

## Report to CABINET

# Proposal for use of additional Smokefree Generation funding

**Portfolio Holder:** Councillor Barbara Brownridge, Cabinet Member for Health and Social Care

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### Reason for Decision

To seek approval for use of additional funding provided through a new Section 31 grant, that will be ringfenced for local authority-led stop smoking services and support, under proposed smokefree generation policy.

### Executive Summary

As part of their plans to create a smokefree generation the government is investing an additional £70 million per year to support local authority led stop smoking services and support. This will more than double current spending from £68 million per year, to a total of £138 million, and support around 360,000 people to quit smoking. The funding will be provided through a new Section 31 grant and will be ringfenced for local authority-led stop smoking services and support.

The additional funding to Oldham for 2024-2025 based on a 3-year average smoking prevalence of 14.96% (an estimated 26,982 smokers) will be £321,524 per year for up to 5 years covering financial periods 2024/25 to 2028/29. This will be in addition to our current spend of £339,500 per year for specialist community stop smoking support (as part of the integrated Health Improvement and Weight Management Service). There may be some variance in the amount received year on year through the grant period. We expect this to

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become clearer as additional guidance is published by the Department of Health and Social Care (DHSC).

The council commission ABL Health Ltd to deliver our stop smoking service in Oldham as part of our integrated Health Improvement and Weight Management Service (Your Health Oldham). The Stop Smoking Service provides specialist stop smoking support for people who live in Oldham (or are registered with an Oldham GP) and offers evidence-based interventions, including behavioural support and access to pharmacotherapy to support quit attempts. The additional funding from the government is an excellent opportunity to enhance the offer of the current smoking cessation service and to further reach out to the local at-risk and priority groups in Oldham and support more people to quit, thus reduce smoking prevalence.

### **Recommendations**

We recommend the use of the allocated additional funding to supplement ABL Health Ltd (Your Health Oldham), who deliver our current stop smoking service (as part of the Health Improvement Service), to bolster the current stop smoking offer, with special focus on priority groups. This will ensure that there is added capacity to a service which is currently delivering stop smoking support in the borough and will increase the provision available to improve the number of people stopping smoking and, thus, reduce the smoking prevalence and the impact of tobacco related harm.

The proposal will support the local authority to move towards our local targets for reducing smoking prevalence. Specifically, to target certain priority groups which may have entrenched smokers that are most at risk of tobacco-related harm. The recommendation will also ensure that there is sufficient capacity to support Oldham Tobacco Alliance to deliver its ambitions and will ensure there is a coproduced engagement and communications strategy that is resident focused and relevant for the borough.

**Proposal for use of additional Smokefree Generation funding****1 Background**

- 1.1 Smoking is one of the biggest causes of death and illness in the UK. Every year around 76,000 people in the UK die from smoking, with many more living with debilitating smoking related illnesses. Smoking increases one's chances of developing more than 50 serious health conditions. Often resulting in higher mortality rates and more years spent in poor health due to long term conditions. Smoking is a modifiable risk factor, with strong connections to wider socio-economic determinant of health, that affects three of the major killers in Oldham, which are circulatory disease, cancer, and respiratory disease.
- 1.2 Tobacco in cigarettes is the most used form in the UK but there are other forms as well such as snuff and shisha which are used. The UK has made considerable progress in reducing the harms related to tobacco. Smoking rates have fallen, both nationally and locally, over the last few decades but smoking remains the single greatest cause of preventable death, disability, ill-health and social inequality for local people.
- 1.3 Four in five cancers are caused by tobacco use, and 90% of lung cancer is directly attributable to smoking. Up to two out of three lifelong smokers will die from smoking and smoking accounts for 1 in 6 deaths in England, with huge inequalities existing across areas and populations. In Oldham, 600 deaths and over 3,700 hospital admissions each year are attributable to smoking. On average, for every smoker who dies another thirty are suffering serious smoking-related diseases. Non-smokers are also at risk of harm through second-hand smoke exposure, especially vulnerable adults, children, and babies.
- 1.4 The benefit of a person stopping smoking is considerable to the NHS, social care and other public services. Smoking accounts for approximately 5.5% of the NHS budget. Admissions to hospital due to smoking related conditions represent a large demand on NHS resources. On average, smokers have difficulty carrying out everyday tasks like dressing, eating and walking across a room, seven years earlier than never smokers and need care support ten years earlier than never smokers. Action on Smoking and Health (ASH) estimate that the total additional spending on social care in Oldham as a result of smoking for adults aged 50 and over in 2021 was £5,960,600. This includes the costs of care for 425 individuals receiving home-based care, and 87 individuals receiving state-funded residential care.
- 1.5 Tobacco has a detrimental impact on the economy as well due to the number of working age people becoming ill from tobacco related causes. In Greater Manchester this contributes to the 30% productivity gap due to ill health. Smoking is an expensive

