

Manchester Health and Wellbeing Board Report for Information

Report to: Manchester Health and Wellbeing Board – 24 January 2024

Subject: Stopping the start: our new plan to create a smokefree generation

Report of: Director of Public Health

Summary

This report is a follow up to an initial report called, *“Stopping the start: Our new plan to create a smokefree generation in Manchester”* which was presented to the Health and Wellbeing Board on the 1 November 2023.

On 4 October 2023, the Rt Hon Steve Barclay MP, Secretary of State for Health and Social Care, wrote to Directors of Public Health to advise them of the government’s future plans to control tobacco use and vaping. This letter was accompanied by the publication of a Command Paper titled, *“Stopping the start: our new plan to create a smokefree generation (2).”* The Command Paper set out the government’s plan to prevent addiction to all forms of tobacco, to support current smokers to “quit” and to enhance the controls and legislation around electronic cigarettes, with the aim of curtailing the worrying phenomenon of youth vaping.

Since then, a major public and professional consultation has taken place. The consultation closed on the 6 December 2023 and Manchester partners on the Health and Wellbeing Board responded to it.

In November 2023, the Manchester Health and Wellbeing Board welcomed the contents of the Command Paper, and in particular, a commitment from the government to double investment in smoking cessation treatment in England. The board requested a further update paper for January 2024, which would specifically focus on this increased investment and how we planned to use this in Manchester.

Recommendations

The Board is asked to:

- i) Note the report
- ii) Support the proposed investment plan and Swap to Stop scheme.

Our Manchester Outcomes Framework

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	A thriving and sustainable city economy relies upon its residents being healthy and economically active. Smoking is the biggest cause of preventable disease and premature mortality and places a heavy economic burden on the city. By ending tobacco addiction residents will also have more money available to them for other uses
A highly skilled city: world class and home grown talent sustaining the city's economic success	A thriving and sustainable city economy relies upon its residents being healthy and economically active. Smoking is the biggest cause of preventable disease and premature mortality and places a heavy economic burden on the city. By ending tobacco addiction residents will also have more money available to them for other uses
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The proposals contained within this report are progressive and in line with international good practice. They would bring forward new legislation and protections to reduce health inequalities and supporting work towards Manchester being a Child Friendly City
A liveable and low carbon city: a destination of choice to live, visit, work	Cigarettes are the biggest source of microplastic pollution globally. Disposable electronic cigarettes are made from single use plastic, lithium and from production, transportation, use and then disposal, place a significant carbon burden on countries of production and Manchester
A connected city: world class infrastructure and connectivity to drive growth	This work reduces health inequalities, which is vital to help residents achieve their full potential. The tobacco and vaping control programmes are also part of a national and international system of Public Health through the WHO Framework Convention on Tobacco Control, which we have adopted

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Background documents (available for public inspection):

- 1) Report to the Health and Wellbeing Board, Stopping the start:our plan to create a smokefree generation, 1st November 2023.
- 2) <https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation/stopping-the-start-our-new-plan-to-create-a-smokefree-generation>
- 3) <https://www.gov.uk/government/publications/local-stop-smoking-services-and-support-additional-funding>
- 4) <https://makesmokinghistory.co.uk/partner-resources/the-cure-project/>

1. Introduction

1.1 In the governments Command Paper, “Stopping the start: our new plan to create a smokefree generation” *the* Chief Medical Officer, Professor Sir Chris Whitty, outlined the ongoing devastating Public Health crisis and health inequalities which are caused by tobacco use in the UK. The paper goes on to present a detailed analysis of Public Health problems relating to tobacco use and the more recent phenomenon of youth vaping in the UK. The Command Paper proposes measures to address these Public Health problems, which can be summarised as follows:

- i) To bring forward legislation that will ensure that children turning the age of fourteen, or younger, will never legally be sold tobacco.
- ii) To increase investment in stop smoking services.
- iii) To support the use of vaping devices for existing tobacco smokers who wish to stop. The “Swap to Stop” scheme will provide up to one million free vapes in England (in conjunction with local services).
- iv) A suite of measures to protect and discourage children from vaping.

NB. The tobacco products included in new legislation include cigarettes, cigarette papers, hand rolled tobacco, cigars, cigarillos, pipe tobacco, waterpipe tobacco products (for example shisha), chewing tobacco, heated tobacco, nasal tobacco (snuff), herbal smoking products.

