

Adults and Health Committee

Date of Meeting:	18 July 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/31/2022-23
Ward(s) Affected:	All

1. Purpose of Report

- 1.1. On 30 May 2022, the committee considered [a report](#) summarising the evidence for the effectiveness and cost-effectiveness of financial incentive schemes in helping people to successfully quit smoking and agreed to receive this subsequent report, which seeks a decision from the committee on whether to implement a financial incentive scheme as a pilot project.
- 1.2. By agreeing to the implementation of a scheme of financial incentives to support more people to quit smoking, the committee will support the council to achieve its priorities set out in the Cheshire East Council Corporate Plan 2021-25, to reduce health inequalities across the borough and support all children to have the best start in life.

2. Executive Summary

- 2.1. Smoking is the leading cause of cancer and preventable death worldwide as well as the largest cause of health inequality in the UK^{1,2}, accounting for half of the difference in health outcomes between the least deprived and most deprived communities. Smoking is also the most important modifiable

¹ Royal College of Physicians. 2020. 'Health inequalities and tobacco'. Access [here](#)

² LGA and Cancer Research UK. 2019. 'Must know: tobacco control'. Access [here](#)

risk factor in pregnancy and can lead to miscarriage, premature and stillbirth, and cot death³.

- 2.2.** Smoking increases a person's risk of developing more than 50 serious health conditions, some of which are fatal and others that can cause irreversible long-term damage to health⁴.
- 2.3.** 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 declining more slowly, having plateaued in recent years. The council has an opportunity to further reduce smoking rates, improve health and reduce inequalities by offering financial incentives to support people to quit smoking.
- 2.4.** There is robust evidence that financial incentives are effective in helping people to stop smoking in the short and long-term:
- A recent Cochrane systematic review 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 incentives⁵.
 - The review 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. Quit rates in pregnant women receiving an incentive were on average more than double that of control groups.
 - An earlier Cochrane review concluded that incentive schemes deliver a return on investment of £4 for every £1 invested⁶.
- 2.5.** Approval of a pilot scheme to provide 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.

3. Recommendation

- 3.1.** That the Adults and Health Committee agrees to the undertaking of a pilot scheme of providing financial incentives to support pregnant women and other smokers in their household to quit smoking.

³ Royal College of Physicians. 2018. 'Hiding in plain sight: Treating tobacco dependency in the NHS'. Access [here](#)

⁴ NHS. 2018. 'What are the health risks of smoking?' Access [here](#)

⁵ Notley, C. et al. 2019. 'Incentives for smoking cessation'. *Cochrane Database of Systematic Reviews*. Access [here](#)

⁶ Chamberlain, C. et al. 2017. 'Psychosocial interventions for supporting women to stop smoking in pregnancy'. *Cochrane Database of Systematic Reviews*. Access [here](#)

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 Pan-Cheshire Child Deaths Overview Panel Annual Report for 2020/21 reported that smoking was the most common *modifiable factor* (“one which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths”) in child deaths reviewed by the panel⁷.
- 4.3. The national ‘Towards a Smoke Free Generation’⁸ plan aims to:
- Reduce national 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 national 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 national prevalence of smoking in pregnancy from 10.7% to 6% or less (Cheshire East is currently 10.8%)
- 4.4. During recent years, smoking rates across the country have begun to plateau and are falling more slowly. 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.
- 4.5. The recently published ‘Khan Review: making smoking obsolete’⁹ states that the current rate of decline needs to be accelerated by 40% to achieve the government’s smokefree 2030 target and that we must “go faster”, “be bolder” and “do more to protect future generations”. The review includes a specific recommendation to provide financial incentives to support pregnant women to quit smoking.

⁷ Pan Cheshire Child Deaths Overview Panel. ‘Annual Report 1st April 2020 – 31st March 2021’ Access [here](#)

⁸ Chamberlain, C. et al. 2017. Access [here](#)

⁹ Khan. 2022. ‘The Khan Review: making smoking obsolete’ Access [here](#)

- 4.6. There is robust evidence, including a Cochrane review¹⁰ and National Institute for Health and Care Excellence (NICE) guidance¹¹, that financial incentives increase smoking quit rates. Evidence shows that people are around 50% more likely to quit with incentives. In pregnant women specifically, the likelihood of quitting is doubled.
- 4.7. 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.
- 4.8. The recommendation put forward in this report - to put in place a pilot scheme of providing financial incentives to support pregnant women and other smokers in their households 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. Other Options Considered

- 5.1. The committee may also decide to provide incentives for pregnant women only, and not to other members of their household.

