

OPEN

Adults and Health Committee

22 September 2025

Smoking in Pregnancy Incentives Scheme - Update & Evaluation

Report of: Helen Charlesworth-May, Executive Director of Adults, Health and Integration

Report Reference No: AH/08/2025-26

Ward(s) Affected: All

For Decision and Scrutiny

Purpose of Report

- 1 As set out in previous reports to this committee, this report presents an evaluation of the Cheshire East Smoking in Pregnancy Incentives Scheme and recommends the transition to the National Smoke-Free Pregnancy Incentive Scheme.

Executive Summary

- 2 In 2023, Cheshire East Council introduced a financial incentives scheme to support smoking cessation in pregnant women and their household members, implemented in partnership with local maternity services and our integrated wellbeing service (One You Cheshire East).
- 3 The scheme supported national and local priorities to reduce smoking-related harm in pregnancy and promote healthy early years and aimed to demonstrate the effectiveness of financial incentives for smoking cessation in pregnancy.
- 4 Over the period, smoking at time of delivery fell from 11.7% (2021/22) to 7.2% (2023/24), outperforming the national average (7.4%)¹.
- 5 Quit rates at 4 weeks in phases 1 and 2 were 39% and 35% respectively, above the 2022/23 NHS Stop Smoking Services Carbon monoxide- (CO) verified average in England of 30.9%^{2,3}.
- 6 Feedback highlighted the importance of relational support and CO monitoring. Providers identified operational challenges and suggested ways to improve household member engagement.

- 7 The national scheme is now launching across both local maternity trusts. This report supports winding down the local scheme, with learning retained for future application.

Recommendations

The Adults and Health Committee is recommended to:

1. Scrutinise the report findings and support the following actions:
2. Agree to the continuation of the household member component of the intervention during the transition to the national model.
3. Agree to the phasing out of the local scheme for pregnant women and household members as the national offer expands to include significant others.
4. Agree to retain the option to reintroduce a local scheme if national funding ends. In this case, improve household member engagement through earlier promotion, simplified consent procedures, and remote CO monitoring.

Background

- 8 Smoking is the leading modifiable risk factor in pregnancy, increasing the risk of miscarriage, premature birth, and sudden infant death⁴.
- 9 National guidance recommends financial incentives to support smoking cessation in pregnancy, based on evidence showing it is both effective and cost-effective (summarised in previous council reports)^{5–10}. Adding to this evidence base was a key reason for the implementation of the Cheshire East scheme.
- 10 The scheme offered vouchers up to £400 for pregnant women and £200 for household members, contingent on CO-verified abstinence at staged milestones. Implementation has been a collaborative effort between the Council, both local acute trusts and One You Cheshire East.
- 11 The pilot scheme has operated in two phases. Phase 1 (Feb 2023–Mar 2024) was delivered by One You Cheshire East. Phase 2 (from May 2024) was led by maternity unit-based practitioners for pregnant women, and One You Cheshire East for household members.
- 12 Prior to the scheme's introduction, smoking status at the time of delivery in 2021/22 was 11.7% in Cheshire East. The latest figure shows a substantial drop to 7.2% in 2023/24, now better than the national average of 7.4%.

Consultation and Engagement

- 13 Feedback from stop smoking practitioners and service users was gathered to understand what worked well in the scheme and identify any barriers to success.

Quantitative outcomes:

- 14 Phase 1: 238 referrals; 21 achieved 4-week quit (39%). See Appendix 1.
- 15 Phase 2 (May 2024 onwards): 92 referrals; 17 achieved 4-week quit (35%). See Appendix for summary table. See Appendix 1.
- 16 Phase 2 participants in Mid Cheshire Trust were mostly White British women. 19 were employed, 17 unemployed, 4 self-employed, and one each a carer and student. Most lived in one of our more deprived areas. This suggested the scheme was reaching those who experience area-based inequalities.
- 17 In Phase 2 of the scheme, 52% of referred women set a quit date, compared to 22% in Phase 1 marking an improvement in engagement.

