

Adults and Health Committee

Date of Meeting:	30 th May 2022
Report Title:	Providing Financial Incentives to Support Smoking Cessation
Report of:	Helen Charlesworth-May, Executive Director of Adults, Health and Integration
Report Reference No:	AH/29/2022-23
Ward(s) Affected:	All

1. Purpose of Report

- 1.1. The purpose of this report is to seek the views of the Adults and Health Committee on the appropriateness of commencing a project to test the effectiveness of using financial incentives to stop smoking.
- 1.2. This report presents to the Adults and Health Committee an outline of:
 - The current smoking rates in Cheshire East and the significant - and unequal - health and economic impacts that smoking continues to have on residents
 - The robust evidence base that demonstrates that financial incentive schemes are an effective and cost-effective method of helping people to quit smoking
 - The proposed approach for how a financial incentive scheme might work in Cheshire East, including implementation, evaluation and risk mitigation.
- 1.3. The development and delivery of a scheme to support smoking cessation firmly aligns with the following priorities within Cheshire East Council's Corporate Plan 2021-25:
 - **Reduce health inequalities across the borough** – smoking is the leading cause of health inequalities in the UK. Reducing smoking rates in Cheshire East will therefore help to reduce health inequalities locally.

- **Support all children to have the best start in life** – reducing smoking rates in pregnant women will improve the short and long-term health outcomes of infants and their families.

This paper sets out the issues and evidence in respect of a scheme based on financial incentives.

- 1.4. It is intended that this report and its contents be discussed by the Adults and Health Committee on 30th May 2022, with a view to the Committee agreeing for a formal decision report to be submitted to its subsequent meeting on 18th July 2022.

2. Executive Summary

- 2.1. **Smoking is the leading cause of cancer and preventable death worldwide^{1,2}, and the largest cause of health inequality**, accounting for half of the difference in health outcomes between the least deprived and most deprived communities in the UK¹. Smoking is also the most important modifiable risk factor in pregnancy and can lead to miscarriage, premature and stillbirth, and cot death³.

- 2.2. **In Cheshire East, approximately 10.5% of the general population and 10.8% of pregnant residents (at the time of birth) smoke tobacco.** These rates are similar to or worse than the national average and are no longer declining, having plateaued in recent years. The council now has to consider different approaches to reduce smoking rates, improve health and reduce inequalities by offering financial incentives to support people to quit smoking.

- 2.3. **There is substantial evidence that financial incentives are effective in helping people to stop smoking in the short and long-term** (further detail on the evidence base can be found in the Background section of the paper):

- People receiving incentives (cash payments or vouchers for goods or groceries) were approximately 50% more likely to have stopped smoking than those who did not receive incentives⁴.
- Smoking cessation rates in pregnant women receiving an incentive are on average more than double that of control groups⁴.
- Financial incentive schemes for smoking cessation deliver an estimated return on investment of £4 for every £1 invested⁵.

- 2.4. Helping people to quit smoking would contribute to the council's corporate objectives and priorities to be a council which empowers and cares about people, reduces health inequalities and ensures the best start in life for children.

3. Recommendations

3.1. That Adults and Health Committee:

3.1.1. Notes the contents of the report.

3.1.2. Agrees that a formal decision report be brought to its next meeting on 18th July 2022, at which the Committee will make a final decision on which of the options presented in this paper to take forward.

4. Reasons for Recommendation

4.1. Smoking is a leading cause of preventable death and disease worldwide, and the leading cause of health inequality in the UK. It increases the risk of developing more than 50 serious health conditions including a variety of cancers, heart disease and stroke. Smoking in pregnant women can have damaging impacts on the health of their unborn children.

4.2. The national 'Towards a Smoke Free Generation'⁶ plan aims to:

- Reduce smoking prevalence amongst adults from 15.5% to 12% or less (the rate for Cheshire East is estimated as 10.5%; however, this figure is based on a small sample size and the true figure could be as high as 14.5%)
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population (in Cheshire East this is 21.4% and 10.5%, respectively)
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less (Cheshire East is currently 10.8%)

4.3. During recent years, smoking rates across the country have plateaued and are no longer falling. Cheshire East rates are similar to or worse than the national average and remain considerably higher than national targets in several areas of the Borough. Smoking continues to have a significant impact on the health and wellbeing of Cheshire East residents.