Option	Impact	Risk
The Committee resolves to undertake a pilot project of financial incentives to support smoking cessation for pregnant women only	Financial incentives would be offered to pregnant women only. The scheme would not be open to other members of their household.	Without mutual support there would be lower quit rates, and a less significant improvement to health and inequalities, in comparison to a scheme open to pregnant women and their household.

- 5.2. The final option open to the committee is to do nothing.

Option	Impact	Risk
Do nothing, i.e. the committee resolves to not proceed with a pilot project incentivising residents to stop smoking	This would mean that the Council would continue its current smoking cessation efforts.	That the Council misses an important opportunity to (1) make a significant difference to the long-term health of residents; (2) further reduce the rates of smoking in Cheshire

¹⁰ NHS. 2018. Access [here](#)

¹¹ NICE. 2021. 'Tobacco: preventing uptake, promoting quitting and treating dependence'.. Access [here](#)

		East and bring them closer to national targets; and (3) gain insight from an innovative project to inform future service delivery.
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6. Background

The Health and Economic Impacts of Smoking

- 6.1. 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.
- 6.2. Smoking (including passive or second-hand smoking) increases the risk of developing more than 50 serious health conditions, including numerous types of cancers, coronary heart disease, stroke, and chronic obstructive pulmonary disease (COPD).
- 6.3. 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 smoke 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 sudden infant death syndrome (SIDS); and take up smoking themselves.
- 6.4. The 'Tobacco Control' publication by the Local Government Association (LGA) and Cancer Research UK¹² 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)¹³ in January 2022 estimates smoking's economic impact on UK society at £17.04bn, with a £2.4bn impact on the national healthcare system.
- 6.5. Smoking-related ill health adds a specific financial demand in the region of £760 million per year on councils' domiciliary care services, as a result of smoking-related health conditions¹⁴.
- 6.6. 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 costs¹⁵. The LGA and Cancer Research UK recommend that councils embed a health-in-all-policies approach to their tobacco control strategies,

¹² LGA and Cancer Research UK. 2019. Access [here](#)

¹³ ASH. 2022. 'ASH Ready Reckoner 2022'. Access [here](#)

¹⁴ Chamberlain, C. et al. 2017. Access [here](#)

¹⁵ LGA and Cancer Research UK. 2019. Access [here](#)

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

- 6.7. 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%¹⁶. The ONS estimates that people living in the most deprived areas of England are more than four times more likely to smoke than those living in the least deprived areas¹⁷.
- 6.8. Smoking is costly to individuals and families. 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.
- 6.9. Smoking exacerbates poverty for a large proportion of children in the UK. Tobacco control interventions which effectively enable low-income smokers to quit can play an important role in reducing the financial burden of child poverty¹⁸.
- 6.10. In addition to the direct 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 as many of our residents struggle with the considerable rise in the cost of living.

Current Cheshire East Position

- 6.11. Smoking rates in Cheshire East are similar to the national average overall but are highly variable across the borough. For instance, several wards in the Crewe and Macclesfield areas have significantly higher than average rates of young smokers and deaths from respiratory diseases.
- 6.12. 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%

¹⁶ Ministry of Housing, Communities & Local Government. 2019. 'English indices of deprivation 2019'. Access [here](#)

¹⁷ ONS. 2018. 'Likelihood of smoking four times higher in England's most deprived areas than least deprived'. Access [here](#)

¹⁸ Belvin et al. (2015). 'Parental smoking and child poverty in the UK: an analysis of national survey data'. Access [here](#)

- 6.13. Further context comes from comparison of smoking rates in Cheshire East with those of 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%

- 6.14. 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”

- 6.15. Since then, the council has continued to commission and/or provide stop smoking services. Currently these services are provided by One You Cheshire East, who provide support to any resident of Cheshire East (aged 12 and over) who smokes. The service includes specialist support for pregnant women and people with mental health conditions.
- 6.16. Interventions consist of support (in person or online) for 15-30 minutes over a period of 4-6 weeks. This includes provision of a range of Nicotine Replacement Therapies, including inhalers and patches. This is provided either by a One You Cheshire East smoking cessation advisor or by a pharmacy based in the community. Provision is aligned to National Centre for Smoking Cessation and Training standards as well as NICE guidance.
- 6.17. To date through 2021/22, 742 people have been supported by One You Cheshire East. Of the 368 service users who set a specific quit date, 214 (58%) successfully quit, which is 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.

