliver targets in the first year of this programme (2024/25), meaning that local authorities can receive 100% of their funding if they comply with the conditions. However, it should be recognised that the primary indicators for success over the course of this programme are quit dates set and four week quits (reporting through associated activity and financial spend) and conditional targets could be built into grant agreements in future years.

We would encourage our colleagues across the system, that if evidence-based tobacco control activities are used to build capacity, demand and increase the number of people who smoke to quit, then the results (including with the indictors for success) should organically follow.

Q: Can we use the additional funding to fund regional level tobacco control activities?
A: Yes, and this should be encouraged.

There is an opportunity to coordinate the funding across wider geographical areas for activities that we know are best delivered more widely (e.g. mass media, outreach, advocacy, digital offers etc.). This achieves economies of scale; expanding the reach of activities for priority groups, greater levels of impact and greater value for money.

Q: What quit aids are most effective in supporting people who smoke to quit?

A: Varenicline and vapes are shown to be most effective individual quit aids in the real world. Vapes are also the most commonly used quit aid by people who smoke in England (~ 1 in 3). There is a clear opportunity here to coordinate with the 'swap to stop programme' to reach people who smoke with an effective, popular and low-cost quit aid.

Nicotine replacement therapy (NRT) is also effective in supporting people who smoke to quit. There is an opportunity for stop smoking services to support the provision of stop smoking aids (including NRT) at no cost, which could improve engagement with services. Cytisine is also a safe and effective treatment to aid smoking cessation and is now available in the UK as a prescription-only medication.[4]

The 'gold standard' for quit effectiveness is the combination of prescription medication and behavioural support. Currently, this combination is only used by 1.1% of people who smoke, despite improving chances of quitting by around 80%.

Q: How can we drive up quits through local authority stop smoking services?

A: We know that stop smoking support improves people's chances of quitting, although the vast majority of people do not use stop smoking services (SSS) (~97%). The support delivered through SSS should:

- Target priority groups who need more support (e.g. people living in social housing, people with long term conditions, people with severe mental illness, people experiencing homelessness, people with substance misuse problems)[5], such as, by offering flexible in-person community-based approaches.
- Use all frontline treatments (vapes, varenicline, cytisine and combination NRT).
- Use every opportunity to link people who smoke into other support services (e.g. mental health, employment, housing).
- Be delivered by staff trained to National Centre for Smoking Cessation and Training (NCSCT) standards (from a range of settings and bands).
- Local and regional communications campaigns

Q: How can we drive up population level quits more broadly?

A: Primarily through strategy, leadership and partnership to achieve the transformational change required (so that nearly half of people who smoke make a quit attempt each year).

Local areas should review their local strategy and partnerships against the goal to end smoking and identify the activities best delivered collaboratively across local authority boundaries to maximise impact. Opportunities with these supra-local approaches can be used to accelerate progress, such as, by amplifying national mass media campaigns with strong and funded local and regional/ICB communications strategies and funding digital models of support in collaboration with other local authorities.

Referral pathways should be built into clinical treatment, to increase the numbers of referrals into sources of support, and the wider workforce should be equipped through training to prompt quitting and drive referrals into support (e.g. through the development of a high-quality stop smoking 'hub' which can reach out and/or through a shared approach to workforce development).

Q: As we are scaling up stop smoking support, how do we make sure that we are recruiting the right people, and retaining them too?

A: It will be vitally important as capacity and demand for stop smoking support is built up, that professionals are recruited, trained (to NCSCT standards), and retained to support people who smoke to quit. Action on Smoking and Health is advocating for strategic steer at action at national level around workforce planning to meet increased capacity demands in the future, and enhance the quality of stop smoking service delivery.

Q: Can we have confidence in the duration of the additional funding, and so have confidence in developing long term plans?

A: The additional funding is committed for Year 1, 70% of the funding for the first year has already been received. The remainder (30%) will be paid in the fourth quarter. While an incoming government may wish to review the 5 year funding commitment, there is a strong case for retaining this additional investment. This is an existing Conservative commitment and Labour have also pledged to take action to address smoking, so it is likely that this funding will continue in some form.

References

[1] Office for Health Improvement and Disparities. Nicotine vaping in England: 2022 evidence update. 2022. Available from: https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update

[2] National Centre for Smoking Cessation and Training. Why do we not have Stop Vaping Services? 2023. Available from: https://www.ncsct.co.uk/library/view/pdf/Why-do-we-not-have-Stop-Vaping-Services.pdf

[3] Hartmann-Boyce J, Lindson N, Butler AR, McRobbie H, Bullen C, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Fanshawe TR, Hajek P. Electronic cigarettes for smoking cessation. Cochrane Database of Systematic Reviews 2022, Issue 11. Art. No.: CD010216. DOI: 10.1002/14651858.CD010216.pub7.

[4] National Centre for Smoking Cessation and Training. Cytisine. 2024. Available from: https://www.ncsct.co.uk/library/view/pdf/Cytisine.pdf

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