Participant feedback:

- 18 In 18 semi-structured interviews conducted with service users (17 pregnant women and 1 partner) the scheme was widely described as “brilliant”, “supportive”, and “life-changing”. See Appendix 2.
- 19 Though the baby’s health was the main stated reason for quitting, financial incentives helped reinforce commitments and maintain engagement with support services. Regular CO monitoring and supportive, non-judgemental practitioners were also central to a person’s perceived success on the scheme.
- 20 Participants reported barriers to partners engaging in the service (including lack of awareness and practical barriers), most frequently that the partners did not feel ready to quit.

Service provider feedback:

- 21 Four group sessions with smoking cessation practitioners from the maternity services and One You Cheshire East revealed that the scheme was viewed positively. The incentive payments were seen as a useful adjunct that helped maintain participants’ motivation.
- 22 Challenges around administrative burden and communication delays were noted. Difficulties in recruiting partners were acknowledged but there was strong support for retaining the scheme’s household element.

Reasons for Recommendations

- 23 This evaluation demonstrates the effectiveness of financial incentives in supporting smoking cessation during pregnancy. While local maternity units are transitioning to the national scheme, its long-term continuation depends on sustained funding. Should national funding be withdrawn, the evidence presented here supports retaining a local offer to ensure ongoing support for pregnant smokers in Cheshire East.

- 24 The household member component incurs minimal cost and is funded through the existing contract with One You, with expenditure only incurred when a household member actively participates. Given its potential to reduce smoking in the home, there is strong justification for its continuation in the interim of the transition to the national scheme (and should this ever be retracted).

Other Options Considered

Option	Impact	Risk
Stop the scheme entirely.	This would achieve an insignificant financial saving.	The opportunity to further incentivise household members to quit and reduce second-hand smoke exposure to the unborn child (alongside associated morbidity and mortality) would be lost during the transition to the national scheme.

Implications and Comments

Monitoring Officer/Legal/Governance

- 25 As per the Health and Social Care Act 2012, it is incumbent on the Council to take steps aimed at improving the health of the local population. This report in providing a service evaluation of the local smoking cessation scheme calls for no further legal comment.

Section 151 Officer/Finance

- 26 The project has made use of funding obtained from Public Health CHAMPS. This forms part of the Public Health ring-fenced grant which goes through an annual certification process. Spend has been limited due to take up (circa £16K to date). The aim would be to continue to utilise these existing monies to fund vouchers during the transition to the national scheme. This specific external funding source means that no changes are required to the Council's existing Medium Term Financial Strategy (MTFS).

Human Resources

- 27 None.

Risk Management

- 28 Risks are managed by the project team with mitigation put in place where necessary.

Impact on other Committees

- 29 No impact on other Committees to outline.

Policy

- 30 The activity outlined in this report supports the following commitments from the Cheshire East Plan 2025-29:

Commitment 1: Unlocking prosperity for all	Commitment 2: Improving health and wellbeing 2.1 Gap in health equalities is reduced across our diverse borough through a targeted approach 2.2 Improved independence, health and wellbeing through early intervention and prevention 2.4 Children and young people thrive and reach their potential with targeted support when and where they need it	Commitment 3: An effective and enabling council 3.4 Service delivery and new ideas are shaped by consultation and engagement
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Equality, Diversity and Inclusion

- 31 An Equality Impact Assessment was completed when the One You Cheshire East service was recommissioned covering stop smoking activity.

Other Implications

- 32 *Rural communities*

- (a) Stop smoking support for household members is provided via the Council's commissioned One You Cheshire East service. This includes online and face-to-face support in a variety of locations including rural communities. Note that this does not extend to the incentives scheme which requires in-person CO-verification.

- 33 *Children and young people*

- (a) The scheme positively impacts on health outcomes for children.

- 34 *Public Health*

- (a) Smoking is the leading cause of preventable death and disease worldwide, and the leading cause of health inequality in the UK. A co-ordinated system-wide approach with the ambition of enabling a Smokefree Cheshire East has the potential to have significant Public Health benefits on a population level and to help to reduce health inequalities across the Borough.