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addiction, with each spending on average £2,451 a year on tobacco. Whilst smoking is not a root cause of poverty, the addiction, associated ill-health and loss of income it causes can significantly exacerbate and lock people and families into an intergenerational cycle of poverty and disadvantage, resulting in the widening of health inequalities. The pandemic, and now the cost-of-living crisis, has not only shone a light on these health inequalities but exacerbated them. In Oldham, the cost per quitter for the local authority commissioned specialist stop smoking service was £490 in 2019/20, which was less than the regional average and similar to the England value (£484).

- 1.6 The Marmot Review reported that smoking remains responsible for around half the difference in life expectancy we see between our poorest and most affluent communities. Smoking is far more common among routine and manual workers and people with lower incomes and is transmitted across generations due to social-norms and addiction. The more disadvantaged someone is, the more likely they are to smoke and suffer from smoking-related disease and premature death. Smoking rates are also higher among people with mental health conditions, those living in social housing, prisoners, looked-after children and care leavers, and LGBTQ+ people. Therefore, smoking is the single biggest preventable cause of health inequalities.
- 1.7 Oldham's smoking prevalence in adults is currently 10.2% (2022) – while this is a reduction from the previous year, this is more likely to do with problematic methodology used rather than an actual reduction in prevalence. We also know there is considerable variation in smoking prevalence across the borough and that in some wards, particularly those with high levels of deprivation, rates are considerably higher. The proportion of the Oldham population who have never smoked is also smaller than the national average and, whilst considerable progress has been made to reduce the proportion of women who smoke in pregnancy, numbers are still higher in Oldham than they are nationally (10.7% - Oldham, 9.1% - England, 2021/22).
- 1.8 Tackling smoking is one of the most evidence-based and effective interventions that we can take to prevent ill health. Reducing smoking prevalence would have a significant impact on improving population health, reducing demand on health and social care services and tackling health inequalities. However, smoking is an addiction most smokers were trapped into as children and young people. Two thirds of those who try smoking go on to become regular smokers, only a third of whom succeed in quitting during their lifetime. Most smokers want to quit and many more regret ever having started. Therefore, whole system action is needed to support those who want to quit and prevent people from starting smoking in the first place.

## **2. Current Position**

### **2.1 National Position**

- 2.2 In 2019, the Tobacco Control Plan for England, [Towards a Smokefree Generation](#), set out the Government's ambition for England to be Smokefree by 2030 (achieving smoking prevalence of less than 5%). The initial objectives of the tobacco control plan were to:
  - reduce the number of 15-year-olds who regularly smoke from 8% to 3% or less
  - reduce smoking among adults in England from 15.5% to 12% or less

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- reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population
  - reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less

2.3 Achieving the Smokefree 2030 ambition is identified as an essential step towards increasing healthy life expectancy by five years by 2035, reducing health inequalities and levelling up the nation as set out in the statement made in January 2023 regarding the [Major Conditions Strategy](#), the Government's plan to tackle preventable ill-health and mortality in England. Smokefree 2030 is also expected to contribute to achieving one of the Prime Minister's key priorities: to cut NHS waiting lists.

2.4 In June 2022, the [independent review](#) by Dr Javed Khan into the government's ambition to make England smokefree by 2030 was published. The review provided independent, evidence-based advice to inform the government's approach to reduce the number of people taking up smoking and helping smokers to quit. The review made 15 recommendations for government to achieve a smokefree society. This included 4 critical recommendations:

- Urgently invest £125 million per year in a comprehensive smokefree 2030 programme. Options to fund this include a 'polluter pays' levy.
- Increase the age of sale by one year, every year.
- Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.
- For the NHS to prioritise further action to stop people from smoking, by providing support and treatment across all of its services, including primary care.

