

Expansion and renewal



**Local authority stop smoking
services and wider tobacco
control in England, 2024**



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Summary of key findings

Local authorities in England have never been more confident about their role in reducing smoking and improving the health of those affected by smoking.

Findings are from 122 English local authorities, 81% of the local authorities with responsibility for public health.

The priority of tobacco control in local authorities in England has risen to its highest recorded level

- Tobacco control was a high or above average priority in 88% of surveyed local authorities, and a high priority in 54%, up from 37% in 2023.
- 70% of surveyed local authorities were members of a Tobacco Control Alliance, up from 60% in 2023.
- Regional tobacco control partnerships were identified in every region of England.

A huge expansion of stop smoking services is underway

- The £70 million new government investment in stop smoking services is being used to expand and promote stop smoking services, extend the range of settings where support is offered, improve referral pathways, enhance skills in the wider workforce, target communities most in need, and strengthen the system.
- Local authorities have struggled with the short tight timescale for delivery, the lack of guaranteed funding after the first year, the time demands of governance and procurement, and the challenges of recruitment in this time-constrained context.

For the first time in ten years, all surveyed local authorities commissioned a stop smoking service

- All surveyed local authorities commissioned a stop smoking services in 2024 and 89% commissioned a specialist stop smoking service, up from 72% in 2023.
- 93% of surveyed local authorities were participating in Swap to Stop.
- Year-on-year demand for stop smoking services had increased in 48% of surveyed local authorities and decreased in only 6%.
- The most common target population for stop smoking services was areas of deprivation.
- Community stop smoking services were well or fairly well integrated with NHS tobacco dependence treatment services in 55% of surveyed local authorities.

Local authorities continue to pursue wider tobacco control work to prevent smoking

- 97% of surveyed local authorities had undertaken work to enforce legislation and tackle the illicit trade.
- 65% had undertaken work to promote smokefree homes.
- 94% had undertaken work with children and young people.
- 80% had run public communication campaigns on smoking and 45% had run campaigns on vaping.

Recommendations

1. The UK government should maintain the funding commitments set out by the previous government for stop smoking services and wider tobacco control for the duration of the current parliament. Funding for Swap to Stop and for the national financial incentive scheme should also be extended. The government should protect the public health grant and confirm the funding for 2025/26 as soon as possible to enable better planning and commissioning.
2. The UK government should secure a long-term funding settlement for stop smoking services and wider tobacco control work through a 'polluter pays' levy on tobacco manufacturers who continue to make massive profits selling a lethal addiction.
3. The UK government should commit to publishing a 'roadmap to a smokefree country' setting out an overarching strategy and targets, with a strong focus on tackling inequalities. This would enable local government, the NHS and other stakeholders to support the delivery of national targets on smoking.
4. Local authorities should collaborate at a system and regional level to share expertise, pool resources and deliver interventions at scale. This approach has been used to great effect in the North East, Greater Manchester, and Yorkshire and the Humber to accelerate declines in smoking prevalence and tackle inequalities. ASH has developed guidance and resources to assist in developing a system-wide tobacco control programme.¹
5. All local authorities should develop policies on restricting engagement with the tobacco industry and communicate these policies to staff and elected members. Guidance for local authorities on meeting their obligations under Article 5.3 of the WHO Framework Convention on Tobacco Control has been published by the Local Government Association². A range of resources is also available from ASH.³

¹ ASH: [Developing a system-wide tobacco control programme](#).

² Local Government Association: [Engagement with the tobacco industry: Guidance for local government](#), 2023.

³ ASH: [Article 5.3 toolkit](#)

Introduction

This report presents the findings from the 2024 survey of stop smoking services and wider tobacco control work in local authorities in England. The survey was conducted by Action on Smoking and Health and Cancer Research UK.

The survey has been conducted every year since 2014. Ten years on, local authorities in England have never been more confident about their role in reducing smoking and improving the health of those affected by smoking. This headline finding is due, in part, to the government announcement in October 2023 of the smokefree generation proposal and the £70m increase in the funding for stop smoking services. This report explores how this new funding is being used by local authorities to increase their offer to people who smoke and reach communities where smoking prevalence remains high. The report also explores the constraints that local authorities are struggling with to deliver the best value from this resource.

There are, however, deeper reasons for this confidence. Local authorities have now had responsibility for public health for over a decade and in that time they have developed the skills, resources and partnerships to reduce inequalities and deliver better outcomes for the health of their local communities. There have been major challenges, especially the COVID-19 pandemic and reductions in the public health grant, but despite these challenges stop smoking services and tobacco control work have been sustained and developed in the great majority of local authorities in England. Most local authorities were in a strong position to respond creatively to the government announcement in 2023.

The sustainability of funding remains a significant challenge. Although the government has now confirmed an additional £70m for stop smoking services in 2025/26, and £10m for enforcement and tackling illicit trade, there is uncertainty over the status of the public health grant and longer-term funding for tobacco control. A secure and sustainable funding model for tobacco control is essential for ensuring the current rate of progress can be maintained.

This report has a regional focus, exploring tobacco control partnerships and initiatives at regional and sub-regional level. These are diverse, ranging from the relatively new relationships created by integrated care systems to long-standing regional collaborations such as Fresh in the North East and Greater Manchester Make Smoking History. This broader view draws attention to the importance of local authorities' wider preventive role in tobacco control including running public communication campaigns and tackling the illicit trade in tobacco and vapes. This preventive role remains vital to the long-term challenge of creating a smokefree society nationally, regionally and locally.

Methods

The survey was conducted online using Survey Monkey during August and September 2024. Tobacco control leads and other contacts in English local authorities were emailed a link to the survey and invited to complete it. Non-respondents were followed up by telephone. All 151 local authorities with public health responsibilities were approached: county councils, unitary authorities, metropolitan districts and London boroughs.

Completed surveys were received from 117 respondents providing data on 122 local authorities (a response rate of 81%). Five respondents provided data on more than one local authority due to shared public health arrangements locally. The baseline for analysis and reporting is not consistent across the report as three respondents did not complete all questions. For some questions, 'don't know' responses are also excluded from the reporting.

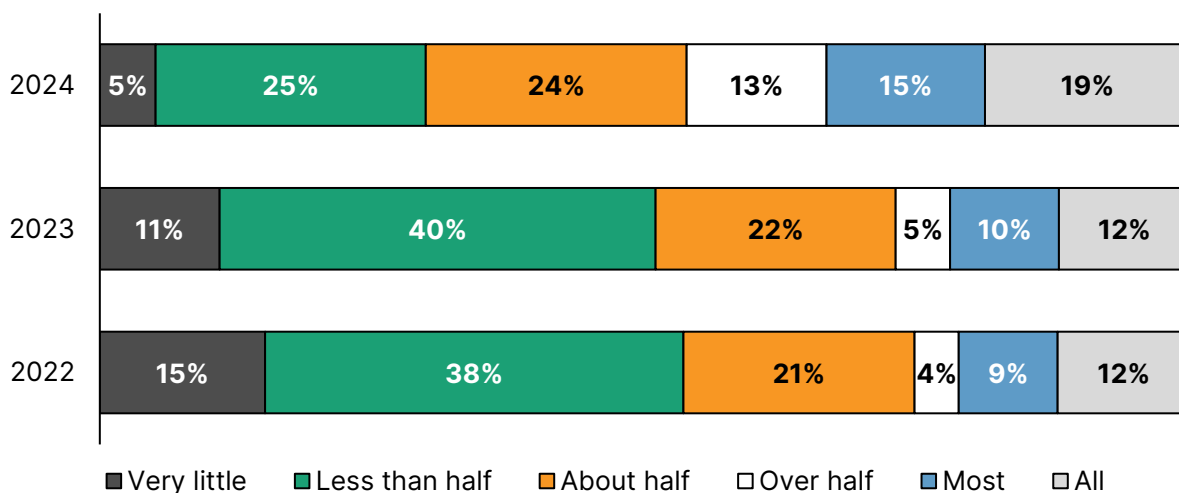
Quantitative analysis was conducted with SPSS. The answers to free-text questions were subject to a content analysis in order to identify key themes and issues. The use of quotes throughout this report aims to illustrate the issues identified and to provide insight for those seeking to deliver stop smoking services and tobacco control work in local government.

The respondents

Of the 117 respondents to the survey, 92 (79%) described themselves as the tobacco control lead (27), the commissioner of tobacco control and stop smoking services (28), or both (37). There were 8 consultants in public health with responsibility for tobacco (7%), 6 public health specialists (5%), 4 managers of stop smoking services or integrated lifestyle services (3%), and 4 who had other management or strategy roles (3%).

