

Delegated Decision Report

Decision below £250k



Subject:	Grant extension to PaSH partners for smoking cessation engagement work targeting ethnic minorities, people living with HIV and LGBTQ people in Oldham
Decision maker: Senior Officer	Rebecca Fletcher, Director of Public Health
Decision maker: Cabinet Member	Cllr Barbara Brownridge
Decision date:	6/8/25
Report author:	Neha Lamech, Policy and Strategy officer
Ward (s):	Boroughwide

Reason for decision

Approval is requested so we can continue providing specialist, trusted support and intervention to high-risk groups to reduce their smoking prevalence and thereby improving the short term and long-term health to them as individuals; but also reduce second hand smoking related harms and high socio-economic cost of smoking

Recommendation(s)

1. To approve the extension of the grant for a 3 year period, costing £9,000 with PaSH (Passionate about Sexual Health) partners, to continue engaging with ethnic minorities, people living with HIV and LGBTQ people in Oldham to support them to quit smoking.

Background

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.

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.

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.

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.

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 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).

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.

Latest APS data for smoking (2022-23) indicates that 12% of Oldham's population currently smoke. This shows we are still making good progress in reducing the overall prevalence of smoking in Oldham. 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 (8.9% - Oldham, 7.9% - England, 2021/22).

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.

Current position

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.

PaSH (Passionate about sexual health) partners, which is a collaboration between BHA for Equality, George House Trust, and LGBT Foundation and have through a grant delivered smoking cessation work among key population groups. BHA for Equality is a health and social care charity which aims to challenge and address inequalities and to support racially minoritised and disadvantaged communities to improve their health and wellbeing. LGBT Foundation was established in 1975 and exists to support the needs of the diverse range of people who identify as lesbian, bisexual, and trans. George House Trust offers a range of services which provide support, advice, advocacy and information for people living with HIV.

They are commissioned across GM to engage with communities to deliver outreach, training and support for people most at risk of HIV prevention and people living with HIV. They provide a targeted program 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 as such, have been able to successfully engage with people who smoke and use illegal vapes. Rates of tobacco use are higher among ethnic minorities and people who identify as LGBTQ. As PaSH has trusted relationships within these communities and expertise in working with them, they have engaged people in conversations and delivered key messages. This proposal is to extend the grant provision for an additional 3 years to allow PaSH to build on the momentum on their first year.

Project proposal

The project proposes to utilise PaSH's areas of expertise and community engagement activities to deliver a range of brief and extended interventions to support individuals within LGBTQ, Black, Asian and ethnic communities and people living with HIV to access smoking cessation services.

These will include:

- Very Brief Advice (VBA) – VBA's are evidence-based interventions that aim to raise awareness of unhealthy behaviours and encouraging behaviour change. NICE recommends that all front-line staff are able to deliver VBA's and our outreach and support teams will deliver this opportunistically during engagement activities with service users using an 'Ask, Advise, Act' framework to promote smoking cessation and prompt a quit attempt.
- Extended interventions including advice on quitting smoking; assessment of prior quit attempts and lessons that can be drawn from them; identification of cues and triggers for smoking and ways to avoid or manage them; tips; and promotion and referral to smoking cessation services and interventions for behavioural support, NRT, legal vapes.
- Group workshops and sessions to raise awareness of smoking risks, benefits to stopping smoking and services available.
- 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.

Outcomes

The following outcomes will be contract managed

- Increased awareness of smoking risks, benefits of stopping smoking and services available
- Increased confidence and motivation to use smoking cessation services
- Increased uptake of smoking cessation services by LGBTQ, Black, Asian and ethnic minorities and people living with HIV
- Reduced use of illegal vapes

Outcome	Activities	Measurement
Increased awareness of the risks of smoking tobacco and shisha, benefits of stopping smoking	Delivery of VBA's during opportunistic outreach and in-reach activities	Number of people accessing VBA's – approximately 200 people
Increased confidence and motivation to use smoking cessation services	Referrals to the Oldham commissioned Stop Smoking Services	Number of referrals made to smoking cessation services
Increased uptake of smoking cessation services by LGBTQ, Black, Asian and ethnic minorities and people living with HIV	Co-production of a social media campaign and assets and dissemination through community hubs, champions and social media.	Numbers reached through social media and online activity

Cost

The cost each year will be £3000. Therefore, to extend the grant for a period of 3 years will cost £9,000.

Alternative option(s) to be considered

Option 1: To extend the grant with PaSH partners to continue engaging with ethnic minorities, people living with HIV and LGBTQ people in Oldham to support them to quit smoking for a 3 year period.

