

OPEN

Adult and Health Committee

20th January

Smoking Cessation Incentives Scheme – Update

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

Report Reference No: AH/26/2024-25

Ward(s) Affected: All

For Decision or Scrutiny: Both

Purpose of Report

1. The purpose of this report is to update on the pilot smoking cessation incentive scheme for pregnant women which was introduced by the Council in 2023.

Executive Summary

2. Smoking is the leading cause of premature, preventable death worldwide, and the leading cause of health inequality in the UK. Smoking in pregnant women is a significant risk factor for stillbirth, miscarriage and pre-term birth, and household smoking contributes to childhood illnesses and deaths.
3. The Council introduced a pilot incentive scheme in partnership with local maternity services and the commissioned provider, which was aimed at pregnant women and people living within their household in 2023. Its chief purpose was to reduce the impact of tobacco on the health of the mother and the unborn child, by encouraging people to quit smoking.
4. This report summarises the effectiveness of the scheme and suggests only continuing the household element, given that a national stop smoking in pregnancy scheme is launching.

RECOMMENDATIONS

The Adult and Health Committee is recommended to:

1. Approve continuation of the incentive scheme for household members.

Background

- 5 Adults and Health Committee approved the introduction of a financial incentive scheme to help pregnant women to quit smoking as well as people within their household at Committee in [July 2022](#).
- 6 The scheme involved vouchers of increasing value being provided to pregnant women and/or their household members for successfully reaching specific quit milestones, as validated through carbon monoxide testing. Implementation has involved the Council, both local acute trusts and One You Cheshire East.
- 7 The maximum voucher a pregnant women could receive was £400, with household members (due to the impacts of passive smoking on the unborn child) receiving up to £200. This compares with an average cost of over fifteen pounds for twenty cigarettes ¹.
- 8 A key reason for implementing the scheme was the evidence base for its effectiveness. For instance, a comprehensive review of studies previously carried out concluded that there was 'moderate certainty evidence' that such schemes improve smoking cessation rates ². The majority of schemes covered were from the USA, with only a single study from the UK.
- 9 The pilot scheme has operated in two phases:

February 2023 – March 2024

- Smoking cessation support was delivered solely by the One You Cheshire East service (for pregnant women and household members);

May 2024 – onwards

- Smoking cessation support for pregnant women was delivered by smoking cessation practitioners based within acute trust maternity units (with implementation being phased in due to hospital staff capacity).

Note - the change in smoking cessation model took place due to a release of stop smoking funding from the Department of Health for maternity units and a decision by the Local Authority in conjunction with the acute trusts that this in-house approach was likely to be more effective. This shift reduced the risk of loss of contact with pregnant women, by eliminating the need for external referrals.

¹ ASH (2024), Factsheet: How much does it cost to smoke? (2024). Available at: https://ashscotland.org.uk/wp-content/uploads/2024/06/Cost-of-Smoking-factsheet_April-2024.pdf

² Notley, C., Gentry, S., Livingstone-Banks, J., Bauld, L., Perera, R. and Hartmann-Boyce, J. (2019). Incentives for smoking cessation. *The Cochrane database of systematic reviews*, [online] 7(7), p.CD004307

10 Data for phase 1:

- 238 pregnant women were referred to the scheme
- 54 set a quit date
- 21 quit at 4 weeks, 39% quit rate
- 19 confirmed to have quit at 12-14 weeks after the quit date
- 10 confirmed to have quit at 34-38 weeks after the quit date

Data for phase 2:

- 92 women were referred to the scheme
- 49 set a quit date
- 17 4-week quits were achieved, 35% quit rate
- 12 confirmed to have quit at 12-14 weeks after the quit date
- 2 confirmed to have quit at 34-38 weeks after the quit date

Household Members:

- 8 household members were referred
- 8 set a quit date
- 4 quit at 4 weeks, 50% quit rate
- 4 confirmed to have quit at stage 3 (12-14 weeks after the quit date)
- 3 confirmed to have quit at stage 4 (24-28 weeks after the quit date)

- 11 The primary aim of the scheme was to incentivise people to start and then continue their quit journey. Quit rates under phase 1 (39%) and phase 2 (35%) are above the current national average which is 25% for England ³ (both the national and local figures required carbon monoxide validation). Locally, the proportion of women setting a quit date is 52% in phase 2 of the project (it was 22% in phase 1). This compares with 44% in England.
- 12 Similar comparison for household members is unfeasible as the national quit rate is not measured for this cohort. However, the quit rate in England for smokers in general is 12%.
- 13 Comparison with a similar incentive scheme in Glasgow and Clyde shows that the validated quit rate for pregnant women achieved in Cheshire East is higher at 4 weeks (35% compared to 31%) but slightly lower at 12 weeks (24% compared to 26%) ⁴. Data on non-validated quits (requiring self-reporting) has not been routinely collected.
- 14 Therefore, the project appears to have had some success. Ideally, comparison would also have taken place with local rates prior to the start of the incentive scheme. However, this is not possible, due to issues with data recording by the previous provider (prior to 2023).