The profile of the survey respondents has not changed over the past two years but the amount of time respondents spend on tobacco control has increased. In 2024, 46% of respondents said they spent more than half of their time on tobacco control, compared to 27% in 2023 and 25% in 2022 (Figure 1). Nearly one in five respondents (19%) in 2024 spent all their time on tobacco control.

Figure 1. Survey respondents' time spent on tobacco control 2022-24



Priorities, engagement and influence

Public health priorities

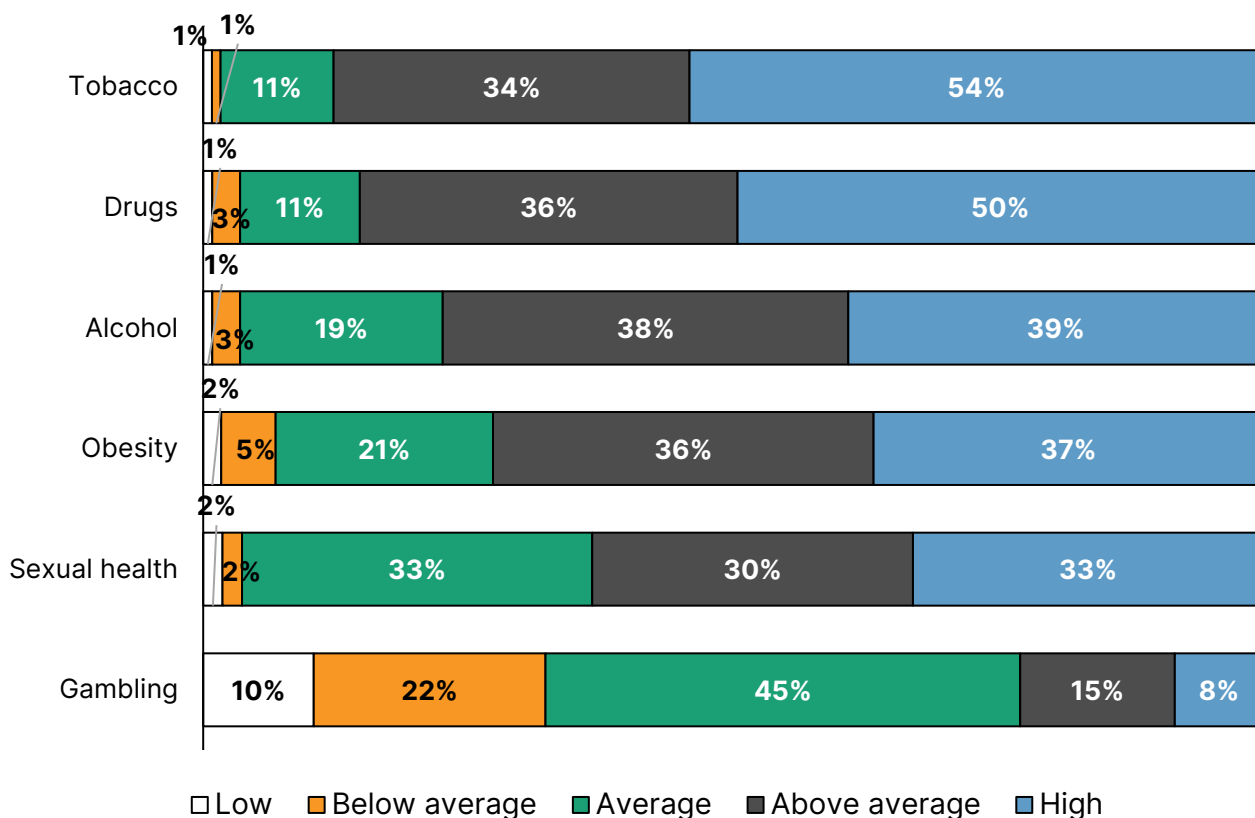
Respondents to the survey were asked how the following six public health issues were prioritised in their local authority:

- tobacco
- alcohol
- drugs
- overweight/obesity
- sexual health
- gambling

Figure 2 illustrates the results for all six issues in descending order of priority ('don't know' responses are excluded). Tobacco control was perceived to be a high priority in 66 local authorities (54%) and a low or below average priority in only two local authorities. Tobacco was more often perceived to be a high priority than any of the other public health issues explored.

The priority of tobacco control in local authorities has increased steadily over the past three years. In 2021 tobacco control was a high priority in only 18% of surveyed local authorities. This rose to 33% in 2022, 37% in 2023 and 54% in 2024. The finding for 2024 is the highest in the 11-year history of this survey.

Figure 2. Perceived priority of six public health issues within surveyed local authorities, 2024



The interest of council members in tobacco control

The survey explored whether the interest of local authority members in tobacco control had changed over the last year. In 52 of the surveyed local authorities (43%), council members' interest in tobacco control had increased in the 12 months prior to the survey (there was no reported decrease in interest). The primary driver of this increase was the government announcement of the smokefree generation proposal and the concurrent increase in funding for stop smoking services. Respondents also mentioned:

- concerns about young people vaping,
- greater awareness of the role of vaping in quitting
- the introduction of Swap to Stop
- new Tobacco Control Alliances, strategies and corporate commitments

"The smokefree generation news and the media attention it garnered seemed to get the conversation about smoking started once again. Members seem invested in ending smoking and supportive of the work taking place to do this."

North Northamptonshire Council

"Smoking has risen in importance since the Smoke Free Generation programme has started. We have re-established the Tobacco Alliance and produce a Tobacco Control Action Plan."

London Borough of Lambeth

"Recognition that vaping is prevalent amongst young people and that tobacco control remains a priority in targeted residents."

Southend-on-Sea City Council

"Due to the development of a new Tobacco Control Strategy key council members have become more aware of the value of e-cigarettes as a mechanism to support quitting."

Liverpool City Council

"Since the introduction of the national swap to stop and the smoke free generation funding there has been greater understanding of and support for wider tobacco control activities."

Central Bedfordshire Council

"Council cabinet members agreed to sign the new Local Authority Declaration on Tobacco Control in May 2024."

Cornwall Council

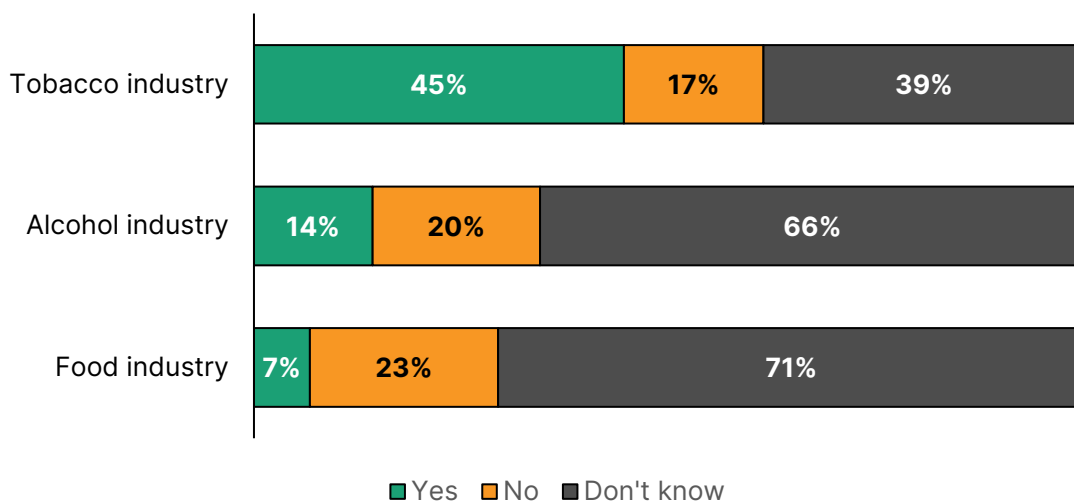
The influence of industry

Article 5.3 of the WHO Framework Convention on Tobacco Control, which protects public health policy from the influence of the tobacco industry, applies to local government as well as UK government⁴. All local authorities should have policies restricting engagement with the tobacco industry which should be clearly communicated to staff.

Respondents to the survey were asked if there were any policies in their local authorities restricting the engagement of their officers or members with representatives of the tobacco, alcohol and food industries. Figure 3 illustrates the results. Although policies restricting engagement with the tobacco industry were reported in 45% of surveyed local authorities, in 39% respondents did not know if such a policy existed.

Few local authorities appear to have policies restricting the engagement of their officers and members with the alcohol and food industries. However, in both cases a majority of respondents did not know whether or not these policies existed.

Figure 3. Local authorities with policies restricting engagement of members and officers with industry, 2024



⁴ [WHO Framework Convention on Tobacco Control](#), 2005. See also Local Government Association: [Engagement with the tobacco industry: Guidance for local government](#), 2023.