2.5 In April 2023, the Government outlined '[The Next Eight Steps](#)' towards Smokefree 2030. These included:

- stopping the growth of vaping among children,
- introducing new help for a million smokers to quit via a 'swap to stop' programme, offering vaping as a quit aid,
- increasing enforcement of illicit sales,
- expanding access to new treatments, including unblocking supplies to licensed medicines,
- backing joined-up, integrated approaches with a particular focus on stop smoking support in Mental Health services,
- rolling out a national incentive scheme to help pregnant women quit,
- consulting on new pack inserts using modern technology,
- ensuring Smokefree is at the core of the Major Conditions Strategy.

2.6 On the 4 October 2023, the government published its policy command paper; [Stopping the Start: our new plan to create a smokefree generation](#) which outlines plans to create a smokefree generation. It includes additional funding which will be made available to Public Health teams in local authorities to bolster their stop smoking services. The government also widely consulted on proposed changes to legislation to increase the age of sale to anyone born after the January 2009 and proposed measures to tackle youth vaping.

### 3. [Oldham Position](#)

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- 3.1 Reducing smoking is one of the key priorities of Oldham’s Health and Wellbeing Strategy and it is our ambition to work towards a smoke-free Oldham. Smoking is identified as a key challenge facing the system in the Oldham Integrated Care Partnership’s Locality Plan and highlighted as one of the 18 core areas we need to improve and transform. High smoking rates and the need for improved support for self-management around smoking cessation were identified as key factors in the recent report by Carnall Farrar which identified priorities for addressing health and care demand and drivers of demand in Oldham.
- 3.2 In Oldham strategic tobacco control work has been driven through partnership working through the Oldham tobacco alliance. The Oldham Tobacco Alliance has been meeting regularly since it was launched in September 2021 and has made considerable progress to date. The Tobacco alliance submitted a response to the government consultation on creating a smokefree generation. In which it contributed views from partners, services and residents on raising the age of sales, proposed measures to tackle youth vaping and subsequent enforcement.
4. Additional Funding: Stop smoking services
- 4.1 As part of their plans to create a smokefree generation the government is investing an additional £70 million per year to support local authority led stop smoking services and support<sup>1</sup>. This will more than double current spending from £68 million per year, to a total of £138 million, and support around 360,000 people to quit smoking. The funding will be provided through a new Section 31 grant and will be ringfenced for local authority led stop smoking services and support.
- 4.2 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. Additional funding will be provided to local authorities with the highest smoking rates to level up the communities who need the support the most and to address health disparities.
- 4.3 The funding aims to support people by:
- stimulating more quit attempts by providing more smokers with advice and swift support
  - linking smokers to the most effective interventions to quit
  - boosting existing behavioural support schemes designed to encourage smokers to quit (for example the ‘swap to stop’ scheme)
  - building capacity in local areas to respond to increased demand
  - strengthening partnerships in local healthcare systems
- 4.4 The indicative funding allocations are based on the average smoking prevalence rates for each locality over a 3-year period and use a standard funding rate per smoker. The additional funding to Oldham for 2024 to 2025 will be £321,524 per year

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<sup>1</sup> <https://www.gov.uk/government/publications/local-stop-smoking-services-and-support-additional-funding>

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for up to five years, covering financial years 2024/25 to 2028/29. This allocation is based on a 3 year average smoking prevalence of 14.96% (an estimated 26,982 smokers) The allocated funding will be in addition to our current spend of £339,500 per year on specialist community stop smoking support (as part of the integrated Health Improvement and Weight Management Service – the total annual contract value for the HIWM Service is £970,000 per year to cover all elements of the service). There may be some variance in the amount received year on year through the grant period as allocations will be based on smoking prevalence data for the preceding 3 year period which is subject to change. We expect this to become clearer as additional guidance is published by DHSC.

- 4.5 The funding criteria to receive this grant are based on:
- 1) Local authorities must maintain their existing spend on stop smoking services, based on the stop smoking service data they have submitted for the year 2022 to 2023. They should ensure they maintain this level of funding throughout the whole grant period.
  - 2) Local authorities must also comply with the reporting requirements for expenditure related to the stop smoking service by submitting quarterly reports to NHS England.