4.4. There is robust evidence, including a Cochrane review^{4*} and National Institute for Health and Care Excellence (NICE) guidance⁷, that financial incentives increase smoking quit rates. Evidence shows that people are around 50% more likely to quit with incentives; furthermore, in pregnant women specifically, the likelihood of quitting is doubled.

4.5. The plateauing of smoking rates locally and lack of recent progress towards meeting national smoking targets demonstrates the case for Cheshire East Council to take innovative action to protect the health and wellbeing of its residents and help to meet these important targets.

* Cochrane reviews systematically identify, appraise and synthesize all empirical evidence on a particular topic and are widely considered the gold standard for high quality, trusted evidence.

- 4.6. Piloting a scheme of financial incentives would help to empower the people of Cheshire East to make positive, healthy changes to their lifestyle. It is also an opportunity for the council, and its partners, to demonstrate the effectiveness of incentive schemes in motivating people to make small adjustments to their daily lives that will have a lasting positive impact on their health and wellbeing.
- 4.7. The proposal put forward in this report - to put in place a pilot scheme of providing financial incentives to support more people to quit smoking - would help the council to achieve its central corporate objectives and priorities to be a council which empowers and cares about people, reduces health inequalities and ensures the best start in life for children.

5. Options Considered

- 5.1. In considering whether to pilot a scheme of financial incentives there are different options available they are as set out below.
- 5.2. **Option 1 – implement a financial incentives scheme for all Cheshire East residents over 18 years of age**
 - 5.2.1. Based on the potential for maximum impact the Council could undertake a pilot project offering financial incentives to support the general public to quit smoking, using two separate payment amounts and instalment plans for pregnant women and the rest of the population.
- 5.3. **Option 2 – implement a financial incentives scheme for pregnant women only**
 - 5.3.1. A second option that would be available to the Committee is for the Council to undertake the pilot only for pregnant women. This would target a smaller segment of smokers in Cheshire East. This would be beneficial but would miss an opportunity to address health inequality in areas of deprivation.
- 5.4. **Option 3 – resolve to not implement a financial incentives scheme**
 - 5.4.1. The final option that would be available to the Committee resolve that no pilot of financial incentives be undertaken, and instead continue with the current smoking cessation offer provided by One You. This may mean that the Council misses an opportunity to gain insight from an innovative project to inform future service delivery, and further reduce the rates of smoking in Cheshire East and bring them
- 5.5. The total value of incentives proposed to be offered would be £200.00 and £400.00 for the general population and for pregnant women, respectively based on NICE guidance⁷ and were utilised in a UK randomised controlled trial on financial incentives in pregnancy⁸. The proposed schedule of appointments and payments can be found at paragraph 6.34 of this report.

Background

The Health Risks of Smoking

- 5.6. Smoking is the leading cause of preventable death and cancer worldwide, as well as the largest cause of health inequality in the UK. Around 78,000 people in the UK die from smoking each year, with many more living with debilitating smoking-related illnesses.
- 5.7. Smoking (including passive or second-hand smoking) increases the risk of developing more than 50 serious health conditions.
- 5.8. Smoking causes around 70% of cases of lung cancer and is a leading cause of many other cancers, including the mouth, throat, bladder, bowel, liver, kidney and stomach.
- 5.9. Smoking damages the heart and blood circulation, increasing a person's risk of coronary heart disease and stroke.
- 5.10. Smoking damages the lungs and can cause conditions like chronic obstructive pulmonary disease (COPD), bronchitis, emphysema and pneumonia. Smoking can also worsen and/or prolong the symptoms of respiratory conditions such as asthma, respiratory tract infections, colds and flus.
- 5.11. Passive smoking increases the risk of a person developing lung cancer by around 25%. It is particularly damaging for babies and children, with children exposed to second hand more likely to: develop asthma and have more severe asthma attacks; develop infections like pneumonia or bronchiolitis; have ear infections; wheeze and cough; be at risk of SIDS (sudden infant death syndrome); and take up smoking themselves.
- 5.12. Smoking during pregnancy increases the risk of complications such as miscarriage, premature birth, stillbirth and low birth baby weight.