Alliances and regional partnerships

Tobacco Control Alliances

In 2024, 86 of the surveyed local authorities (70%) had a Tobacco Control Alliance, up from 60% in 2023 and 54% in 2021. The development of new tobacco control alliances is consistent with the higher priority afforded to tobacco control in local authorities. The new Integrated Care System (ICS) landscape has also provided an incentive for their development:

“The establishment of a joint Tobacco Control Alliance between Birmingham and Solihull is a strategic move aimed at leveraging the shared resources and expertise of the Birmingham and Solihull NHS Trust and Integrated Care System. This integrated approach ensures a more cohesive and effective strategy for addressing tobacco use, aligning public health efforts and policies across both regions. By fostering closer partnerships, the alliance can coordinate initiatives, streamline services, and optimize outcomes, ultimately benefiting the broader community through enhanced support and comprehensive tobacco control measures.”

Birmingham City Council

Regional networks and partnerships

Respondents to the survey described their regional and sub-regional networks and partnerships in some detail, including those at ICS and county level. The following were the principal partnerships identified at regional level:

- East of England: East of England Tobacco Control Commissioners Network, OHID regional network, regional tobacco leads meeting, Regional Smokefree Generation Forum
- East Midlands: East Midlands Tobacco Control Community of Improvement, Midlands Tobacco Control Network
- London: London Tobacco Alliance, London Tobacco Control Network, London Long-Term Plan Community of Practice
- North East: Fresh networks, Regional Tobacco Commissioners Network (OHID)
- North West: OHID North West Tobacco Control Network, Greater Manchester Make Smoking History Alliance, Greater Manchester Commissioners Group
- South East: South East Tobacco Control Network (OHID/ADPH)
- South West: South West Tobacco Control Partnership and forums (OHID), South West Tobacco Control Strategic Forum, Smokefree NHS Steering Group
- West Midlands: Midlands Tobacco Control Network, OHID regional networks
- Yorkshire and Humber: Yorkshire and Humber Community of Improvement (OHID), Regional Tobacco Control Alliance

The number of surveyed local authorities that contributed financially to a regional programme of tobacco work varied widely (Table 1). These contributions were used in diverse ways, for example:

- to fund a regional office for tobacco control (Fresh North East)
- to fund an alliance with an established programme of intervention (London Tobacco Alliance and Stop Smoking London)

- to fund regional posts (East Midlands, in development in South West)
- to fund sub-regional programmes and campaigns (e.g. Cheshire and Merseyside All Together Smokefree Programme, mass media campaign in Humber and North Yorkshire, West Yorkshire Trading Standards Illicit Tobacco Programme, South East London Tobacco Control Programme)

Table 1. Local authorities making a financial contribution to a regional programme of tobacco control work, 2024

Region	Number of local authorities answering question	Local authorities contributing financially to regional programme
ENGLAND	110	67 (61%)
East of England	8	0
East Midlands	8	8 (100%)
London	25	22 (88%)
North East	8	8 (100%)
North West	13	7 (54%)
South East	12	0
South West	12	9 (69%)
West Midlands	11	1 (9%)
Yorkshire and Humber	13	12 (92%)

Tobacco control strategies

At the time of the survey, 61 local authorities (51%) either had a specific tobacco control strategy (30%) or had set out their strategy on tobacco control within a broader strategy on prevention, population health or inequalities (21%). In 38 local authorities (32%), the strategy was in development, leaving 16 local authorities (13%) where there was no tobacco control strategy in existence or in development (5 respondents did not know the status of local tobacco control strategy).

In 76 of the surveyed local authorities (63%), respondents reported that there were regional or sub-regional strategies that were important to their local authority's tobacco control work. A handful of regional strategies were cited: the North East Declaration for a Smoke Free Future, the Greater Manchester Make Smoking History Framework, and regional position statements on e-cigarettes. Most respondents described ICS-level strategies. The value of commitments to tobacco control in ICS strategies (integrated care strategies or joint forward plans) was acknowledged by some:

“The Nottingham and Nottinghamshire ICS Strategy includes ambitions on smoking that are informed by the work of the smoking and tobacco alliance and strategy. This is an important lever in securing ICB investment related to continuation of funding for smoking in pregnancy, in-patient smoking support, and SMI stop smoking support. The Nottingham City Health and Wellbeing Strategy has identified smoking as one of its four key priorities. This has helped us gain local buy-in across place-based partners and within the local authority.”
Nottingham City Council

“The Staffordshire and Stoke-on-Trent Integrated Care Partnership Strategy provides support for smoking cessation and tobacco control by highlighting their strategic importance on a population health management approach across a life-course approach to wellbeing.”
Stoke-on-Trent City Council

New investment in stop smoking services

In October 2023, the Conservative government announced an additional £70 million funding for local authorities in England to support people who smoke to quit, to be delivered through a section 31 grant in 2024/25. This was followed by guidance on how the new funding should be used⁵.

Approaches to using the funding

Respondents to the survey were asked to describe their local authority's approach to using this new funding. This open question elicited many detailed responses which together describe an extraordinary range of new activity. The common themes across these responses were:

- increasing the capacity of stop smoking services
- increasing the range of settings where support is offered
- improving referral pathways
- increasing wider workforce skills to support people who smoke to quit
- targeting communities most in need
- promoting stop smoking services
- strengthening the system

For established services that are open to all adults who smoke (universal stop smoking services), capacity is being increased through recruitment of new specialist staff, increasing funding to partner organisations and underwriting increases in pharmacotherapy use and incentives. Where the service has been limited, this is changing: there are now more specialist services and more universal services, and new services have been commissioned where none existed before.

“Funding is mainly being used to recruit additional staff and develop the tiered offer of support that is available locally. As well as enhancing in-house stop smoking services, we are looking to work with community pharmacy and enhancing the local tobacco dependence treatment offer (pregnancy). We have a universal offer locally, but want to use a lot of the funding to enhance the bespoke support available to priority groups. To increase referrals, we will be enhancing local comms and marketing, as well as developing a local VBA on smoking training offer.”

Cornwall Council

“This funding is being used to enhance existing specialist services e.g., Smoking in Pregnancy and Smoke Free Homes, and to implement a new universal stop smoking service in Worcestershire.”

Worcestershire County Council

For some local authorities, the increase in capacity of the stop smoking service involves

⁵ Department for Health and Social Care: [Local stop smoking services and support, guidance for local authorities](#), November 2023.

delivery in a wider range of settings and localities. This includes building stronger links with community organisations and greater engagement with NHS services.

“Knowsley will be looking at using the funding to develop an outreach service within stop smoking services and enhance the current training package which will aim to increase capacity to deliver specialist support to vulnerable communities, using a neighbourhood/localities approach. We will also look to develop an app which will enable residents to access the service via multiple methods. We have also built in capacity for incentive schemes.”

Knowsley Council

Improving referral pathways and increasing workforce skills both involve engagement with partners across the system to make every contact count, either through referral to a specialist service or by directly providing brief advice or behavioural support. Respondents described work in primary care, secondary care, young people’s services, housing services, substance use services, and the voluntary and community sector.

“The additional funding is currently being used to develop an Enhanced Smoking Service offer through a contract variation with the existing provider of the Stop Smoking Service. The service is actively working with front line staff and voluntary and community organisation partners to increase referrals into the service and deliver Very Brief Advice. We are recruiting additional smoking advisors from the voluntary and community sector, health and social care, housing and substance issue services and training them to NCSCT level 2 in order to co-ordinate the OHID Swap to Stop scheme.”

Royal Borough of Kensington and Chelsea

“Embedding Tobacco Dependency Advisors within the local authority's Community Wellness Outreach Provision to target those who are in more isolated locations, entrenched smokers, and those who are more deprived. In addition, training professionals who have most contact with our most entrenched smokers to become Tobacco Dependency Advisors and therefore able to offer support, i.e. professionals within citizens advice, job centres, homeless hostels, adult and children's social care, youth justice etc. Targeted insights work, marketing and evaluation are also being explored.”

West Berkshire Council

Tackling inequalities was a major concern. Respondents described the importance of working with populations with high smoking prevalence, making services more culturally appropriate, and targeting people who smoke with complex needs who need intensive support to quit. In addition, a few respondents described a new focus on meeting the needs of children and young people. Local authorities are investing in new workers for specific populations, developing bespoke targeted services alongside universal services, partnering with local organisations, setting up specific projects, tailoring their services more carefully, improving communication and broadly seeking wider community engagement.

“We are using the funding to tackle the health inequalities associated with tobacco dependency. This will involve modifying the existing community service contract and requesting them to work with communities where tobacco dependency is highest and tendering for a bespoke targeted service that will work with specific cohorts of the population with the highest smoking

prevalence e.g. mental health, social and supported housing, ethnic communities.”

