

CHESHIRE EAST HEALTH AND WELLBEING BOARD

Reports Cover Sheet

Title of Report:	Smoking Cessation Incentives Scheme – Update
Report Reference Number	HWB76
Date of meeting:	18 th March 2025
Written by:	Nik Darwin, Programme Lead for Thriving and Prevention Dr Matthew Atkinson, Consultant in Public Health
Contact details:	Matthew.atkinson@CheshireEast.Gov.uk
Health & Wellbeing Board Lead:	Helen Charlesworth-May

Executive Summary

Is this report for:	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	To update the Board on the progress of the local Smoking Cessation Incentives Scheme and the next steps for developing the project in the context of the introduction of a national scheme.		
Please detail which, if any, of the Health & Wellbeing Strategic Outcomes this report relates to?	1. Cheshire East is a place that supports good health and wellbeing for everyone <input type="checkbox"/> 2. Our children and young people experience good physical and emotional health and wellbeing <input checked="" type="checkbox"/> 3. The mental health and wellbeing of people living and working in Cheshire East is improved <input type="checkbox"/> 4. That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place <input checked="" type="checkbox"/> All of the above <input type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input checked="" type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input checked="" type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	Members are asked to note the report and to support the continuous improvement of the scheme as it evolves and progresses.		

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The Adults and Health Committee received this report in January 2025 and approved the continuation of the incentive scheme for household members.
Has public, service user, patient feedback/consultation informed the recommendations of this report?	Engagement took place with maternity units as part of the introduction of the scheme. Ongoing meetings have also taken place to progress this further. Service users will be contacted to provide feedback as part of the evaluation of the project to date. The findings will inform quality improvement work for the next phase of the scheme.
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	Keeping the household member element of the scheme alongside the new national scheme for pregnant women means that parents and household members can have improved chances of quitting smoking, which will benefit them and their children. The measures sit alongside and complement other local smoking cessation interventions.

1 Report Summary

- 1.1 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.
- 1.2 In 2023, 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. 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.
- 1.3 This report summarises the initial activity in the scheme and suggests only continuing the household element, given that a national stop smoking in pregnancy scheme is launching.
- 1.4 The focus on household members will allow us to increase the activity in this element of the scheme.

2 Recommendations

- 2.1 Members are asked to note the report and that their organisations support the continuous improvement of the scheme as it progresses.

3 Reasons for Recommendations

- 3.1 The maternity units intend to join the Department of Health's national incentive scheme for pregnant women so that they are aligned with other areas in England. This will bring an end to the local smoking cessation incentives scheme for pregnant women.
- 3.2 The decision has been taken to continue the incentive scheme for household members, which costs a relatively small amount and can be a useful tool to encourage quitting.

- 3.3 There are clear consequences from second-hand smoke exposure for the unborn child as a result of someone smoking within the same household. It is estimated that second-hand smoke exposure makes sudden infant death 45% more likely. It is also estimated that birth weight will be reduced by 30-40g on average. To get the maximum benefit to child health, all household members need to be supported to quit.
- 3.4 By facilitating whole household quit attempts, we hope to increase the chances of parents successfully quitting. Focusing on the household member element of the scheme will allow us to increase the number of household members who are likely to stop smoking.
- 3.5 Since the report was seen at the Council's Adults and Health Committee in January 2025, we have identified a lead officer who will evaluate the scheme to date and conduct quality improvement work to increase the uptake and effectiveness of the household member scheme going forward. This will be a collaboration between local authority public health and commissioning colleagues, and the maternity services in Mid Cheshire Hospitals NHS Foundation Trust and East Cheshire NHS Trust.
- 3.6 A report on the evaluation of the service to date will be taken back to Adults and Health Committee in autumn 2025 and an update on the progress of the household member scheme will be taken in early 2026.

4 Impact on Health and Wellbeing Strategic Outcomes

- 4.1 The intervention aims to improve the health of unborn children, infants and other children in the household where one or both parents smoke.
- 4.2 Improving rates of smoking cessation for pregnant women or their household members will increase the number of adults who are smoke free as they age, helping them to live and age well.

5 Background and Options

- 5.1 Cheshire East Council's 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.
- 5.2 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.
- 5.3 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.
- 5.4 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. The majority of schemes covered were from the USA, however, with only a single study from the UK.

5.5 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.

5.6 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

5.7 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

5.8 Household Members:

- 8 household members were referred
- 8 set a quit date
- 4 quit at 4 weeks
- 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)

5.8 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 (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.

5.9 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%.

- 5.10 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%). Data on non-validated quits (requiring self-reporting) has not been routinely collected.
- 5.11 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).
- 5.12 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 estimated. This states that the social care cost of smoking is £74.6M, with the healthcare cost being £8.91M in Cheshire East.
- 5.13 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.
- 5.14 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.
- 5.15 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.
- 5.16 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.
- 5.17 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.
- 5.18 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.

6 Access to Information

- 6.1 The background papers relating to this report can be inspected by contacting the report writer:

Name: Dr Matthew Atkinson

Designation: Consultant in Public Health

Email: matthew.atkinson@cheshireeast.gov.uk