1.2 Final decisions, following the public consultation about legislative changes in relation to the age of sale of tobacco and the marketing of vaping, have not been reached by government. However, the Department of Health and Social Care *have* pressed ahead with announcements on new investment in smoking cessation services and the “Swap to Stop” Scheme. Manchester City Council will benefit from both.

1.3 This report provides an update on measures (ii) and (iii) above.

2. Background

2.1 Smoking tobacco is the main cause of preventable morbidity and premature death in the UK. This is also the case in Manchester. Two thirds of smokers become addicted to the Nicotine contained in tobacco before the age of 18 and are almost always destined to a lifetime of compromised health as a result. One in two long term smokers will die from smoking related disease and tobacco use causes approximately 8 million deaths globally every year. As well as the personal and family tragedy of all the above, smoking related ill health drives thousands of hospital admissions in Manchester every year. It places a huge financial burden on the NHS, Social Care, employers and the wider economy. Smoking is also a significant driver of stillbirth and infant mortality.

2.2 The Manchester Tobacco Control Plan is based on an established World Health Organisation Tobacco Control Framework which involves measures to prevent all smoking and tobacco use, protection from “environmental tobacco

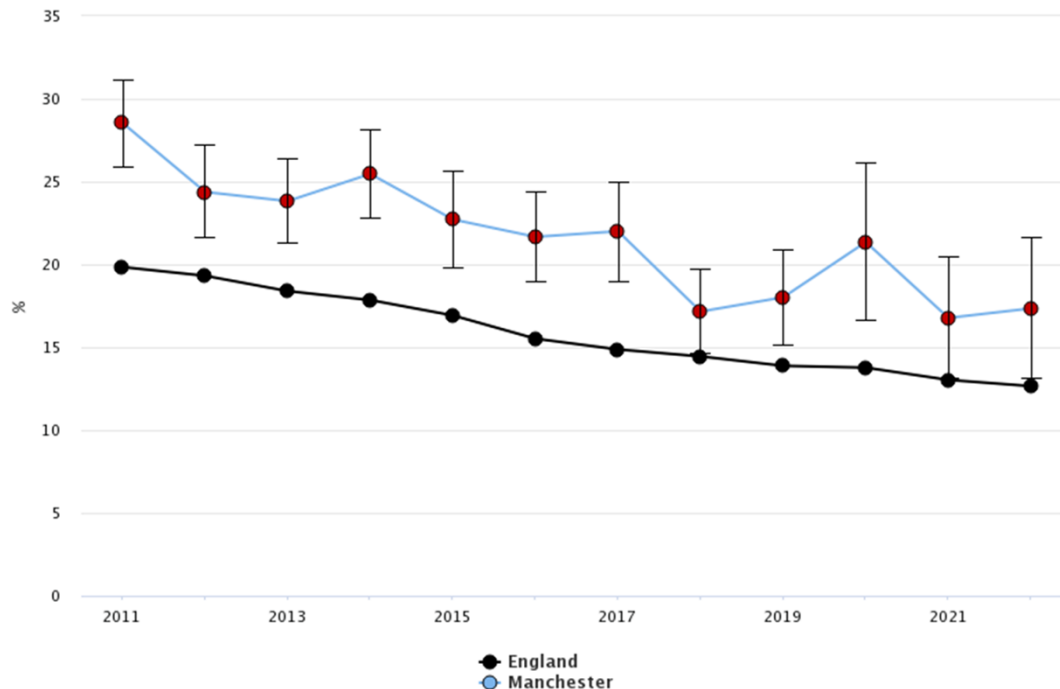
smoke”, enforcement of tobacco related legislation and, crucially, treatment services for anyone who smokes, or uses other forms of tobacco (including children). Public Health and partners nationally and locally are very clear that only concerted, long term, whole system, partnership working will drive down the use of tobacco, but this work requires significant resource.