Gloucestershire County Council

“Within our new service, the funding will complement our existing plan to co-create elements of the service to ensure it is accessible and acceptable to all communities, particularly people with mental health conditions, people with learning disabilities or physical disabilities and their carers, and people of global majority communities who are also living in deprivation.”

Westminster City Council

Many respondents described investment in communications and promotion work as a complement to the planned increase in capacity of stop smoking services. Some also described insight projects designed to gain a greater understanding of local needs and of the communities to which communications, and services, are targeted.

“Developing service provision for high priority groups, particularly people with long term physical health conditions, employed in routine and manual occupations, with a mental health condition (common and serious), partners of pregnant women. Also investing in campaigns and marketing, both regionally and locally, and training the specialist tobacco dependency workforce and developing a collaborative across multiple providers of services.”

Leeds City Council

“We are using the additional funding to increase local stop smoking service capability and, in innovative evidence-based ways, to support residents to stop smoking, as well as developing a local comms campaign and targeted interventions towards key smoking populations, and behavioural insights on our key smoking populations locally.”

East Sussex County Council

Local authorities are strengthening the system that delivers stop smoking support through improving leadership and public health capacity, creating new alliances and partnerships, investing in regional or sub-regional programmes, undertaking needs assessments and internal CLear assessments, improving data management, and evaluating new initiatives.

“We are delivering a mix of interventions including increased investment in the community stop smoking service, financial incentives in high priority groups and a university partner evaluation. We are contributing to a Yorkshire and Humber Smokefree communication campaign, funding new public health staff roles to support delivery of the tobacco control programme in Sheffield. We are contributing to the development of South Yorkshire Tobacco Control Alliance and comms campaigns including the development of Smokefree Starts branding.”

Sheffield City Council

The following four examples from the North, the Midlands, the South and London cut across all these themes:

“Sunderland have focused on increasing the capacity within the current specialist stop smoking service to enhance the work they already do to target those populations with higher rates of smoking or those populations that don't currently access the service, including those from routine and manual occupations and those with mental health conditions. The aim is to embed them into partner organisations or co-deliver services. In addition, new capacity will be embedded into Family Hubs. There will also be a focus on strengthening referral pathways and promoting local services, and working with local Voluntary and Community Service organisations to increase demand for services. Sunderland is also included on regional projects to increase availability of enhanced self-help tools to support those who would not usually access stop smoking services. Also, there will be investment in additional regional promotional campaigns to promote stop smoking services.”

Sunderland City Council

“We are using the funding to build capacity and demand for local authority stop smoking services. In line with the grant funding guidance, we are increasing local resources to help people quit and increasing referrals and improving pathways through activity such as expansion of our Livewell service (smoking cessation), increasing the provision of quit aids and supporting training of NHS staff. To increase promotion of local stop smoking support we are undertaking insight and engagement work with our communities and working with neighbouring local authority partners to explore the procurement of a provider to deliver communication campaigns. We are contributing to the regional activity through the East Midlands Tobacco Control Community of Improvement. We have also invested in our leadership, commissioning and coordination capacity through strengthening local public health resource to support grant activity and smoking cessation.”

Derby City Council

“Build capacity and demand. Commissioning additional capacity from our NHS stop smoking service to provide an enhanced service to key priority groups (Community Mental Health Team clients, live-in partners of pregnant women who smoke and post-partum women in the community, routine and manual workers in workplaces) and expanded VBA+ training and resource provision to professionals/employers in organisations who operate in those spaces. Behavioural Insights driven targeted marketing campaigns to build demand for stop smoking services and support. Greater co-ordination and leadership. Commissioning a Tobacco CLear system-wide self-assessment on behalf of the Berks West Tobacco Control Alliance. Recruitment of 2 new part-time posts in public health team. Evaluation of new initiatives and ways of working.”

Reading Borough Council

“The plans aim to significantly enhance stop-smoking services through increased staffing, resource allocation, and targeted interventions. Key elements include the recruitment of additional stop-smoking advisors across various roles, such as housing, mental health, outreach functions and community education. These roles will focus on behavioural interventions, increasing access to NRT and vapes, and eliminating waiting lists. The initiative

also includes the development of a 'champions' programme, leveraging the experiences of ex-smokers and integrating smoking cessation efforts across council teams, particularly targeting high-risk groups such as individuals with mental health conditions. The plans emphasise partnerships with primary care, mental health services, and housing, aiming to streamline referral pathways and enhance the effectiveness of stop-smoking interventions. The strategy also includes increasing the promotion of local stop-smoking support through expanded marketing efforts, hosting promotional events, and utilising tools like social media and potentially a roving outreach bus. Additional training for staff and champions, particularly in motivational interviewing and youth engagement, is proposed to bolster the workforce's ability to support smoking cessation. Overall, the plans focus on enhancing service capacity, improving referral systems, and engaging more effectively with the community to reduce smoking rates across the borough."

London Borough of Bexley

Barriers to using the funding

Respondents to the survey were asked what barriers they faced in maximising the value of the new funding. Overall, 77 respondents (66%) described barriers they had faced. These were principally:

- the tight timescale for delivery in year 1
- the lack of guaranteed funding after year 1
- the time required for governance and procurement in local authorities and the constraints of the PSR regulations
- recruitment challenges
- restrictive criteria and targets
- limited capacity

Local authorities had to move quickly to respond to the government announcement in 2023 in order to get services in place by the new financial year. In practice, this has proved impossible for many, creating a risk of underspend in the first year which may affect funding in future years.

"The timescales between the announcement and implementation were quite short and details of the grant funding were still being finalised close to the commencement date at a national level. This impacts on planning, recognising that recruitment and other processes needed to deliver grant activity can take time to be put in place."

Derby City Council

"Funding came slightly late. The first financial quarter has been commissioning/contracts, therefore it is difficult to spend the full amount. We have forecasted the full year amount to be spent in the second year, however you cannot take the additional funding over without reducing the amount in the second year. Recruitment to posts can take average of 6 months currently."

East Riding of Yorkshire Council

In principle, the section 31 grant is for 5 years but funding has only been guaranteed for the first year. This has made it hard for local authorities to plan, commission and recruit.

“The funding framework directly impacts the planning of services, recruitment, and service delivery. Despite funding being agreed for 5 years, as funds are released annually we can only recruit for yearly fixed term contracts/short-term contracts. We also cannot start recruiting for roles until funding has been confirmed and released for the year. The recruitment process can take up to 4 months and an additional 3 months of training and upskilling staff then follows. This takes up a significant part of the 12 months for which the funding is intended. We also then find ourselves at risk of these trained staff moving on to other roles due to the uncertainty of the funding, as well as the impact on staff morale due to long-term uncertainty of their position with us.”

Herefordshire Council

“We have been told that the funding will be available for 5 years, but reviewed after each year, which makes planning longer term more difficult. For example, the contracts for the new posts were advertised as 18 months, with the council covering the additional 6 months if the government grant is not extended. Ideally, the funding will continue, and we will be able to extend the contracts for the posts, but we won't be able to give the practitioners any reassurances about that until we know what the government decides.”

Plymouth City Council

Local authorities are not light-footed organisations. They necessarily have strong governance procedures which slow down planning and procurement. The NHS Provider Selection Regime also inhibits rapid response to new funding opportunities.

“Procurement processes in local authorities: it takes months to go through the various approvals, legal, finance etc., coupled with new Provider Selection Regime regulations. As there is no guarantee of funding beyond March 2025, providers have been reluctant to take on such short-term contracts due to recruitment issues. Given the financial position of local authorities there is a reluctance to offer contracts beyond the confirmed funding envelope due to the financial risks.”

Leeds City Council

“Current procurement regulations: the NHS Provider Selection Regime route creates barriers to getting quick interventions off the ground with community organisations who are best placed to deliver interventions but may not have the infrastructure to complete full tenders, particularly for smaller pots of money.”

Surrey County Council

Recruitment also takes time, which is a problem when there is pressure to deliver in year 1. In addition, recruitment is difficult when every local authority is competing for the same pool of skilled workers. Developing this workforce is affected by the short time scales and the lack of security over future funding.

“The short-term nature of the funding means that any new posts created are insecure. Additionally, there is a limited pool of trained and experienced staff and the short-term nature of the funding does not allow time for developing

competence in the workforce.”

Sefton Council

“Short timescales and competition for recruiting smoking cessation advisers given that many London authorities are also recruiting.”

London Borough of Camden

The criteria for the grant, focussed on stop smoking services, excluded wider tobacco control interventions which have a preventive role. This was a concern for some respondents, as was a perceived lack of clarity about whether the funding could be used for work to prevent children and young people from smoking or vaping.