## 5. Stop smoking services in Oldham

- 5.1 Oldham Council currently commission ABL Health Ltd (Your Health Oldham) to deliver our community stop smoking service, as part of an integrated Health Improvement and Weight Management Service. Your Health Oldham provides specialist stop smoking support for people who live in Oldham or are registered with an Oldham GP, and offers evidence-based interventions including behavioural support and access to pharmacotherapy to support quit attempts.
- 5.2 The specialist Stop Smoking Service is responsible for direct provision of stop smoking support to key target groups including, but not limited to, routine and manual workers, care leavers/looked after children, people with poor mental health including drug and alcohol dependencies, people with long term conditions, people recently discharged from hospital and those living in the most deprived areas of the borough.
- 5.3 ABL Health has recently been successful in applying for a national Swap to Stop pathfinder grant from the government to provide vapes directly to clients who are accessing stop smoking services. Vapes will be provided alongside behavioural support to allow for the best intervention package to support a client with their quit attempt.
- 5.4 As well as offering vapes as a quit aid to all people accessing the stop smoking provision, the service will assertively target groups including who are most at risk of tobacco-related harm including routine and manual workers, those from Black and other ethnic minority communities, LGBTQ+ community, those with long term conditions and those living in the most deprivation. It is envisaged that supply of vapes will lead to an increase in the numbers accessing the service and the numbers of long-term quits.
- 5.5 The additional funding from the government as part of the Smokefree Generation policy changes, is an excellent opportunity to enhance the offer of the current

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smoking cessation service and to further reach out to the local risk and priority groups in Oldham. It will enable us to:

- Put additional resources towards reaching and supporting the priority groups,
- Support the swap-to-stop schemes with additional advisor support and vape provision,
- Offer a more flexible approach for people who find it hard to quit by providing more person-centred and adapted interventions, e.g., longer session times, support up to 20 weeks, providing Reduce-to-Quit support prior to the traditional 12 week quit support,

5.6 The proposal will enhance our existing service by offering bespoke interventions to targeted groups using, tailored engagement, co-produced marketing and personalised specialist quit and peer support. The service has worked with commissioners to develop a proposal to best utilise the indicative funding allocation to enhance the existing model and offer greater capacity and dedicated provision in order to engage more people in the service and support more people to stop smoking. The model will consist of additional specialist stop smoking advisors, plus an additional dedicated worker to target and engage with entrenched smokers and those in priority groups such as men in routine and manual work, those at risk of or experiencing homelessness and LGBTQ+ communities. The proposal also includes a Systems Engagement and Training Facilitator post to build capacity in the wider health and social care and VCFSE sectors that would support the delivery of brief advice and offer streamlined signposting and referral into specialist stop smoking support as well as coordinating case-finding in primary care. Additionally, the proposal includes increased administrative capacity to manage the anticipated increase in service demand, plus an allocation to cover the additional supply of vapes (the national Swap to Stop scheme only funds starter kits). The anticipated additional annual cost for the enhanced smoking cessation delivery to be provided by ABL Health Ltd (Your Health Oldham), including all of the elements above, would be £289,824 per year. This would be in addition to the £970,000 per year ABL Health already receive for the delivery of the integrated Health Improvement and Weight Management Service, £339,500 of which is used to fund the stop smoking support element of the service.

5.7 Commissioners and ABL Health Ltd, as system leaders in tobacco control and a key partner in Oldham Tobacco Alliance, also recommend that the remaining funding allocation (circa £30,000) is used to bolster the capacity and resource available to support the Oldham Tobacco Alliance in the delivery of the Oldham Tobacco Control Action Plan. It is recommended that there would be an additional role to support the activities of the Oldham Tobacco Alliance and develop and deliver a joint engagement and marketing strategy to improve awareness of tobacco related harm and the support that is available thus increasing the number of people successfully quitting smoking, thus reducing smoking prevalence

5.8 The following are suggested draft KPI's and outcomes reporting. However, this is subject to change with the publication of further government guidance.