Evidence for Financial Incentive Schemes

6.18. The [previous report](#) considered by the committee on 30 May 2022 included a comprehensive appraisal of the evidence demonstrating the effectiveness of smoking cessation incentive schemes. Some of the highlights from this appraisal showed:

- People receiving incentives (cash payments or vouchers for goods or groceries) were approximately 50% more likely to stop smoking¹⁹
- Quit rates in groups of pregnant women offered incentives were double than those who had not been offered incentives²⁰
- Financial incentives are the most effective way of securing significant declines in smoking rates and are a highly cost-effective intervention²¹
- Incentive schemes for quitting smoking deliver a return on investment of £4 for every £1 invested²²

Proposed Pilot Scheme

6.19. The incentive scheme proposed has been designed in line with guidance and best practice from NICE²³, and will be delivered by One You Cheshire East, the service currently commissioned by the council to deliver its smoking cessation programme. The proposed financial incentive scheme would be implemented alongside and in addition to existing smoking cessation services.

Incentive Schedule and Format

6.20. The incentive will be provided as 'Love2Shop' vouchers. These are commonly used in other incentive schemes and can be used with over 150 national brands, none of which sell tobacco-based products.

6.21. The total value of incentives proposed would be £400.00 (via six instalments) for pregnant women, and £200.00 (via four instalments) for other smokers in their household, as summarised in the table below. These amounts are in line with NICE guidance and the only published UK randomised controlled trial on financial incentives in pregnancy²⁴:

6.22. In response to comments at the 30 May 2022 committee meeting, the proposed schedule and value of instalments has been modified to decrease the value of initial vouchers while keeping the overall totals the same, with greater rewards for longer-term quitting. The proposed schedule has also

¹⁹ Notley, C. et al. 2019. Access [here](#)

²⁰ Notley, C. et al. 2019. Access [here](#)

²¹ Boyd, K. et al. 2016. 'Are financial incentives cost-effective to support smoking cessation during pregnancy?' Access [here](#)

²² Notley, C. et al. 2019. Access [here](#)

²³ NICE. 2021. Access [here](#)

²⁴ Boyd, K. et al. 2016. Access [here](#)

been extended by a further 12 weeks to further encourage long-term quits. The new proposed schedule and value of voucher instalments is as follows:

Pregnant women		
Amount	Milestone	Timing
£25.00	Attending a face-to-face appointment and setting a quit date	0-4 weeks after enrolment
£25.00	Take exhaled carbon monoxide test to confirm quitting status	4-6 weeks after quit date
£50.00	Take exhaled carbon monoxide test to confirm quitting status	12-14 weeks after quit date
£75.00	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 or due date
£125.00	Take exhaled carbon monoxide test to validate continued smoking abstinence	24-28 weeks post-birth or due date
<i>NB: women whose pregnancy does not continue will not be excluded from continuing to take part in the scheme</i>		

Other household members		
Amount	Milestone	Timing
£25.00	Attending a face-to-face appointment and setting a quit date	0-4 weeks after enrolment
£25.00	Take exhaled carbon monoxide test to confirm quitting status	4-6 weeks after quit date
£50.00	Take exhaled carbon monoxide test to confirm quitting status	12-14 weeks after quit date
£100.00	Take exhaled carbon monoxide test to confirm quitting status	24-28 weeks after quit date

- 6.23.** A budget of £116,500 is proposed; £95,000 from the ring-fenced public health grant and £21,500 from the Champs Public Health Collaborative. No funding is required from Cheshire East Council.
- 6.24.** This amount would fund incentives for up to 291 pregnant women (292 women were recorded as smoking at time of delivery in 2020/21). In practice, it would be a combination of pregnant women and other smokers

in their households who would receive support through this pilot project if Option 1 is implemented.