- 35 *Climate change*

- (a) A small number of increased journeys to maternity units is required by participants; low-carbon options should be supported.

Consultation

Name of Consultee	Post held	Date sent	Date returned
<i>Statutory Officer (or deputy) :</i>			
Ashley Hughes	S151 Officer	29/08/25	02/09/25
Roisin Beressi	Principal Lawyer (Adults & Education)	15/08/25	26/08/25
<i>Legal and Finance</i>			
Patrick Rhoden	Principal Accountant	15/08/25	18/08/25
<i>Other Consultees:</i>			
Helen Charlesworth-May	Executive Director – Adults, Health and Integration	29/08/25	09/09/25

Access to Information	
Contact Officer:	Dr Henna Reddy henna.reddy@cheshireeast.gov.uk
Appendices:	Appendix 1 - Additional quantitative outcomes Appendix 2 - Table summarising key smoking behaviour outcomes based on participant feedback Appendix 3 – Background papers and references

Appendix 1 – Additional quantitative outcomes

1 Summary tables of phase 1 and phase 2 data – pregnant women.

Referrals to scheme	238
Quit date set	54
4-6 week quit	21 (39%)
12-14 week quit	19
34-38 week quit	10
<i>Table 1. Pregnant women - phase 1 data</i>	

Referrals to scheme	92
Quit date set	49
4-6 week quit	17 (35%)
12-14 week quit	12
34-38 week quit	2
<i>Table 2. Pregnant women – phase 2 data</i>	

Referrals to scheme	8
Quit date set	8
4-6 week quit	4 (50%)
12-14 week quit	4
34-38 week quit	2
<i>Table 3. Household member data.</i>	

2 Mid Cheshire Trust provided additional data on participants for phase 2 of the scheme:

- a. Participants were mostly White British women aged 18–41. Of 41 women in Phase 2, 35 were White British, four from other White backgrounds, and two from unspecified ethnic groups.
- b. Employment varied: 19 were employed, 17 unemployed, 4 self-employed, and one each a carer and student. Most lived in the five most deprived IMD decile suggesting the scheme supports a reduction in area-based inequalities. There was no clear link between deprivation score and scheme completion.

3 East Cheshire Trust additional data

- a) From January to July 2025, 16 women were referred to the scheme, with 4 eligible patients declining support at booking.
- b) Currently, 11 women are enrolled on the scheme: 1 of these have completed stage 2 (4-6 week quit), 6 have completed stage 3 (12-14 week quit), and 1 has completed stage 4 (34-38 week quit). Of note, on the 30th July, upon CO verification, one of these patients will have completed the scheme, one will have achieved stage 4 and a further three will have achieved stage 3.

Additional quantitative outcomes:

The national quit rate of household members is not measured, thus a similar comparison for this cohort is not feasible, but the 50% 4-week quit can be compared to the NHS-reported CO-verified quit rate for smokers in general of 20.2%.

Appendix 2 - Table summarising key smoking behaviour outcomes based on participant feedback.

Participant feedback:

- 1 Eighteen semi-structured interviews were conducted with service users of the Cheshire East Smoking in Pregnancy Incentives Scheme. These included 17 pregnant women and one household member (partner). Interviews explored participants' motivations, experiences, barriers, and facilitators to quitting, and suggestions for improvement.
- 2 The scheme was widely described as "brilliant," "supportive," and "life changing."
- 3 While the baby's health was the main reason for quitting for all women, the financial incentives helped reinforce commitment and prompted some to engage with support services they may otherwise have avoided, providing a "push" or "extra nudge," particularly for those with tighter finances.
- 4 Participants consistently highlighted the relational and non-judgemental support from stop smoking practitioners, as well as the use of CO monitoring, as central to their success - often more impactful than the vouchers themselves.
- 5 Some used vaping or Nicotine Replacement Therapy (NRT) to quit, with the provision of NRT emphasised as a valuable tool for participants. Vaping was often seen as a "less bad" substitute, though several women expressed a desire to eventually quit vaping as well.
- 6 Many reported successful quits or substantial reductions. Most participants reported they do not want to return to smoking and felt confident in maintaining abstinence. The main triggers for relapse including social settings and stress. Relapse risk was noted after childbirth, indicating a need for postnatal support.
- 7 Awareness and uptake of the household member component was limited, often due to practical barriers (e.g. work commitments, NRT costs for non-pregnant adults, and lack of awareness/early communication). The most commonly stated barrier was partners not feeling ready to quit.
- 8 Suggestions for improvement from participants included earlier and clearer promotion of the scheme, more proactive communication at the antenatal stage, more voucher flexibility (e.g., longer expiry dates, wider voucher retailer options, and stronger post-natal follow-up).
- 9 Overall, participants endorsed the scheme and felt it contributed meaningfully to behaviour change during pregnancy. While the financial incentive was not typically the primary motivation to quit, it played a meaningful and complementary role for many participants by stimulating them to sign up and helping them stay motivated and feel rewarded.