- 2.3 Reducing smoking and tobacco use is a major Public Health commitment for the government’s levelling up agenda. The government are aiming for all parts of England to reduce adult smoking rates to less than 5% by 2030.
- 2.4 The latest published data covers the calendar year 2022 and suggests that 17.3% of adults aged 18 and over in Manchester currently smoke cigarettes. Therefore, Manchester is currently *not* on track to reduce smoking rates to under 5% by 2030.
- 2.5 The government’s proposed investment in smoking cessation services in Manchester could help us to scale up our existing community treatment services and to treat more smokers. N.B. It is beyond the scope of this paper, but city council Trading Standards teams will also receive further funding to carry out their essential enforcement of tobacco related legislation and combatting illicit tobacco.
- 2.6 In addition to increasing investment in smoking cessation services, the government have introduced an innovative project called “Swap to Stop”. This programme aims to boost smoking cessation work at a grass roots level by providing up to one million vapes and starter kits for Public Health teams and partners in England, to enable them to support even more smokers to make a “quit” attempt. Although we are very aware of the negative impacts of vaping in some age groups and contexts, we do know that vaping can help some adult smokers to “quit” and vaping is significantly less harmful than smoking tobacco. Therefore, the Department of Public Health in Manchester *did* make a bid to the first “pathfinder wave” of Swap to Stop, which was successful. This is outlined in more detail below.

3. Epidemiology Summary

- 3.1 Information on the prevalence of cigarette smoking in Manchester is based on data collected as part of the Annual Population Survey (APS), a continuous household survey, carried out by the Office of National Statistics (ONS). Survey respondents are asked whether they have ever smoked cigarettes regularly and, if so, whether they smoke cigarettes at all nowadays. Based on this, respondents are classified as a “current smoker”, “ex-smoker” or “non-smoker”. The APS focuses on cigarette smoking and does not cover other modes of tobacco consumption, such as shisha or chewing tobacco unfortunately.
- 3.2 The latest published data covers the calendar year 2022 and suggests that 17.3% of adults aged 18 and over in Manchester currently smoke cigarettes. This compares with a figure of 12.7% in England as a whole. The current figure is a small but not statistically significant increase on the figure for 2021

(16.8%). Looking back further, the prevalence of cigarette smoking among adults in Manchester has fallen since 2011, when the prevalence rate was estimated to be 29.5% (see chart below).



- 3.3 Although we have made progress in reducing smoking prevalence, based on the current trajectory, Manchester would not be on track to meet the current government target of less than 5% smoking prevalence rate by 2030.
- 3.4 The prevalence of smoking is not consistent across the whole of the adult population in the city; there are differences between men and women and between people from different occupational groups and housing tenures. For example, in 2022, 20.5% of adult men in Manchester were estimated to smoke, compared with 13.9% of adult women. This pattern is broadly consistent over time. Smoking prevalence is also higher in people renting from a local authority or housing association (34.7%) compared with those who own their house outright (10.9%) or with a mortgage (10.5%).
- 3.5 Smoking prevalence among in adults (aged 18-64 years) working in routine and manual occupations remains much higher than that for the general population. In 2022, smoking prevalence among in adults in routine and manual occupations (27.2%) was nearly 10 percentage points higher than that for the general adult population (17.3%). Adults working in a routine or manual occupation in Manchester were just over twice as likely to smoke compared with those working in another occupation.
- 3.6 The impact of persistently high rates of smoking among adults in Manchester can be seen in the rate of hospital admissions and deaths attributable to smoking. In 2019/20, there were 4,393 hospital admissions attributable to

smoking in Manchester - a rate of 2,422 admissions per 100,000 population compared with the England average rate of 1,398 admissions per 100,000.