Communications Approach

- 6.25. 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 to produce a full communications and engagement plan, mitigating for any issues or reputational risks. This will build on existing press releases produced and disseminated following the committee meeting in May.
- 6.26. It is likely the Council will receive further media requests following the decision. 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

- 6.27. An approximate implementation timetable is proposed 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

- 6.28. A robust evaluation of the scheme will be undertaken to measure the impact of incentives 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.
- 6.29. In addition to the quantitative aspects of evaluation described above, qualitative insights will be gathered from participants taking part in the incentive scheme. Working with colleagues with behavioural science expertise, we will develop questions to explore behavioural factors that influence an individual's propensity to (a) engage in smoking and (b) cease smoking. These questions will be informed by relevant behaviour change

frameworks and will include questions around their most recent smoking habits, why and how they began to smoke and what has affected their motivation to quit. Ultimately, this will enable us to ensure we continue to effectively tackle barriers to smoking cessation and promote those factors that enable people to quit.

- 6.30.** The evaluation will make an important contribution to the international evidence base for the impact of financial incentives on smoking quit rates and will be published publicly. Options to be explored for the production and dissemination of the evaluation will include as a research paper; oral and/or poster presentation at conferences; and/or an academic dissertation.

7. Implications

7.1. Legal

- 7.1.1.** S73(A)(1) of the NHS Act 2006, inserted by s30 of the Health and Social Care Act 2012, gives the Director of Public Health responsibility for all of the local authority's duties to take steps to improve the health of the people in its area.

- 7.1.2.** 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.

7.2. Finance

- 7.2.1.** The proposed expenditure of £116,500 will come from a combination of the Public Health ring-fenced budget (£95,000) and funding from the Champs Public Health Collaborative (£21,500) and will therefore have no impact on the Council's Medium Term Financial Strategy.

- 7.2.2.** 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 4:1²⁵).

7.3. Policy

- 7.3.1.** It is not expected that this report will result in any immediate policy implications. If a pilot scheme is implemented and evaluated, this may lead to the Council and/or health system partners considering further use of financial incentives to support health and wellbeing initiatives in the future.

7.4. Equality

- 7.4.1.** 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

²⁵ Chamberlain, C. et al. 2017. Access [here](#)

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

- 7.4.2.** The introduction of a scheme of financial incentives to support smoking cessation will likely lead to a reduction in the numbers of Cheshire East residents who smoke, and in turn reduce health inequalities caused by smoking.

7.5. Human Resources

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

7.6. Risk Management

- 7.6.1.** Concerns have been raised around the potential for deception or gaming to obtain vouchers²⁶. 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, once enrolled, 4% of women 'gamed' to receive further vouchers by attempting to dishonestly pass themselves off as non-smokers.

- 7.6.2.** To mitigate the already low risk of deception or gaming, carbon monoxide testing at baseline and throughout follow up would be used to biologically confirm smoking status and reduce the risk of individuals being dishonest about their smoking status to gain the rewards.

- 7.6.3.** A risk management process will be followed when implementing this work to ensure that risks are properly managed and mitigated.

7.7. Rural Communities

- 7.7.1.** 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.

7.8. Children and Young People/Cared for Children

- 7.8.1.** 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 will have considerable benefits to the health and wellbeing and outcomes for children in Cheshire East.

7.9. Public Health

- 7.9.1.** 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 and their families, improve longer-

²⁶ Ierfino, D. et al. 2015. 'Financial incentives for smoking cessation in pregnancy: a single-arm intervention study assessing cessation and gaming'. Access [here](#)

term health outcomes for residents, and help to reduce health inequalities across the borough.

7.10. Climate Change

- 7.10.1.** The impacts of cigarette production and consumption on the environment are “largely overlooked”²⁷. 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.
- 7.10.2.** 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 Officer(s):	Andrew Turner, Consultant in Public Health Andrew.Turner2@cheshireeast.gov.uk Joel Hammond-Gant, Health Protection Officer Joel.Hammond-Gant2@cheshireeast.gov.uk
Appendices:	No appendices
Background Papers:	<ul style="list-style-type: none"> • ‘Providing Financial Incentives to Support Smoking Cessation’ report to Adults and Health Committee, 30 May 2022 • Cheshire East Tobacco Control Profiles (OHID) • The Khan review: making smoking obsolete

²⁷ Voulvoulis, N. 2018. ‘Cigarette Smoking: An Assessment of Tobacco’s Global Environmental Footprint Across Its Entire Supply Chain. Access [here](#)