Some meaningful quotes from participants:

"It wasn't about the money really; it was about doing it for the baby. But I won't lie, the voucher gave me a reason to keep going."

"I wasn't planning to quit, but when I heard there was support *and* vouchers, I thought, maybe it's worth trying."

"The baby is the main reason... the vouchers helped though, gave me something to aim for."

"It made me stop and think. I'd been told to quit before but never did anything about it until now."

"It kept me going - knowing there was another reward if I stayed on track."

"With everything so expensive, the vouchers helped loads."

"I still have that feeling of wanting one - don't think that would ever go away... but I can talk myself out of it, tell myself 'You don't need that'."

"It was the kick needed, shall we say."

"[Referring to CO reading] When I saw that zero result, it was like oh my god I'm actually doing this."

"Just having someone to talk to made all the difference."

"[Smoking practitioner is] lovely and I don't want to let her down, and the baby needs me to do it, and I'm going to get a voucher for doing it – so let's just see what we can do."

"Without the scheme, I'd have just gone back to vaping. The vouchers and information really made me stop and think."

"It's not just doing it for me now but for baby as well – that's the best time to quit."

"I will never smoke again."

Outcome Category	Count	Notes / Comments
Fully quit smoking	10	Clear self-reported cessation maintained at time of interview
Reduced cigarette consumption	5	Reported significant cut-down (e.g. from 20–30/day to 2–5/day)
Still smoking (occasionally or regularly)	3	Reasons included stress, mental health issues, and partner influence
Table 3. Summary of key smoking behaviour outcomes based on participant feedback.		

Service provider feedback:

- 10 Service provider feedback was gathered through four sessions with stop smoking practitioners from local maternity trusts and One You Cheshire East. These sessions aimed to explore providers' experiences of delivering the scheme, assess its perceived effectiveness, identify operational challenges, and gather recommendations for improvement.
- 11 Providers viewed the scheme positively, especially for maintaining motivation. The relational support and CO monitoring were seen as more impactful than financial rewards in supporting behaviour change.
- 12 Though not seen as the main driver of success, vouchers were generally seen as a helpful adjunct or a "bonus", especially valued by participants that may tip the balance for those on the fence. They were used for practical and meaningful purposes (e.g., baby items, occasionally treating themselves to something nice). It gave participants "something real" to hold on to early in pregnancy.
- 13 Compared to the national scheme, CE's version was seen as more forgiving and supportive (e.g. allowed multiple attempts, broader eligibility criteria). Providers appreciated that the CE scheme extended into the postnatal period, recognising relapse risk. Additionally, once the system moved from paper to electronic vouchers, distribution became more secure and efficient.
- 14 Challenges were noted around administrative burden (manual data entry), voucher logistics (delays in release), communication delays, and low uptake among household members.
- 15 Providers reported barriers to engagement, including delayed or missed communication about the scheme, challenges in verifying CO status by phone (at initial contact), and distress caused when women were excluded due to high CO levels.