- 3.7 The most recent set of data (for the three-year period 2017-2019) shows that around 637 deaths each year can be attributed to smoking. This is equivalent to a rate of 389 deaths attributable to smoking per 100,000 population. This compares with a rate of 202 deaths attributable to smoking per 100,000 population across England as a whole. The rate of smoking attributable mortality in Manchester is the highest of any local authority in the Northwest region and the second highest in England (behind Kingston upon Hull).
- 3.8 Smoking costs the NHS and social care sector millions of pounds each year in direct costs. It also places a burden on the economy in various ways, for example, in lost earnings, unemployment caused by ill health and premature death. Action on Smoking in Health (ASH) research suggests that being a smoker is associated with a 7.5% lower probability of being employed and about £1,424 lower earnings a year. Government estimates suggest that each lung cancer case costs society £360,000 from lost productivity, morbidity and mortality. This impact is amplified in Manchester because a greater percentage of our adults smoke compared to many more affluent areas. Although we do not have Manchester specific data for this report, ASH estimates that smoking causes a £897 million productivity loss in Greater Manchester, compared to a £191 million in Cambridge and Peterborough.
- 3.9 The long history of tobacco use in cities like Manchester is beyond the scope of this paper, but its use correlates highly with deprivation. Tobacco is usually burned and used in the form of cigarettes, hand rolled tobacco, cigars, cigarillos, pipe tobacco, waterpipe tobacco products (for example shisha). Less commonly tobacco can be chewed, heated, or used as nasal tobacco (snuff). All types of tobacco are highly carcinogenic, toxic and addictive. However, we know that by far the most popular way for tobacco is used in Manchester is smoking cigarettes, which is why the government (and this report) will use the terms “smoking cessation” and “stop smoking services” very often. It is important to stress that the Manchester Tobacco Control Programme and treatment services do address and treat all forms of tobacco use.

4. Current Community Smoking Cessation Services in Manchester

- 4.1 The community Smoking Cessation (Tobacco Addiction) Service in our city is commissioned by the Department of Public Health, Manchester City Council.
- 4.2 The community service is separate from local NHS Tobacco Treatment programmes, such as the CURE (4) and the Smoking in Pregnancy Services, but the pathways do link and there is cross referral. We believe that secondary care, maternity based *and* community-based services are essential, however the Public Health commissioned community based service does have the unique opportunity to offer primary prevention to smokers who have not yet suffered any smoking related ill health, as well as those who

have smoking related health conditions. The reach and benefits of upstream prevention are crucial to achieving 5% adult smoking prevalence by 2030.

- 4.3 Tobacco contains the highly addictive chemical, Nicotine. Nicotine in the short term, helps people to relax, to concentrate and is extremely addictive. Tobacco is highly carcinogenic and contains many other toxic chemicals which cause harm to humans. The additive agent, Nicotine, consumed in an isolated form, without tobacco, is much less harmful. Evidence shows that successfully giving up smoking involves managing Nicotine withdrawal and behavioural triggers.
- 4.4 Although, some people still believe that smoking is a lifestyle choice and that stopping is a matter of “willpower” alone, most clinicians, Public Health and addiction professionals know that this is *not* the case. The majority of smokers become addicted under the age of twenty and many of those will face many years trying to “quit”. It is understood that the addictive nature of Nicotine affects human physiology and in short, produces very unpleasant physical and psychological symptoms when the smoker or tobacco user tries to stop using tobacco. In many cases, it is the symptoms and cravings caused by Nicotine withdrawal that cause a person’s “quit” attempt to fail.
- 4.5 Latest NICE guidance NG209 (November 2021) states that the most effective way to treat smokers and tobacco users, is to provide pharmacotherapy and behavioural support in parallel. Managing Nicotine withdrawal often involves isolating Nicotine from tobacco and providing it in the form of “Nicotine Replacement Therapy (NRT)”. In recent years electronic cigarettes, also known as vapes, have also provided a form of Nicotine Replacement Therapy. NRT can be offered alongside other medication, such as Bupropion or Varenicline, although there have been supply issues with some of these medications in recent years.
- 4.6 In April 2020, the Department of Public Health launched a new, city-wide smoking cessation/Tobacco Addiction Treatment Service. The service is called Be Smoke Free and is provided by Change Grow Live (CGL). Most clients of the service are cigarette smokers, but the service does treat all forms of tobacco use.
- 4.7 Our service was designed by the Department of Public Health and the model was an innovative one for a community service. This is because the service is nurse led and we offer all available “stop smoking” medications free and direct to the client, alongside one-to-one support. The rationale for the nurse led service was that the team could be highly mobile if needed and led by Nurse Prescribers, could give clients their medications directly. This contrasts with many community services who have voucher schemes, for example. We wanted to remove barriers for smokers and to make starting a “quit” attempt as simple as possible.
- 4.8 Our service launched just after the first lockdown of the Covid-19 pandemic. At this time, smoking cessation services were stopped from seeing patients face to face. We worked closely with our provider, CGL, to quickly adapt the

treatment model. We immediately saw the benefit of the nurse led model, as nurses were able provide telephone and virtual assessments and one to one support but were also able to deliver and provide medications to clients' homes. Since then, our service has continued to develop in a responsive and dynamic manner.