Quit data	
Number of referrals:	▪ >720 referrals



Number of people setting a quit date	<ul style="list-style-type: none"> <li>▪ &gt;500 Quit dates set</li> </ul>
Number of quits achieved	<ul style="list-style-type: none"> <li>▪ &gt;275 quits</li> </ul> (depending on chosen target groups)
Referral analysis	Breakdown by number of referrals by: <ul style="list-style-type: none"> <li>• Priority group</li> <li>• PCN / GP practice</li> <li>• Gender</li> </ul>
<b>Training and engagement</b>	
Training delivered	<ul style="list-style-type: none"> <li>▪ 12 VBA sessions delivered across Oldham per year</li> <li>▪ 8 Workshops delivered to targeted communities including focusing on Shisha and alternative forms of nicotine and tobacco</li> </ul> Report on feedback received
<b>Alliance support</b>	
Support for alliance survey and consultations	Evidenced through written report and presentations
Coordination of task and finish groups	4 task and finish groups
Marketing campaigns across Oldham	<ul style="list-style-type: none"> <li>▪ 4 recurring annual campaigns: Stoptober, World non-smoking day, Ramadhan, Smoke free homes/places</li> </ul> and <ul style="list-style-type: none"> <li>▪ 2 bespoke campaigns per year e.g., around men's health, LGBTQ+</li> </ul>

## 6 Options/Alternatives

### 6.1 *Option 1: Use additional funding to bolster the current stop smoking offer with special focus on priority groups provided by ABL Health in Oldham*

This is the preferred option. This will ensure that there is added capacity to a service which is currently already delivering services in the borough and exceeding targets. As ABL Health is already established they have good local knowledge and have adapted service delivery based on this learning. The provider has built good, trusted relationships within the community. They are well connected into other services and providers, which means referrals pathways are set up and function well to meet the anticipated service demand.

The proposal will support the local authority to move towards our local targets for reducing smoking prevalence. Specifically, to target certain priority groups which may have entrenched smokers that we have not been very successful in supporting. The proposal also identifies the importance of co-producing engagement and communications messages, ensuring that it is relevant and lands well with Oldham residents.

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ABL Health is delivering well against KPIs and achieving outcomes as set out in the specification and has been flexible in responding to emerging issues and working with commissioners throughout the contract term to date. Choosing this option will also allow for a shorter implementation time as the service is already established and well-functioning in Oldham.

6.2 *Option 2: Use additional funding to tender services from another stop smoking provider.*

This option is not recommended as the current provider is delivering the service to a good standard and meeting performance indicators. Feedback from service users is positive and the service has been recognised nationally as a centre for good practice. As stated earlier, they have learnt and adapted service delivery from current experience to meet the needs of Oldham residents.

To undertake a full competitive open-market tendering process and allow sufficient time for there to be an effective mobilisation and implementation period (in the event there was a change of provider) then we would need to allow a period of 6 months. This would be a risk as the national funding implies stop smoking services across the country will be recruiting and training additional staff at the same time. A delay in the process could cause further bottle necks down the line, with foreseen shortages of specialist stop smoking advisors.

There is a risk that tendering another provider would create confusion among residents in terms of access and might result in duplication of efforts. Having two services running in parallel within the borough might have the unintended consequence of staff from one service leaving to join the other if vacancies provide better opportunities and remuneration, which in turn would cause service delivery issues.

There is also a risk that a new provider would not be able to deliver the same as the current provider for the revised budget as there would be potential start-up costs plus, we would not benefit from the economies of scale we currently do as a result of using the same provider.

6.3 *Option 3: Do not accept additional government funding to Oldham.*

Following this option poses a huge reputational risk if the council choose not to accept the additional funding and use it to tackle the borough's smoking prevalence and inequalities associated with it. It would impede Oldham in achieving our commitments to reduce smoking as this is one of the key priorities of Oldham's Health and Wellbeing Strategy and it is our ambition to work towards a smoke-free Oldham. Smoking was identified as a key challenge facing the system in the Oldham Integrated Care Partnership's Locality Plan and highlighted as one of the 18 core areas we need to improve and transform. Choosing not to use this additional funding would go against our own corporate and strategic priorities.

## 7 **Preferred Option**

7.1 *Option 1: Use additional funding to bolster the current stop smoking offer with special focus on priority groups provided by ABL in Oldham as per their proposal.*

## 8 **Consultation**

8.1 The Director of Public Health, in her statutory capacity, and Cabinet Member for Health and Social Care have been consulted and fully briefed on the proposal to expand the current stop smoking service capacity with the additional funding. The Oldham tobacco alliance has submitted a response to the government consultation to create a smokefree

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generation. As part of this views were collected from Oldham residents in a survey. Youth council collected views for the consultation. The views from this consultation and contributions and priority areas on the Oldham tobacco control action plan used to inform this proposal.