“Investment is purely focused on tobacco dependence and promotion with limited funding available in other areas i.e., prevention and the role of trading standards to stamp out the illicit tobacco market.”

London Borough of Newham

“Reassurance about funding for the full five years would be helpful. Also, some frustration locally about limited scope to use new funds to support "stop the start" work with children and young people. Information on national plans for campaigns would be helpful so we can work around/with these.”

Cornwall Council

Stop smoking services

Stop smoking services commissioned in 2024/25

All the surveyed local authorities commissioned stop smoking services in 2024. In 2023, two of the surveyed local authorities had no stop smoking service; both now have a service. Specialist stop smoking services were commissioned or provided by 107 surveyed local authorities in 2024 (89%). This is a significant increase on 2023, when 72% of local authorities commissioned a specialist service, and is the highest reported level of specialist commissioning in the last ten years. Only 5 of these local authorities restricted their specialist offer to specific groups; 102 local authorities (85%) provided a universal specialist service.

Of the 13 local authorities that did not commission a specialist stop smoking service, 10 (8%) commissioned an integrated lifestyle service as their principal offer to people who smoke, and 3 (3%) offered a service through primary care (two via GPs and pharmacists, one via pharmacists only).

Table 2 describes the diversity of services commissioned across all 120 surveyed local authorities. Among the 107 local authorities that commissioned a specialist stop smoking service:

- 63 (59%) also commissioned support from GPs and/or pharmacists
- 48 (45%) also commissioned an integrated lifestyle service
- 43 (40%) also commissioned support from drug and alcohol services
- 42 (39%) also commissioned support within NHS maternity services
- 33 (31%) also commissioned support within NHS acute services
- 31 (29%) also commissioned support within NHS mental health services

Table 2. Services commissioned or provided for people who smoke by local authorities in England, 2022 - 2024

Commissioned services	2024 (n=120)	2023 (n=123)	2022 (n=127)
Specialist stop smoking service (universal)	102 (85%)	63%	67%
Specialist stop smoking service (targeted)	5 (4%)	9%	7%
Support from pharmacists	61 (50%)	49%	54%
Integrated lifestyle service	58 (48%)	41%	46%
Support from GPs	51 (42%)	40%	44%
Support within drug and alcohol services	47 (39%)	15%	20%
Support within NHS maternity services	46 (38%)	15%	27%
Support within NHS acute services	33 (27%)	17%	24%
Support within NHS mental health services	31 (26%)	15%	17%
Support from Allen Carr	14 (12%)	2%	-
Support from vape shops	11 (9%)	8%	7%
Web-based information	54 (45%)	38%	53%
Phone app	30 (25%)	24%	18%
No service	0	2%	1%

Support to quit vaping

Respondents to the survey were asked if their local authority commissioned or provided any support for people who wanted to stop vaping. Overall, 51 local authorities (42%) offered such a service. In almost all cases this was described as part of the offer of the existing stop smoking service, often with a focus on children and young people.

“All of our providers of smoking cessation services will support people wanting to quit vaping.”

Dudley Metropolitan Borough Council

“Provision is available within the stop smoking service, with a strong focus on supporting young people to stop vaping.”

Oldham Council

“The stop smoking service also provides support to quit vaping. This includes some targeted work for children and young people.”

London Borough of Hounslow

“We are soon to appoint a children and young people stop smoking advisor who will work with young vapers and smokers.”

Brighton and Hove City Council

One respondent pointed out that an offer to vapers may also bring people who also smoke (dual users) to the service:

“Since 2018 we have encouraged residents who vape to access our smoking cessation services for the behavioural support elements and to beat the nicotine addiction. Many vapers in our services were reporting that they also smoked.”

Walsall Council

Swap to Stop

All but 8 of the surveyed local authorities (112, 93%) were participating in the Swap to Stop scheme and 4 of these 8 were planning to do so.

Respondents were asked to describe which client groups had benefited most from the scheme. In many places the scheme was too new or data were not yet available but a response was given from 54 local authorities. The following were the main groups identified, in descending order of frequency (respondents could tick all applicable options):

- pregnant women (16)
- people with mental health conditions (16)
- users of substance misuse services (15)
- deprived communities (13)
- people in routine or manual occupations (12)
- homeless people (10)
- people in social housing (10)

- people with respiratory conditions (4)
- White adults (3)

Survey respondents also mentioned housebound residents, Eastern European and South Asian communities, people living in coastal towns, young adults, the LGBTQ+ community, and council and NHS staff.

More generally, respondents noted the usefulness of the scheme in reaching target populations who are unlikely to access stop smoking services:

“We have utilised 'Swap to Stop' as a means of targeting individuals who have previously been harder to reach, e.g. priority populations.”

Rutland Council

“People who were less likely to access a stop smoking service in the first place or have never accessed one previously. People who want to quit smoking but don't want to use a service or have appointments.”

Dorset and Bournemouth, Christchurch and Poole Councils

“Traditionally harder-to-reach groups, such as homeless and people from more deprived areas of the city. It is a more attractive offer to those who do not want the commitment of signing up to a 12-week course, particularly those who are not really thinking about quitting smoking but give it a try due to the lower perceived pressure on the attempt to quit cigarettes.”

Devon County Council

Respondents to the survey were also asked what problems they had encountered in the delivery of Swap to Stop. The three problems identified most often were:

- concerns among both clients and professionals about the health impact of vapes
- lack of engagement or capacity in partner organisations such as drug & alcohol services or local employers
- delays and supply problems

Respondents also mentioned lack of capacity in the stop smoking service, data management problems, media stories about vapes, the low national profile of the scheme, low client uptake, and storage issues.

“Many people do not want to go from one addiction to another and are therefore reluctant to take up the vaping offer.”

Oldham Council

“Negative attitudes towards vaping and conflicting information around the health impacts of vapes have been the biggest barriers. We are currently trying to get the offer into the stop smoking support provided in GP surgeries but GP partners are resistant because they do not want to be seen as encouraging vaping, despite being presented with evidence of it being significantly less damaging to health than cigarette smoking.”

Plymouth City Council

“So far it has been challenging to effectively engage front line staff in drug & alcohol and homelessness services to deliver very brief advice on stopping smoking with vapes.”

London Borough of Islington

“Capacity within team, requires significant officer time to effectively roll out the scheme. Furthermore, employers/workplaces are not interested as they have to report back to the LA and do the follow ups.”

Bradford Metropolitan District Council

“Long wait time for confirmation of award, 'clunky' supplier portals, vape breakage.”

Southend-on-Sea City Council

Methods used to provide advice

Telephone advice was the most commonly used method for providing stop smoking support among surveyed local authorities. Face-to-face advice was offered by all but five local authority stop smoking services (Table 3). Two fifths (41%) of stop smoking services offered group peer support and 37% offered video conferencing.

Table 3. Methods used to provide stop smoking support in services commissioned by local authorities, 2023-2024

Method	Local authorities	
	2024 (n=120)	2023 (n=123)
Telephone advice	118 (98%)	94%
Face-to-face advice	115 (96%)	94%
Text messaging	89 (74%)	62%
Online	53 (44%)	
Email	54 (45%)	44%
Group peer support	49 (41%)	
Video conferencing	44 (37%)	41%
Mobile phone apps	45 (37%)	34%

Medications and e-cigarettes

The provision of medicines and e-cigarettes by local authority stop smoking services is described in Table 4. Only two of the surveyed local authorities did not offer dual form nicotine replacement therapy (NRT) as a baseline. In both cases stop smoking services were still in development in areas where no service existed in 2023.