- 4.9 Commissioners, partners and the Manchester Health and Wellbeing Board have been satisfied with the ongoing excellent performance of Be Smoke Free. The provider, Change, Grow, Live (CGL) have done everything they could to respond to the ever-changing landscape around Tobacco Control and were leaders in the field when they became Care Quality Commission registered. The service has consistently exceeded minimum Key Performance Indicators stipulated by NICE guidance and the commissioner.
- 4.10 The Commissioner at the Department of Public Health and CGL continue to work in a highly collaborative way and have tried to support NHS secondary care programmes, primary care and communities in which smoking, or tobacco use, is very high. However, the service is commissioned and funded to see a specific number of clients each year and the service have been exceeding this figure for some time. Without additional funding for staff, medication, and treatment space, we have not been able to scale up this service, or the number of clients seen any further.

5. Details of New Government Investment for Smoking Cessation Treatment in Manchester.

- 5.1 On the 8th November 2023, Departments of Public Health in England were advised of their increased allocations (3).
- 5.2 Allocations have been calculated using local smoking prevalence data. As such, the fact that Manchester has high rates of adult smoking prevalence relative to other parts of England, means that our city has received one of the highest allocations.
- 5.3 The allocation will be delivered subject to a new Section 31 grant. If grant conditions are met, Manchester will receive £929,359 in 2024/25. Subject to conditions and further adjustments, the city can reasonably expect a similar allocation in 2025/26, 2026/27, 2027/28 and 2028/29.
- 5.4 The Section 31 grant conditions stipulate that this new funding must be invested in smoking cessation (tobacco addiction) work and that existing investment in such services must *not* be reduced. This must be evidenced via a specified reporting regime, which will include information about activity levels and "quit rates", the latter being a recognised Performance Indicator.
- 5.5 The council expects to receive confirmation of this grant in January 2024 and is expected to report on investment and activity from early in the financial year 2024/25.

6. Proposed Investment Approach

- 6.1 All options have been considered in terms of how to invest new smoking cessation funding. Section 31 grant conditions and the speed with which new investment must be mobilised, have led us to conclude that the quickest, but most importantly, the best way, to scale up our smoking cessation treatment programme, is to invest in and scale up our existing, expert community service, Be Smoke Free. This approach has been considered and supported by the City Treasurer and procurement leads at the Council.
- 6.2 For some time, both commissioners and the provider, CGL have understood the strengths and gaps in our current service provision. New investment will help us to address these issues.
- 6.3 How we propose to develop the Be Smoke Free Service using new government investment:
- i) Be Smoke Free is a citywide service, but the main clinic base is currently in Ancoats. Some patients are seen virtually and some “face to face”. To make “face to face” access to NRT and other treatments easier for residents in North, East and South Manchester, where smoking prevalence is high, we propose to open a minimum of three additional clinic spaces, one in east Manchester, a second in Harpurhey and the third in Wythenshawe.
 - ii) Activity levels in terms of patients offered treatment could significantly increase with new grant funding. Currently, we specify that Be Smoke Free will offer treatment to 3650 clients per year (each of whom is then offered a 12-week course). This would increase to approximately 6000 a year with new funding. Increasing the number of available treatment courses per year will also mean that the service can take more referrals from NHS programmes, such as CURE and the Lung Health Check programme. We will continue to support General Practice to use the service too.
 - iii) To enhance our Community Engagement service - focussing on Health Equity and being linked to GPs and the NHS Manchester Local Care Organisation. This would include a range of social marketing, training opportunities and health promotion activity.
 - iv) To safely deliver these interventions, more staff will be recruited by CGL. They would recruit a Deputy Nurse Manager and recruit some non-clinical “Smoking Cessation Practitioners” too, who will work under the leadership of the Nurse Manager. Increased administration resource would be needed to manage referrals, patient journey tracking, contract monitoring, reporting to NHS digital, liaison with other services and medicines ordering and packaging.

6.4 These proposals have been discussed with CGL. Development at this scale, within tight timescales will be challenging, but also present great opportunity to reduce smoking and tobacco use rates.