The Wider Impacts of Smoking

- 5.13. The 'Tobacco Control' publication by the Local Government Association (LGA) and Cancer Research UK² found that smoking costs the UK public purse approximately £12.6bn per year. A more recent economic analysis by Action on Smoking and Health (ASH)⁹ in January 2022 estimates smoking's economic impact on UK society at £17.04bn, with a £2.4bn impact on the national healthcare system.
- 5.14. Further to this, smoking-related ill health adds a financial demand in the region of £760 million per year on councils' domiciliary care services, as a result of smoking-related health conditions⁶.
- 5.15. The National Institute for Health and Care Excellence (NICE) estimates that for every £1 invested in smoking cessation, £10 is saved in future health care costs². The LGA and Cancer Research UK recommend that councils embed a health-in-all-policies approach to their tobacco control

strategies, which could help to deliver successful, holistic smoking cessation services whilst sustainably managing future resources.

- 5.16. Cheshire East contains several areas of high deprivation. Approximately 5,300 of residents live in areas that fall within the top 10% most deprived areas nationally, and 23,700 within the highest 20%¹⁰. The ONS has estimated that in 2016 people living in the most deprived areas of England were more than four times more likely to smoke than those living in the least deprived areas¹¹.
- 5.17. By helping to reduce the prevalence of smoking across the borough, particularly in these areas of greater deprivation, the council has an opportunity to improve the immediate health and wellbeing of residents whilst also potentially reducing future spending to treat long-term health issues associated with smoking.

The Personal Cost of Smoking

- 5.18. Smoking is costly to individuals. Based on the average price of a pack of 20 cigarettes at three major supermarkets on 5th May 2022, the annual cost of smoking 5, 10 and 20 cigarettes per day is £1,128, £2,257 and £4,515, respectively.
- 5.19. In addition to the obvious health and wellbeing benefits, quitting has the potential to save individuals and households a significant amount of money, which could have wider benefits to their quality of life and standard of living. This is of particular importance in the current financial climate and the considerable rise in the cost of living.

Current Cheshire East Position

- 5.20. Smoking rates in Cheshire East are similar to the national average overall but are highly variable across the borough. For instance, the Tartan Rug demonstrates that several wards in the Crewe and Macclesfield area have significantly higher than average rates of young smokers and deaths from respiratory diseases.
- 5.21. A summary of smoking prevalence data for Cheshire East follows below (green, yellow and red correspond to statistically better, similar, or worse, respectively, than the England average):

Indicator	England	Cheshire East
Smoking prevalence in adults (18+)	12.1%	10.5%
Smoking status at time of delivery	9.6%	10.8%
Smoking prevalence in adults in routine and manual occupations (18-16)	23.2%	22.4%

- 5.22. Further context comes from comparison of smoking rates in Cheshire East with those similar local authorities (CIPFA nearest neighbours):

Local Authority Area	Smoking prevalence in adults (18+)	Smoking status at time of delivery
Bath and North East Somerset	9.8%	8.5%
Bedford	13.3%	5.8%
Central Bedfordshire	12.5%	5.8%
Cheshire East	10.5%	10.8%
Cheshire West and Chester	12.6%	10.8%
Cornwall	12.1%	13.3%
East Riding of Yorkshire	10.4%	12.3%
Herefordshire	11.7%	11.5%
North Somerset	11.1%	9.3%
Shropshire	7.6%	11.0%
Solihull	10.3%	9.3%
South Gloucestershire	8.4%	9.3%
Stockport	12.5%	7.1%
Warrington	7.6%	8.2%
Wiltshire	11.6%	8.5%

- 5.23. In December 2013, the council signed the Local Government Declaration on Tobacco Control and is one of 123 local authority signatories to this. One of the primary commitments of the Declaration is to:

“act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities.”