- 16 Operational issues included insufficient staffing, reliance on manual data entry, delays in voucher distribution, and digital exclusion. Some participants also encountered confusion due to the sequencing of voucher stages when quit attempts began later in pregnancy
- 17 Household member enrolment was limited by consent logistics (relied on women communicating information and partners self-referring), work constraints, lack of remote access, and some women being unaware of this component. However, there was strong support for retaining the household element, given the influence of partners on quit success, and a desire to see continued local innovation even within the national scheme framework.
- 18 Provider recommendations emphasised the need for streamlined systems (e.g. top-up cards like the national scheme), earlier identification at booking appointments, a formal administrative system to replace manual data entry on Excel, and co-designed future iterations that reflect practitioner insights. Additionally, the more frequent vouchers offered by the national scheme was seen as a better reward system, with the first £25 voucher highlighted as “too little for the effort of the hardest first 4 weeks”.
- 19 Suggestions for improving household member uptake included clearer pathways, a dedicated webpage for specific information and easy self-referral, proactive follow-up, and digital access solutions (e.g., remote support through CO monitoring at home).

Appendix 3 – Background papers and references

Background Papers:	<ol style="list-style-type: none"> 1. Office for Health Improvement and Disparities. Smoking status at time of delivery. Public health profiles. [Internet]. 2025 [cited 2025 July 21]. Available from: https://fingertips.phe.org.uk/search/smoking#page/4/gid/1/pat/15/ati/502/are/E06000049/iid/93085/age/1/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1 2. Statistics on NHS Stop Smoking Services in England, April 2023 to March 2024 (Q4, Annual) [Internet]. NHS England Digital. [cited 2025 July 21]. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england/april-2023-to-march-2024-q4-annual 3. Statistics on NHS Stop Smoking Services in England - April 2022 to March 2023 (Q4, Annual) [Internet]. NHS England Digital. [cited 2025 July 21]. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england/april-2022-to-march-2023-q4 4. Royal College of Physicians. Hiding in plain sight: Treating tobacco dependency in the NHS. A report by the Tobacco Advisory Group of the Royal College of Physicians. London: Royal College of Physicians; 2018. 5. ASH. Evidence into Practice: Supporting smokefree pregnancies through incentive schemes [Internet]. ASH. [cited 2025 July 21]. Available from: https://ash.org.uk/resources/view/evidence-into-practice-supporting-smokefree-pregnancies-through-incentive-schemes 6. Boyd KA, Briggs AH, Bauld L, Sinclair L, Tappin D. Are financial incentives cost-effective to support smoking cessation during pregnancy? <i>Addiction</i>. 2016;111(2):360–70. 7. Chamberlain C, O'Mara-Eves A, Porter J, Coleman T, Perlen SM, Thomas J, et al. Psychosocial interventions for supporting women to stop smoking in pregnancy - Chamberlain, C - 2017 Cochrane Library. [cited 2025 July 21]; Available from: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001055.pub5/full 8. Notley C, Gentry S, Livingstone-Banks J, Bauld L, Perera R, Hartmann-Boyce J. Incentives for smoking cessation - Notley, C - 2019 Cochrane Library. [cited 2025 July 21]; Available from: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004307.pub6/full?highlightAbstract=cessat%7Cincentiv%7Cincentives%7Cincent%7Cfour%7Ccessation%7Csmoking%7Csmoke%7Cfor%7Cwithdrawn 9. The Khan review: making smoking obsolete [Internet]. GOV.UK. 2022 [cited 2025 Jan 6]. Available from: https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete 10. NICE. Tobacco: preventing uptake, promoting quitting and treating dependence. Guidance [Internet]. NICE; 2021 [cited 2025 Jan 6]. Available from: https://www.nice.org.uk/guidance/ng209
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	<p>11. ASH. Delivering a Smokefree 2030: The All Party Parliamentary Group on Smoking and Health recommendations for the Tobacco Control Plan 2021 [Internet]. ASH. [cited 2025 July 21]. Available from: https://ash.org.uk/resources/view/delivering-a-smokefree-2030-the-all-party-parliamentary-group-on-smoking-and-health-recommendations-for-the-tobacco-control-plan-2021</p>
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