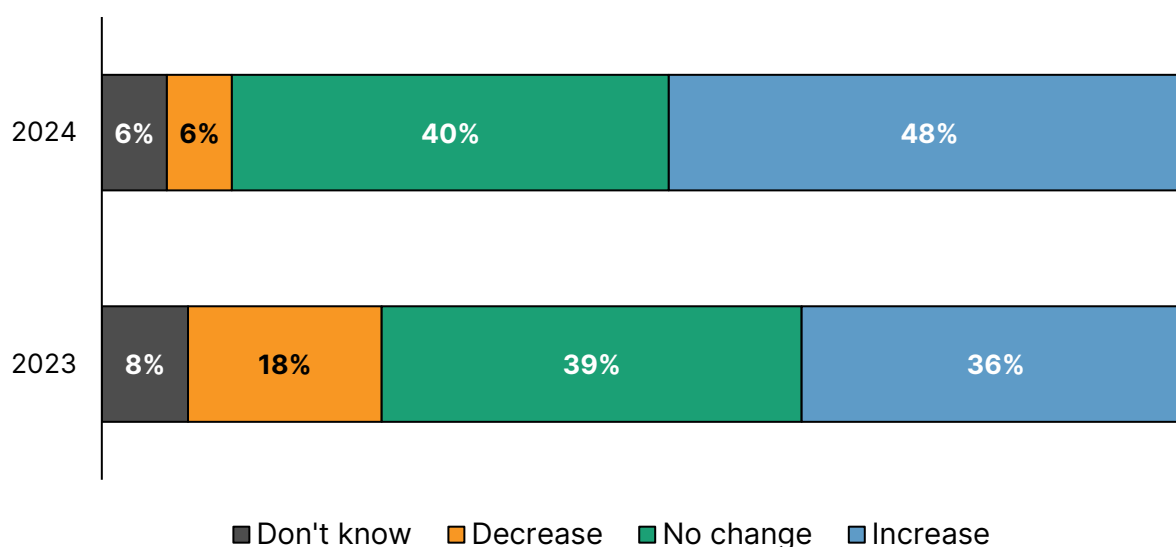
Table 4. Offer of medications and e-cigarettes by local authority stop smoking services, 2024

Medicine or product offered	Local authorities (n=118)
Dual form NRT	116 (98%)
Generic varenicline	45 (38%)
Bupropion	51 (43%)
Cytisine	35 (30%)
E-cigarettes/vapes	110 (93%)

Changes in demand for stop smoking services

In nearly half of all surveyed local authorities (56, 48%) demand for stop smoking services had risen in the 12 months prior to the survey (Figure 4). A fall in demand was reported in only 7 local authorities (6%). This change builds on growth in demand in 2023 when 36% of surveyed local authorities reported an increase in demand year-on-year.

Figure 4. Year-on-year changes in demand for stop smoking services, 2023 and 2024



The factors that had affected demand for stop smoking services were described by respondents. Demand was reported to have increased because of:

- increases in funding, service capacity and providers
- local promotion of services
- better referral pathways and referrals from targeted lung health checks and tobacco dependence treatment services
- new outreach initiatives
- Swap to Stop and the offer of vapes
- higher priority for tobacco control
- the media coverage of smoking
- better collaboration between local partners

“We increased the service budget and volume of referrals and capacity. We did lots of promotion and comms on our new approach – QUIT, SWITCH or cut down to quit – and targeted high prevalence groups. We moved the service model into a range of community settings sitting within Voluntary, Community and Faith sector buildings. We also worked closely with Primary Care Networks to increase referrals and plug gaps in provision. We worked with key partners in housing, substance misuse, and many more. We worked collaboratively with our vape provider and they provide us with referrals of new people who would not have accessed the service for support. The Long-term Plan QUIT programme increased the screening of tobacco dependence. All of these factors combined increased referrals by 67% and the number of quit dates being set increased by 49%. Furthermore 95% of smokers setting a quit date with the service are from our 13 priority groups of high prevalence smokers.”

Sheffield City Council

“Increase in specialised stop smoking aids to support smokers to quit i.e. through swap to stop (+2500 vapes). Targeted activity during key smoking cessation campaigns such as working with construction companies to target routine and manual workers. This has resulted in fortnightly drop-in clinics at construction sites. Drop-in clinics delivered regularly in partnership with our substance misuse provider Change Grow Live Newham Rise.”

London Borough of Newham

“Media coverage following announcement of the Tobacco and Vapes Bill and new funding. Local engagement with targeted population groups. Partnership working with Voluntary, Community and Social Enterprise, Health and Social Care colleagues. Targeted health and inequality work with Primary Care Networks. Local health and well-being initiatives and interventions.”

Herefordshire Council

“The collaborative work approach has been key from all colleagues across the system, including ICB, clinical teams, public health and smoking cessation services. We also have a Tobacco Alliance that meets on a quarterly basis and public health attendance at ICB Tobacco prevention steering group meetings on a quarterly basis.”

Essex County Council

Target populations

Respondents to the survey were asked to identify which populations, localities or groups their stop smoking services targeted (Table 5). The most common target – areas of deprivation – was the only target on the list defined by geography rather than by a population group.

Table 5. Target groups for local authority stop smoking services, 2024

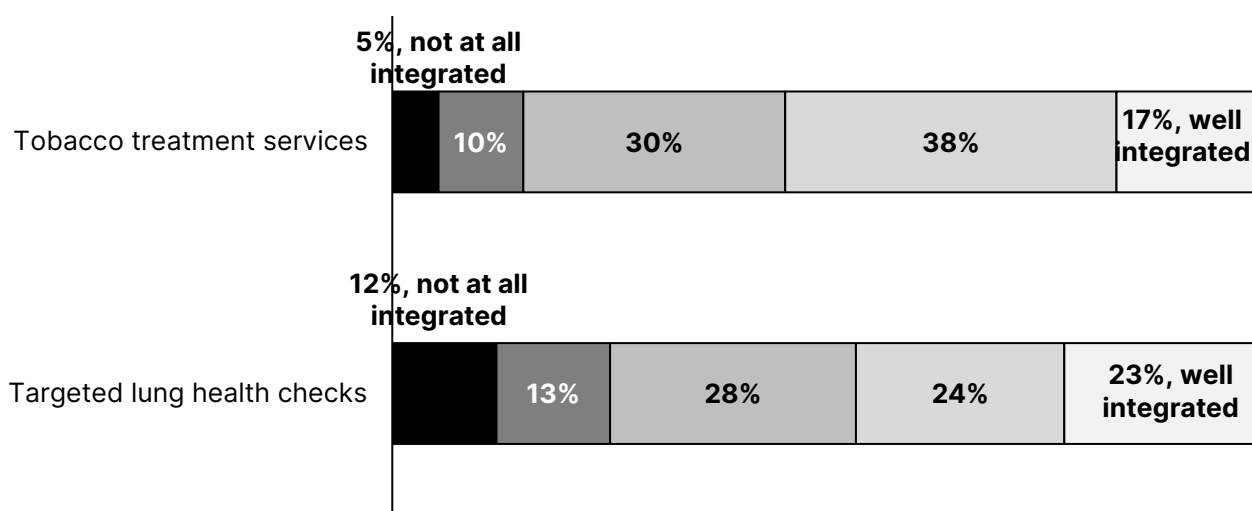
Target	Local authorities (n=120)
Areas of deprivation	108 (90%)
People with mental health conditions	106 (88%)
People in routine or manual occupations	105 (87%)
Pregnant women	100 (83%)
Partners or household members of pregnant women	89 (75%)
People with COPD or other respiratory illness	84 (70%)
People with alcohol or drug problems	83 (68%)
People with long term conditions other than COPD and CVD	81 (67%)
People living in social housing	80 (67%)
People with, or at risk of, cardiovascular disease	72 (60%)
People who are unemployed	72 (60%)
Black and Minority Ethnic populations	70 (58%)
People on low incomes	69 (57%)
Young people	69 (57%)
Homeless people	68 (57%)
LGBTQ+ population	54 (45%)
Parents with young children	52 (43%)
People with complex health needs	52 (43%)
People with learning disabilities	45 (37%)
Refugees and asylum seekers	34 (28%)

Integration of NHS and community stop smoking services

Survey respondents were asked to indicate how well they thought NHS tobacco dependence treatment services and targeted lung health checks were integrated into community stop smoking services. Figure 5 shows the results for both tobacco dependence treatment services (n=113) and targeted lung health checks (n=92).

Tobacco dependence treatment services were perceived to be well or fairly well integrated into community stop smoking services in 55% of surveyed local authorities. Targeted lung health checks were well or fairly well integrated with community stop smoking services in 47% of local authorities, but in one in eight local authorities where targeted lung health checks had been introduced these services were not at all integrated with community stop smoking services.

Figure 5. Integration of NHS tobacco dependence treatment services and targeted lung health checks with community stop smoking services, 2024



Regional view

Respondents described a range of regional and sub-regional collaborative work to deliver support services for people who smoke. Many examples were given of work at ICS level. Respondents’ descriptions included:

- the creation of new ICS-level alliances
- the roll-out of tobacco dependence treatment services
- reaching more people who smoke and increasing uptake of stop smoking services
- exploiting all opportunities within the NHS to improve the offer to people who smoke
- maximising the value of Swap to Stop

“Creation of the Nottingham and Nottinghamshire Smoking & Tobacco Control Alliance consisting of partners across the system. Working with ICB and secondary care providers to collaboratively maximise the pathways and in particular support the development of maternity and in-house pathways and business cases. Working with partners across the system to develop a localised MECC (make every contact count)/ healthy conversations training. Working with mental health care trusts and commissioned providers to develop a localised harm reduction pathway to support patients with serious mental illness and more vulnerable groups to stop smoking.”