- 5.24. Since then, the council has continued to commission and/or provide stop smoking services, which at present are provided by One You Cheshire East. To date through 2021/22, 742 people have been supported by One You Cheshire East, with 214 quits achieved at an average quit rate of 58% (of those setting a specific quit date), above the minimum required quit rate of 35% set by NICE. One You Cheshire East has supported an increasing number of people in each contract year.
- 5.25. The current smoking cessation programme provided by One You provides support to any individual (aged 12 and over) who smokes who is a resident of Cheshire East. The service includes specialist support for pregnant women and people with mental health conditions. Currently, interventions consist of support (in person or online) for 15-30 minutes over a period of 4-6 weeks.
- 5.26. The council has an opportunity to reduce smoking prevalence, improve health and wellbeing of residents, and help to address health inequalities, by implementing a scheme that financially incentivises more people to stop smoking.

Evidence for Financial Incentive Schemes – General Population

- 5.27.** There is robust evidence that financial incentives are effective in helping people to stop smoking in the short- and long-term. A recent, comprehensive Cochrane systematic review⁴ of 33 individual studies found that **people receiving incentives (cash payments or vouchers for goods or groceries) were approximately 50% more likely to have stopped smoking** than those who did not receive incentives.
- 5.28.** The National Institute for Health Research has also explored the use of financial incentives in a range of settings and with different populations. The results have shown that financial incentives are effective for promoting sustainable smoking cessation, with many quit cases lasting at least several months after the incentive ended¹².
- 5.29.** An earlier Cochrane review⁵ concluded that **incentive schemes for quitting smoking deliver a return on investment of £4 for every £1 invested.**

Evidence for Financial Incentive Schemes – Pregnancy

- 5.30.** A Cochrane review⁴ also found that financial incentives were effective in stopping smoking in pregnant women, both at the end of the pregnancy and after the birth of the baby. **Cessation rates in pregnant women receiving an incentive were on average more than double that of control groups.**
- 5.31.** Recent guidance from NICE⁷ recommends that pregnant women should be offered financial incentives to encourage them to stop smoking. Evidence showed that offering financial incentives to help pregnant women stop smoking was both effective and cost effective.
- 5.32.** In June 2021, the All-Party Parliamentary Group on Smoking and Health¹³ published its recommendations for tobacco control, which recommended that “all pregnant smokers are given financial incentives to quit” in addition to existing smoking cessation support in place. This recommendation was based on multiple studies that found that financial incentives:
1. are the most effective way of securing significant declines in smoking rates⁸
 2. are a highly cost-effective intervention⁸
 3. are a successful measure for tackling inequalities by achieving good quit rates in the lowest two deprivation deciles⁴.
- 5.33.** Other areas have successfully implemented financial incentive schemes for pregnant smokers, including Halton Borough Council, Blackpool Council, and the Greater Manchester Health and Social Care Partnership.

Proposed Pilot Scheme for Cheshire East Council

- 5.34.** This section of the report provides more detail on the implementation of the proposed scheme of financial incentives for the general population, which have been designed in line with the guidance and best practice shared by NICE⁷.
- 5.35.** The pilot will be delivered by One You Cheshire East, the service currently commissioned by the Council to deliver its smoking cessation programme.
- 5.36.** If Option 1 is implemented (scheme open to all residents over 18 and not only pregnant women), then pregnant women who smoke will be actively encouraged to refer their partner (if they are also a smoker). Mutual support increases the chance of successful quitting and will help to further reduce the risk of second-hand smoke harming their children.

Incentive Schedule and Format

- 5.37.** The incentive will be provided through 'Love2Shop' vouchers – commonly used in other incentive schemes – and can be used with over 150 national brands, none of which sell tobacco-based products.
- 5.38.** The total value of incentives proposed to be offered would be £200.00 (via three instalments) for the general population and £400.00 (via five instalments) for pregnant women, as summarised in the table below. These amounts are in line with NICE guidance⁷ and the only published UK randomised controlled trial on financial incentives in pregnancy⁸:
- 5.39.** The proposed schedule and value of voucher instalments is as follows:

General Population		
Amount	Milestone	Timing
£50.00	Attending a face-to-face appointment and setting a quit date	0-4 weeks after enrolment
£50.00	Take exhaled carbon monoxide test to confirm quitting status	4-6 weeks after quit date
£100.00	Take exhaled carbon monoxide test to confirm quitting status	12-14 weeks after quit date