7. Swap to Stop

7.1 Electronic cigarettes or vapes are substantially less harmful than smoking because they do not contain tobacco. They usually do contain Nicotine however. As stated above, Nicotine in isolated form is addictive, but not especially harmful when used in a managed way. This is why Nicotine Replacement Therapy (NRT), allows smokers to stop using cigarettes, or other tobacco products, by gradually reducing, their Nicotine dependency. Used properly, vapes can also be a type of Nicotine Replacement Therapy, because vaping liquids can contain measured concentrations of Nicotine which can be gradually titrated down until the user is no longer physiologically addicted to Nicotine.

7.2 Although vaping is often surrounded by controversy and misunderstanding, and there are significant issues around marketing, youth vaping, disposable vapes and counterfeit products, Public Health professionals *do* acknowledge that vapes can be a very effective tool in supporting smoking cessation. This is something we have been aware of in our stop smoking service, Be Smoke Free. Consequently, in 2022, Public Health commissioners and CGL made a decision to offer vapes to some clients, as part of full treatment course. Used alone or in combination with other pharmacotherapies, vapes have assisted some of our residents to stop smoking.

7.3 In April 2023, the government announced the first national “Swap to Stop” scheme, which would offer a million smokers across England a free vaping starter kit. Nationally, this scheme alone amounts to an investment of £45 million over two years.

7.4 In November 2023, the Director of Public Health approved a Manchester Expression Of Interest in the “pathfinder wave” for Swap to Stop. This application was successful, meaning that from early 2024, our provider, CGL can start to “draw down” a specified number of vapes from the Department of Health and Social Care portal. There is no financial charge to Manchester City Council or CGL.

7.5 The government have stipulated that vaping starter kits must only be given to smokers following an assessment by a Smoking Cessation Service and on condition that support to stop smoking is offered alongside provision of vaping kits. This approach is intended to ensure that vaping is offered as a way of stopping smoking and not something we recommend as a permanent switch. This aligns with the way Be Smoke Free have been providing vapes to clients since 2022 and is why we sought to bring this offer to Manchester.

7.6 It is important to note that any smoker or tobacco user coming to Be Smoke Free may be eligible and able to have a vape. However, we are using the Swap to Stop Scheme initially to provide three “mini pilots”.

7.7 These pilots trial some new approaches as follows:

- i) We will pilot work with social housing providers and the Manchester Local Care Organisation and pending further discussions with ward councillors we have identified the wards of Miles Platting and Newton Heath and Moston as a potential pilot area. We do not currently have specific pathways between “housing” and our Stop Smoking Service but there would be mutual benefits to establishing them. We have chosen this geographical area because Miles Platting, Newton Heath and Moston has very high rates of smoking attributable morbidity and mortality. This approach will provide more intensive support to residents and if successful, could be rolled out to similarly deprived parts of our city.
- ii) We would also like to trial the provision of Vapes to people who are being treated at Manchester’s Substance Misuse Service. These clients often also smoke. Many are also rough sleepers. This cohort of our community have much lower life expectancy and smoking rates are a contributing factor. We trialled the use of vapes-cigarettes with this community during 2020 and the devices were extremely popular. Swap to Stop will enable us to try this again and reach out to a client group who have less stable lifestyles, less secure housing situations, but who still need help to stop smoking.
- iii) Finally, we would like to offer the Swap to Stop Scheme to all Manchester City Council staff as part of our ongoing commitment to support staff health and wellbeing. In turn, this benefits the organisation. Staff can already access the services of Be Smoke Free.

7.8 This scheme in its current form lasts until March 2025. If successful, the Swap to Stop scheme allows us to apply for further vaping devices for our residents. Because a requirement of the scheme is that smokers must accept support from our community stop smoking service, the Department of Public Health acknowledges that the scheme makes demands on our Be Smoke Free provider, CGL, because of increased staff time in administration of the scheme, additional support and storage. The Section 31 grant funding will address this issue, if proposals to invest in our existing Be Smoke Free service are agreed.

8. Conclusion

8.1 The Department of Public Health remains very optimistic about the contents of the Command Paper described. In particular, we welcome new investment for smoking cessation and the Swap To Stop Scheme. We know that the programme and pace of work will be challenging but are optimistic about being able to help more Manchester residents to be free from tobacco addiction.

9. Recommendations

The Board is asked to:

- i) Note the report.
- ii) Support the proposed investment plan and Swap to Stop scheme.