This is the preferred option as PaSH has been trained to deliver interventions and already has specialist knowledge and trusted relationships with these groups. Oldham's smoking prevalence is on a downward trajectory, which is a key priority. Supporting

these high-risk groups to quit smoking would help further reduce the smoking prevalence of the population. Extending the grant for a 3 year period would allow for forward planning and build a more sustainable offer to support residents with their health and wellbeing.

Option 2: Not to extend the grant to PaSH partners to continue engaging with ethnic minorities, people living with HIV and LGBTQ people in Oldham to support them to quit smoking

This is not the recommended option as choosing not to invest in reducing the smoking prevalence in high use groups will have adverse consequences for the health and wellbeing of our residents. PaSH will no longer be able to provide their services and expertise in engaging these groups, which has shown to be a value for money investment. There would also be potential reputational risk as it could be determined that the Council do not wish to invest in reducing smoking prevalence in high-risk groups, when Oldham has poorer outcomes than regional and England averages in relation to smoking and smoking related outcomes.

Consultation

Consultation has been undertaken with the Director of Public Health and Cabinet Member of Health and Social Care, who have both been briefed about the progress and outcomes of the provision.

Feedback is gathered from service users, as standard, regarding their experiences of the offer and this is used to inform service development and continuous improvement.

Risks

There is reputational risk for the council, as reducing the smoking prevalence is a key priority in the health and wellbeing strategy and the corporate plan. Rolling back on investment on this agenda could be viewed as the council overlooking certain vulnerable groups with higher risk.

There is the risk that smoking might increase in the groups, and this would lead to worsening health outcomes for those individuals but also for other residents due to the ill effects of secondhand smoke.

There is a small risk that the organisation is not able to continue to deliver. The Council will carry out quarterly meetings with the recipient who will provide written updates with regards the progress of their work and key outcomes delivered in line with the Council's corporate plan.

Implications

Financial	<p>The preferred option as detailed in the recommendations above is to utilise Passionate about Sexual Health (PaSH)'s areas of expertise and community engagement activities to deliver a range of brief and extended interventions to high-risk groups in Oldham to help support them to access smoking cessation services.</p> <p>The proposal is to extend the grant agreement for a further 3 years at a cost of £3k per annum. A total of £9k over the three-year period.</p> <p>This will be funded from the Public Health Base budget.</p> <p>(Matthew Kearns – Finance Manager)</p>
Legal	<p>Legal Services have provided a Grant Funding Contract for the parties to enter in to, the contract sets out the obligations and limitations of the parties and places the risks that relate to the successful delivery of Project the with the party that is best placed to manage the risk. Consideration has also been given to subsidy control, and, as the recipient is not engaged in economic activity, the grant does not constitute a subsidy for the purposes of the Subsidy Control Act 2022.</p> <p>Pamela Nsofor (Solicitor)</p>
Procurement	<p>As this proposes the extension of the awarding and use of grant funding of a low value, there are no direct procurement implications.</p> <p>Jasmin Banks-Lee, Commercial Procurement Unit</p>

<p>Equality impact implications for Children and Young People</p>	<div style="text-align: center;"> <h3>Pash smoking cessation</h3> <p>completed/last updated by Neha Lamech on 16/07/2025</p> </div> <div style="display: flex; justify-content: space-between;"> <div data-bbox="402 260 688 464" style="border: 1px solid black; padding: 5px;"> <p>Portfolio Adults, Health and Wellbeing</p> <p>Directorate</p> <p>People</p> <p>Service/Team</p> <p>Public Health</p> <p>Is this IA related to a Budget Reduction proposal? <input type="checkbox"/> No</p> </div> <div data-bbox="711 281 1284 842" style="text-align: center;"> </div> </div>
<p>Other</p>	

<p>Has the relevant Legal Officer confirmed that the recommendations within this report are lawful and comply with the Council’s Constitution?</p>	<p>Yes</p>
<p>Has the relevant Finance Officer confirmed that any expenditure referred to within this report is consistent with the Council’s budget?</p>	<p>Yes</p>
<p>Are any of the recommendations within this report contrary to the Policy Framework of the Council?</p>	<p>No</p>

Background Papers under Section 100D of the Local Government Act 1972

None

Appendix

None

<p>Report author sign-off</p>	<p>Neha Lamech</p>
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Role	Public Health Policy and Strategy Officer
Date of sign-off	6/8/25

Approval	
Officer approval sign-off	 Rebecca Fletcher
Role	Director of Public Health
Date of sign-off	7/8/25

Approval	
Member(s) approval sign-off	
Role	
Date of sign-off	