³ NHS England, Statistics on Local Stop Smoking Services, April-June 2024

⁴ Tappin D, Bauld L, Purves D, Boyd K, Sinclair L, MacAskill S et al. Financial incentives for smoking cessation in pregnancy: randomised controlled trial *BMJ* 2015; 350

- 15 The cost of a four week quit under the Cheshire East incentive scheme in vouchers is £378. ASH (an independent public health charity) produce a ready reckoner tool which allows the impact of smoking on a local area to be estimated⁵. This states that the social care cost of smoking is £74.6M, with the Healthcare cost being £8.91M in Cheshire East.
- 16 The Government has now started a national financial incentives scheme for pregnant women. Cheshire East has provided input into this work. This scheme uses the same total of £400 shopping vouchers as the current local scheme, but vouchers are provided at different intervals. The learning that has taken place provides good grounding for implementation of this new scheme and will increase its chances of success.
- 17 The Council has provisionally agreed with maternity units that the local incentive scheme for pregnant women will stop once the national scheme commences locally. The timescale is unclear around this. However, it is likely to be introduced at Mid-Cheshire Hospital Trust early in 2025, with practicalities still being discussed with East Cheshire Trust.
- 18 Under this initiative, future voucher costs would be funded by the Department of Health. However, household members who smoke (who are included in the local scheme) are not covered. Therefore, it is proposed that the local scheme continues for household members given the low expenditure required and the impact of passive smoking on the unborn child. Voucher spend to date on this element has been circa £800.
- 19 A report will be produced which evaluates the pilot in further detail. This will be shared regionally and nationally and will serve as useful intelligence for future incentive led projects.
- 20 Following a decision by Adults and Health Committee in [March 2024](#), the One You Cheshire East service was recommissioned using a competitive procurement process, with the new contract commencing in November 2024 under Everybody Health and Leisure. Smoking cessation capacity has been expanded under this new contract due to a new stop smoking grant from the Office for Health Improvement and Disparities. This includes more locations for access, greater ability to target groups of smokers e.g. from areas of deprivation, routine and manual workers, and improved ability to provide tailored support. The contract also encompasses supporting the local incentive scheme.
- 21 Of additional note, is that the proportion of women who smoke at time of delivery has decreased in Cheshire East in recent years. This is 7.2% for 2023/24 in comparison to 7.4% England which is encouraging. However, as more smokers quit, it is likely that those remaining will have ever more engrained habits. This will make reducing numbers further a continuing challenge, as evidenced to some extent in implementation of the incentive scheme pilot.

⁵ Shinyapps.io. (2024). Available at: https://ashresources.shinyapps.io/ready_reckoner/.

Consultation and Engagement

- 22 Engagement took place with maternity units as part of the introduction of the scheme. Ongoing meetings have also taken place to progress this further.
- 23 Feedback is also taken from people participating in the scheme in order to understand successes and barriers.

Reasons for Recommendations

- 24 Maternity units plan to join the Department of Health's national incentive scheme so that they are aligned with other areas. As such, it is effectively their decision for this local scheme to end. It also makes sense to have consistency between areas.
- 25 The incentive scheme for household members costs a minimal amount and evidence shows that this is a useful tool to encourage quitting.
- 26 There are clear consequences from second-hand smoke exposure for the unborn child as a result of someone smoking from within the same household. It is estimated that sudden infant death is 45% more likely due to second-hand smoke exposure. It is also estimated that birth weight will be 30-40g lower on average ⁶.

Other Options Considered

27

Option	Impact	Risk
Stop the scheme entirely	This would achieve an insignificant financial saving	We would lose the opportunity to further incentivise household members to quit

Implications and Comments

Monitoring Officer/Legal

- 28 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 updating the committee as to current activity with regard to smoking cessation initiatives calls for no further legal comment.

Section 151 Officer/Finance

- 29 The project has made use of funding obtained from Public Health CHAMPS. This forms part of the Public Health ring-fenced 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 for household members. This will allow more time for this phase of the pilot to be evaluated for value for money.

⁶ <https://ash.org.uk/resources/view/smoking-pregnancy-and-fertility>

Policy

- 30 The activity outlined in this report supports the following aim and priority with then [Corporate Plan](#):

A council which empowers and cares about people

Aim 2:

We aim to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents.

Priority 2.2

Reduce health inequalities across the borough

Equality, Diversity and Inclusion

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

Human Resources

- 32 None.

Risk Management

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

Rural Communities

- 34 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.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

- 35 The project positively impacts on health outcomes for children.

Public Health

- 36 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.

Climate Change

- 37 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.

Access to Information	
Contact Officer:	Nik Darwin, Programme Lead nik.darwin@cheshireeast.gov.uk
Appendices:	N/A
Background Papers:	Corporate Plan (cheshireeast.gov.uk)