Pregnant Women		
Amount	Milestone	Timing
£50.00	Attending a face-to-face appointment and setting a quit date	0-4 weeks after enrolment
£50.00	Take exhaled carbon monoxide test to confirm quitting status	4-6 weeks after quit date
£100.00	Take exhaled carbon monoxide test to confirm quitting status	12-14 weeks after quit date

£100.00	Take exhaled carbon monoxide test to validate continued smoking abstinence	34-38 weeks gestation <u>or</u> 34-38 weeks after enrolment
£100.00	Take exhaled carbon monoxide test to validate continued smoking abstinence	12-14 weeks post-birth
<i>NB: women whose pregnancy does not continue will not be excluded from continuing to take part in the scheme and try again if they wish</i>		

- 5.40.** A budget of £116,500.00 is proposed; £95,000 from the ring-fenced public health grant and £21,500.00 from the Champs Public Health Collaborative.
- 5.41.** This amount would fund incentives for up to 291 pregnant women (292 women were recorded as smoking at time of delivery in 2020/21) or 582 other members of the public. In practice, it would be a combination of both cohorts who would receive support through this pilot project if Option 1 is implemented.

Communications Approach

- 5.42.** When the final decision is made on which option will be progressed, Cheshire East Council and One You Cheshire East communications teams will work together and produce a full communications and engagement plan, mitigating for any issues or reputational risks.
- 5.43.** In developing an effective communications plan and campaign assets for the smoking cessation incentive scheme, existing evidence clearly demonstrates the need to grab attention, educate about the harms caused by smoking, along with the many benefits of quitting.
- 5.44.** Spokespeople will be identified in advance and be well briefed on key messages so they can handle any local media opportunities and overcome challenging questions or objections.

Implementation Timetable

- 5.45.** A proposed implementation timetable, based on a decision being made at the Adults and Health Committee meeting on 18 July 2022, is included below:

Task	Date (week commencing)
Meet with One You Cheshire East	18 July 2022
Update the Communications Plan	25 July 2022
Draft the leaflet to be used for the financial incentive scheme	
Contract variation	
Procedure documentation to be developed	

Monitoring process to be finalised	1 August 2022
Professionals to be informed	
Press release to be issued and social media campaign to begin. Websites for the Council and One You to be updated	15 August 2022
Initial vouchers to be purchased	
Scheme launch	22 August 2022

Evaluation Process

5.46. A robust evaluation of the scheme will be undertaken to measure the impact on (a) the number of people signing up to the stop smoking service and (b) the success rate of people quitting, by comparison with performance prior to the adoption of the incentive scheme and benchmarking against other areas.

6. Implications

6.1. Legal

6.1.1. Legal supports the aims of the recommendations. If, following the pilot study, a longer-term incentive scheme is proposed then further investigation of the legal implications can be undertaken.

6.2. Finance

6.2.1. The proposed expenditure of £116,500.00 will come from a combination of the Public Health ring-fenced budget (£95,000.00) and funding from the Champs Public Health Collaborative (£21,500.00), and will therefore have no impact on the Council's Medium Term Financial Strategy. –

6.2.2. In addition to the health benefits outlined in the paper, it is estimated that undertaking the proposed incentive scheme would lead to savings in the wider health and social care system of around £450,000 (based on the Cochrane review's estimated return on investment of 4:1⁵).

6.3. Policy

6.3.1. It is not expected that this report will result in any immediate policy implications. If a pilot is agreed to be undertaken then, once its benefits and impacts are understood, this may lead to the council's consideration of using financial incentives to support health and wellbeing initiatives in the future.

6.4. Equality

6.4.1. It is not expected that the recommendations and contents put in this report will lead to any equality, diversity and inclusion implications. The current smoking cessation service provided by One You Cheshire East

is an equitable service for all residents of Cheshire East (aged 12 and over) who smoke.

- 6.4.2. Further to this, the introduction of a scheme of financial incentives to support smoking cessation will, if successful, lead to a reduction in the numbers of Cheshire East residents who smoke, which in turn can help to reduce the general health inequalities caused by smoking.