## 9 **Financial Implications**

9.1 The preferred option (option 3.1) is to enhance the service currently being delivered by ABL.

9.2 Funding of £322k has been awarded to the Council as part of a Section 31 agreement via the Department of Health and Social Care (DHSC), which will be utilised for this proposal.

9.3 There are no adverse financial implications as a result of this request.

(Jenny Howarth Senior Accountant/Matt Kearns Finance Manager)

## 10 **Legal Implications**

10.1 The intention is to vary the contract to increase the quantity of smoking cessation services for most of the remaining term which will have the effect of increasing the total contract spend by circa 13.3%. Such a modification is permissible under Regulation 72 (c) of the Public Contract Regulations 2015 as reproduced below. A variation to the tripartite contract (between ABL, NHS Oldham CCG and the Council) will need to be executed to vary the specification and charges and make the requirement provide the additional services and payment of the additional charges dependent upon the Council receiving the expected additional funding

(Mark Hope)

## 11. **Co-operative Implications**

11.1 The additional funding for ABL's service enhancement, as with all Public Health commissioned services, fully supports the delivery of Corporate Plan objectives of residents first, place-based working, digitisation and a preventative approach. The commissioning of the service and model of delivery is consistent with the commitment within the Oldham Plan to take a person and community centred approach, focusing on prevention.

(James Mulvaney)

## 12 **Human Resource Implications**

12.1 This will have no implications for human resources from the council. The decision will only have HR for ABL, our provider as they will need to recruit to deliver increased activity as outlined in their proposal.

## 13 **Risk Assessment**

13.1 There is a risk that if the additional funding is not used to enhance service capacity and target key groups that smoking prevalence might rise in Oldham. This comes with the added long-term risk of increased service pressures created by people experiencing long term conditions to health and social care services, many of which are linked to smoking. The additional funding will help to alleviate this risk. There is a risk that recruitment of staff might be delayed due to the anticipated increased national demand for specialists in this area. This additional grant money is being offered to all local authorities nationally who will be recruiting trained staff. Consideration should be given to providing notice of the acceptance of the funding to the provider at the earliest opportunity to aid

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with their recruitment exercise. The service will need to ensure that the terms and conditions of the grant funding agreement are complied with for the provision of the grant and also ensure that ABL Health Ltd continue to provide regular monitoring reports in relation to the KPIs and outcomes.

(Vicki Gallacher, Head of Insurance and Information Governance)

14 **IT Implications**

14.1 None

15 **Property Implications**

15.1 None

16 **Procurement Implications**

16.1 Commercial procurement Unit accepts the rationale in this report to grant monies to ABL Health Ltd to provide additional funding through a new Section 31 grant, that will be ringfenced for local authority-led stop smoking services and support, under smokefree generation policy. Regulation 72(1)(b) provides:

72.— (1) Contracts and framework agreements may be modified without a new procurement procedure in accordance with this Part in any of the following cases: —

- (b) for additional works, services or supplies by the original contractor that have become necessary and were not included in the initial procurement, where a change of contractor—
  - (i) cannot be made for economic or technical reasons such as requirements of interchangeability or interoperability with existing equipment, services or installations procured under the initial procurement, and
  - (ii) would cause significant inconvenience or substantial duplication of costs for the contracting authority, the value of the proposed modification is less than 50% of the value of the original contract.

(Mohammad Sharif, 20/12/2022)

17 **Environmental and Health & Safety Implications**

17.1 None

18 **Community cohesion, including crime and disorder implications in accordance with Section 17 of the Crime and Disorder Act 1998**

18.1 None

19 **Equality Impact Assessment, including implications for Children and Young People**

19.1 Yes, this is attached in appendix 1.

20 **Key Decision**

20.1 Yes

21 **Key Decision Reference**

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21.1 Reference number: HSC-20-23.

22 **Background Papers**

22.1 None

23 **Appendices**

23.1 Appendix 1 – Impact Assessment Smokefree Generation additional funding