Nottingham City Council

“The Humber and North Yorkshire Tobacco Control Centre for Excellence has brought together the 6 Local Authorities within their patch to look at creating agreed strategic objectives that will support localised engagement and increased footfall within local stop smoking services. It remains in its infancy, but there is a commitment and ambition to maintain closer working relationships to facilitate this improvement in reaching smokers across the Humber and North Yorkshire.”

North Yorkshire Council

“North West London tobacco control colleagues meet on a regular basis. We are working towards combining our swap to stop resources to benefit our efforts to provide stop smoking support for mental health in patients and our maternity services. There is a proposal to jointly fund a smoking advisor at a London level for the lung health check programme.”

Westminster City Council

“South East London boroughs are planning a range of joint areas of working such as GP case finding, Stop before the Op and the COSTED trial.”

London Borough of Lambeth

“Bristol, North Somerset & South Gloucester Smokefree Alliance tobacco control work, Swap to Stop scheme, work with health visitors, targeted lung health checks, illegal trade (tobacco and vapes). More work is planned.”

Bristol City Council

A variety of initiatives at regional and sub-regional (higher than ICS) levels were also described:

East Midlands

“The East Midlands is currently developing a process in which cross-border quit attempts can take place. It is in the early stages but is an important priority.”

North Northamptonshire Council

London

“We contribute funding to a London-wide smokefree app offer with NRT and vapes, which will be available soon, and the existing Stop Smoking London programme.”

London Borough of Islington

North East

“We are collaborating at a regional level to develop joint projects as part of the LSSAS grant. We are working collaboratively to establish a regional Patient Group Direction for varenicline and cytisine.”

Sunderland City Council

“Across the North East 12% of the additional funding was top sliced to provide some insight work and enhance the smoke free app offer to all North East local authorities.”

Darlington Borough Council

North West

“The creation this year of the Cheshire & Merseyside All Together Smokefree programme is enabling us to review the services across a wider footprint so we can align them.”

Cheshire West and Chester Council

“We benefit from the Greater Manchester Make Smoking History programme including the SATOD (smoking at the time of delivery) programme, online resources and regional-level communications. Greater Manchester Tobacco Control Commissioners have also invested in BHA to help target LGBT populations.”

Bolton Council

South East

“Currently exploring joint communication activity across the region, and starting discussions to provide stop smoking support to NHS staff in acute settings across the region.”

Portsmouth City Council

West Midlands

“Discussions are currently ongoing to establish a regional ADPH resource to take on a strategic co-ordination function for tobacco control and smoking cessation activity within West Midlands.”

Stoke-on-Trent City Council

Table 6 describes regional variations in four aspects of stop smoking support:

- the provision of a universal specialist service
- participation in Swap to Stop
- year-on-year increases in demand for stop smoking services
- the integration of NHS tobacco dependence treatment services with community stop smoking services

There is little regional variation in the first two of these four indicators. An increase in demand was more often reported in the south (London, South East and South West). Good integration of NHS and community services was more often reported in the North East, South West and the Midlands.

Table 6. Selected aspects of smoking support in local authorities in England, 2024 (the baseline changes as ‘don’t know’ responses are excluded)

	Universal specialist service	Swap to Stop	Increase in demand	NHS TDTS well/fairly well integrated
ENGLAND	102 (85%)	112 (93%)	56 (47%)	62 (55%)
East of England	9 (100%)	7 (78%)	4 (44%)	3 (33%)
East Midlands	6 (67%)	9 (100%)	3 (33%)	6 (67%)
London	22 (88%)	25 (100%)	15 (60%)	10 (45%)
North East	8 (80%)	10 (100%)	4 (40%)	8 (89%)
North West	14 (87%)	14 (87%)	3 (19%)	8 (50%)
South East	13 (100%)	13 (100%)	8 (62%)	5 (42%)
South West	10 (77%)	12 (92%)	9 (69%)	11 (85%)
West Midlands	8 (73%)	8 (73%)	6 (55%)	7 (70%)
Yorkshire and Humber	12 (86%)	14 (100%)	4 (29%)	4 (31%)

Enforcing legislation and tackling the illicit trade

In the 12 months prior to the survey, local authorities had engaged in a wide range of activity to enforce smoking-related legislation and tackle the illicit trade including making underage test purchases, seizing illicit products, supporting retailers, and running public campaigns (Table 7). Nearly all surveyed local authorities (97%) had pursued one or more of the actions in Table 7.

Table 7. Local authority actions to enforce legislation and tackle the illicit trade in 12 months prior to survey, 2024

Activity	Local authorities (n=117)
Underage test purchases of tobacco products	94 (80%)
Underage test purchases of e-cigarettes/vapes	97 (83%)
Seizure of illicit tobacco products	98 (84%)
Seizure of illicit e-cigarettes/vapes	106 (91%)
Testing of illicit products	49 (42%)
Advice/training for retailers	69 (59%)
Public communication campaigns on illicit products	46 (39%)
School/community education on illicit products	61 (52%)
Targeted work on Shisha use	15 (13%)

Regional view

Respondents identified a range of regional and sub-regional collaborations on enforcement and the illicit trade:

- East of England: East of England Trading Standards Association, Essex Wide Tobacco Network Meetings
- East Midlands: East Midlands Community of Practice, Nottinghamshire Illegal Tobacco Taskforce
- London: London Trading Standards Group, NE London Tobacco Harm Reduction Partnership, other local borough partnerships (e.g. Richmond, Wandsworth and Merton)
- North East: Fresh
- North West: Trading Standards North West (groups include the Informal Economy and Illicit Tobacco Group), Cheshire and Merseyside All Together Smokefree
- South East: Trading Standards South East, Regional and East Berkshire vaping groups
- South West: South West Trading Standards Partnership, South West Illegal Tobacco Project
- West Midlands: Central England Trading Standards Authorities (CEnTSA)
- Yorkshire and Humber: West Yorkshire Trading Standards Tackling Illicit Tobacco Programme, Humber and North Yorkshire Illicit tobacco working group and Tobacco Control Centre for Excellence

Respondents' descriptions of the regional and sub-regional work undertaken on enforcement and the illicit trade included:

- sharing good practice and resources
- identifying threats and sharing intelligence
- joint approaches to enforcement including operations to remove illicit tobacco products and vapes
- joint funding of regional posts
- joint public communication campaigns

Many respondents also acknowledged the important roles of HMRC Operation CeCe in tackling illicit tobacco, and Operation Joseph in tackling illicit vapes, in pursuing this work.

“Suffolk Trading Standards collaborate regionally and sit within the East of England Trading Standards Association and regularly attend meetings around sharing best practice and emerging threats along with sharing intelligence.”

Suffolk County Council

“Derby City Council Trading Standards take part in Op CeCe, a nationally recognised operation to tackle the sale and supply of illegal tobacco, driven and part funded by HMRC. Externally, we also collaborate with our professional body CTSI, our National Trading Standards service, other local authority colleagues regionally and nationally, the Police, tobacco dog organisations and immigration.”

Derby City Council

“Newham Trading Standards is part of the London Trading Standards group and colleagues have participated in London trading standards week and seized illicit tobacco and vape products. Newham Trading Standards have successfully removed over £70,000 worth of illicit goods from circulation during a joint operation which took place last month as part of Operation CeCe.”

London Borough of Newham

“There is regional support from Trading Standards North West for underage sales and illicit tobacco/vapes. There are two separate groups which meet each quarter to discuss best practice, emerging issues etc. Illicit tobacco enforcement has some funding from HMRC Operation CeCe. Funds can be used for staff overtime for enforcement, sniffer dogs, storage and the destruction of seized goods. For enforcement of vapes, Operation Joseph funds market surveillance nationally and destruction and storage costs for seized vapes. Some of the funding from each local authority going into Cheshire and Merseyside All Together Smokefree will be used for illicit trade in partnership with Trading Standards North West.”

Cheshire West and Chester Council

“We are part of CEnTSA (Central England Trading Standards Authorities) where the 14 Central England Trading Standards departments work collaboratively to tackle both local and regional threats. This includes sharing best practice and resources, providing officers to support warrant executions, conducting joint

enforcement across the region (e.g. simultaneous warrant executions in different Local Authority areas). We also share intelligence using the national Intelligence Database (IDB). Information on IDB can then be analysed by analysts at CEnTSA and problem areas are then discussed and progressed at the Regional Tasking Group which consists of managers from the 14 authorities along with staff from CEnTSA. We also support the Regional Investigations team on cross border enforcement.”

Wolverhampton Council

Local authorities in all English regions were engaged in the activities described in Table 7 with no major variations between them except in the last option: targeted work on Shisha use had been undertaken in 7 local authorities in London (30%) but only in 0-2 local authorities in each of the other regions.