6.5. Human Resources

- 6.5.1. It is not expected that this report will have any human resources implications.

6.6. Risk Management

- 6.6.1. Concerns have been raised around the potential for deception or gaming to obtain vouchers¹⁴. The risk of this is low, with trials having observed no evidence of deception being used to enrol on incentive schemes⁴. One trial found that 4% of women 'gamed' to receive further vouchers once enrolled, by attempting to dishonestly pass themselves off as non-smokers.
- 6.6.2. A risk management process will be followed when implementing this work to ensure that risks are properly managed and mitigated.

6.7. Rural Communities

- 6.7.1. Stop smoking interventions are offered by One You Cheshire East in locations throughout the borough, including rural settings. Online support is also available for those who would prefer this. This borough-wide approach will continue when implementing the pilot scheme.

6.8. Children and Young People/Cared for Children

- 6.8.1. A quarter of a million children in the UK currently live in households tipped below the poverty line due to expenditure on tobacco¹. Reducing the rates of smoking overall, but specifically in pregnant women, will have considerable benefits to the health and wellbeing and outcomes for children in Cheshire East.

6.9. Public Health

- 6.9.1. Introducing a scheme of financial incentives to support people in Cheshire East to quit smoking will help to deliver immediate health and wellbeing benefits to those who quit, improve longer-term health outcomes for residents, and help to reduce health inequalities across the borough.

6.10. Climate Change

- 6.10.1. The World Health Organisation (WHO)¹⁵ notes the "largely overlooked" impacts that cigarette production and consumption have on the environment. By encouraging and supporting more Cheshire

East residents to quit smoking, the council will be contributing to the efforts to reduce the total carbon and environmental footprint of the tobacco industry.

- 6.10.2.** Improved health as a result of reduced smoking rates could encourage residents to exercise more frequently, including choosing to walk or cycle instead of driving. This may have further long-term benefits for the local environment and emission levels in Cheshire East.

Access to Information	
Contact Officers:	Joel Hammond-Gant, Health Protection Officer Joel.hammond-gant2@cheshireeast.gov.uk Andrew Turner, Consultant in Public Health Andrew.Turner2@cheshireeast.gov.uk
Appendices:	None
Background Papers:	Reference 1 – Health Inequalities and Tobacco (Royal College of Physicians) [access here] Reference 2 – Tobacco Control (Local Government Association & Cancer Research UK) [access here] Reference 3 – ‘Hiding in plain sight: treating tobacco dependency in the NHS’ (Royal College of Physicians) [access here] Reference 4 – Incentives for smoking cessation (Cochrane Database of Systematic Reviews) [access here] Reference 5 – ‘Psychosocial interventions for supporting women to stop smoking in pregnancy’ Cochrane Database of Systematic Reviews) [access here] Reference 6 – Tobacco Control Plan for England (Department of Health) [access here] Reference 7 – Tobacco: preventing uptake, promoting quitting and treating dependence. NICE guideline [access here] Reference 8 – ‘Are financial incentives cost-effective to support smoking cessation during pregnancy?’ (Addiction Journal) [access here] Reference 9 – ‘ASH Ready Reckoner 2022’ (Action on Smoking and Health (ASH)) [access here] Reference 10 – English Indices of Deprivation 2019 (Ministry of Housing, Community and Local Government) [access here] Reference 11 – ‘Likelihood of Smoking...’ (ONS) [access here]

	<p>Reference 12 – ‘Financial Incentives for Patients’ (National Institute for Health Research) [access here]</p> <p>Reference 13 – ‘Delivering a Smokefree 2030’ (All Party Parliamentary Group on Smoking and Health) [access here]</p> <p>Reference 14 – ‘Financial incentives for smoking cessation in pregnancy: a single-arm intervention study assessing cessation and gaming’ (National Library of Medicine) [access here]</p> <p>Reference 15 – An Assessment of Tobacco’s Global Environmental Footprint (WHO) [access here]</p> <p>General databases on smoking prevalence/data:</p> <ul style="list-style-type: none">• Cheshire East Tobacco Control Profiles (PHE)• Public Health Profiles – Smoking (PHE)
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