Promoting Smokefree Environments

In the 12 months prior to the survey, 33 of the surveyed local authorities (28%) had contributed to the creation of new smokefree public spaces. These spaces included:

- schools (5 local authorities)
- children's play areas (4)
- parks (4)
- NHS premises (4)
- sports grounds (3)
- town centres (3)
- outside licensed premises (3)
- universities/colleges (2)
- social housing (2)
- shopping centre entrances (1)
- bus shelters (1)
- beaches (1)

A few respondents described programmes of work promoting smokefree public spaces:

"Our Proud to be Smokefree initiative aims to increase the number of smokefree environments where children and families are present. We are currently targeting schools and rugby clubs."

Wakefield Council

"We have a programme of work called 'Make Smoking Invisible'. This work involves creating voluntary smoke free areas i.e. play parks, schools, college, town centre areas and currently one high street."

Barnsley Metropolitan Borough Council

"Smoke and vape free children's play areas in Salford Council owned parks. Working to have smokefree touchlines and outdoor sports grounds where children take part."

Salford City Council

Local authorities were also engaged in work to promote smokefree homes:

- 40 (34%) had integrated smokefree homes advice in stop smoking services
- 38 (32%) had integrated smokefree homes advice in early years/CYP services
- 45 (38%) had engaged with housing teams and supported social landlords

The Fire Service was identified by some respondents as a partner in promoting smokefree homes.

Nearly two thirds of surveyed local authorities (65%) had engaged in one or more of these four actions to promote smokefree homes.

Regional view

Respondents described a range of regional and sub-regional collaborative work on smokefree public spaces and smokefree homes including:

- developing guidance on good practice
- engaging with third parties and using professional networks to promote smokefree environments
- joint communication and information-sharing
- developing joint strategy

“Participation in southwest sector led improvement exercise to create a regional smokefree homes pathway for maternity and health visiting services. We are now implementing this guidance.”

Bristol City Council

“We continue to work at a regional and ICS level on engaging with housing teams and social landlords on smokefree homes as well as within children and young peoples’ services and maternity and early help.”

East Sussex County Council

“ICB are looking to take forward promotion of smokefree homes through its family hubs, health visitors, early years settings, etc.”

Lincolnshire County Council

“Discussions across Cheshire and Merseyside with regards to All Together Smokefree and focusing our efforts on Smoking in Pregnancy, routine and manual workers and social housing tenants.”

Cheshire West and Chester Council

“All authorities within the ICS will be supporting smokefree environments as a key priority of the strategy. Ambitions: We will ensure that all health and care settings are smokefree; We will reduce the prevalence of smoking within family homes; We will work with partners to develop and implement smokefree parks and public places in Lancashire and South Cumbria; We will support partners to ensure compliance with smokefree policies; We will encourage businesses to develop smokefree policies and support staff to stop smoking; We will reduce the impact of cigarette litter on our environment.”

Blackburn with Darwen Council

The number of surveyed local authorities in each region that had promoted smokefree public spaces and smokefree homes is described in Table 8.

Table 8. Local authority actions to promote smokefree environments by region, 2024

	Local authorities responding to question	Actions in 12 months prior to survey			
		Supported the creation of new smokefree public spaces	Integrated smokefree homes advice in stop smoking services	Integrated smokefree homes advice in early years/CYP services	Engaged with housing teams and social landlords
ENGLAND	119	33 (28%)	40 (34%)	38 (32%)	45 (38%)
East of England	9	1 (11%)	5 (56%)	4 (44%)	7 (78%)
East Midlands	9	3 (33%)	4 (44%)	1 (11%)	5 (56%)
London	25	4 (16%)	4 (16%)	4 (16%)	7 (28%)
North East	10	3 (30%)	3 (30%)	3 (30%)	6 (60%)
North West	16	5 (31%)	6 (38%)	5 (31%)	7 (44%)
South East	12	7 (58%)	3 (25%)	2 (17%)	4 (33%)
South West	13	2 (15%)	6 (46%)	8 (62%)	1 (8%)
West Midlands	11	1 (9%)	4 (36%)	5 (45%)	2 (18%)
Yorkshire and Humber	14	7 (50%)	5 (36%)	6 (43%)	6 (43%)

Children and Young People

In addition to enforcing legislation and promoting smokefree homes, local authority tobacco and vaping control work with children and young people includes providing stop smoking support, providing resources to schools on smoking and vaping, and community education. These options were explored in the survey and Table 9 describes the number of local authorities that had undertaken these activities in the 12 months prior to the survey. Overall, 94% of surveyed local authorities had undertaken one or more of the actions in Table 9.

The resources on smoking and vaping identified by respondents were those developed by ASH, Smokefree Sheffield, OHID/PHE, and ASK Frank.

Table 9. Local authority tobacco and vaping control work with children and young people in 12 months prior to survey, 2024

Activity	Local authorities (n=119)
Providing stop smoking support for children and young people	68 (57%)
Providing resources and/or training on smoking to schools	78 (66%)
Providing resources and/or training on vaping to schools	102 (86%)
Supporting wider community education on smoking and vaping	66 (55%)

Respondents described a variety of local approaches to reducing the risks to children and young people through education, campaigns, cessation support and enforcement:

“In the last 12 months we have continued to work with the school collaboration to support all secondary schools across the city with respect to vaping. This has included:

- Providing them with links to teaching and learning resources.
- Providing training for all secondary PSHE leads to ensure that they are equipped to support staff to feel confident and competent to deliver good quality lessons re vaping.
- Providing Derbyfied posters/leaflets, information for parents/CYP, ASH resources.
- Providing support to Schools Collaboration re the delivery of effective dropdown week to educate CYP about the risks and harms of vaping.
- Providing MI training for identified support staff in all secondary schools to enable them to work 1-to-1 or with groups of CYP to encourage them to change their behaviour re vaping.
- Linking schools to the new countywide drugs intelligence forum to ensure that schools know that the vapes that they have confiscated contain illicit substances.”

Derby City Council

“Focus groups to develop campaigns for young people and an evaluation for youth vaping in Essex.”

Essex County Council

“In response to concerns raised by schools about levels of vaping amongst students we prepared correspondence for head teachers to send out to parents. The correspondence asked for the supply of confidential intelligence regarding any retailer knowingly selling to minors. The intelligence gathered was used to inform a comprehensive vape test purchasing exercise. One in 3 premises failed the test purchasing exercise resulting in a range of measures including written warnings, financial penalties, prosecutions and in some cases closures.”

Liverpool City Council

“Working with schools links meetings to identify and tackle premises selling vapes to underage persons and to obtain evidence of nuisance to young people to support closure order process.”

Stoke-on-Trent City Council

Regional view

Respondents described a range of regional and sub-regional collaborative tobacco control work with children and young people including:

- sharing information, resources and good practice
- developing joint policy positions, especially on vaping and on smokefree homes
- including children and young people in tobacco control strategy
- Trading Standards under-age sales enforcement work

“Sheffield developed the vaping resources with ASH for CYP and these were gifted to Yorkshire and Humber colleagues. We are currently in the process of developing a crib sheet for advisors to support them in building confidence and answering Q&As when speaking to smokers and myth busting.”

Sheffield City Council

“We have set up a London young people vaping and tobacco network designed for information and resource sharing, and to hear how other boroughs are tackling the harms of smoking and vaping.”

London Borough of Newham

“At a regional level there was a collaborative piece of work around vaping including OHID, Trading Standards, Schools and Local Authorities which produced the North West Vaping Policy Framework to support schools in creating effective school policies.”

Cheshire West and Chester Council

“We have worked to implement Smokefree Homes guidance that was co-developed across the South West a couple of years ago. The guidance is aimed at health visitors and advises them to CO monitor parents at post-natal check-up, and to provide VBA and referrals.”

North Somerset Council

“ICS strategy ambitions: We will reduce the uptake of smoking in children and young people; We will reduce underage sales of tobacco and nicotine products to children and young people; We will provide support to children and young people who smoke to stop smoking; We will reduce exposure to secondhand smoke for children and young people; We will reduce the culture of smoking across our footprint with further development of smokefree places.”

Blackburn with Darwen Council

The number of local authorities in each region that had engaged in specific tobacco control work with children and young people is described in Table 10.

Table 10. Local authority tobacco control activity with children and young people by region, 2024

	Number of local authorities responding to question	Actions in 12 months prior to survey			
		Providing stop smoking support for children and young people	Providing resources/training on smoking to schools	Providing resources/training on vaping to schools	Supporting wider community education on smoking/vaping
ENGLAND	119	68 (57%)	78 (66%)	102 (86%)	66 (55%)
East of England	9	6 (67%)	5 (56%)	8 (89%)	4 (44%)
East Midlands	9	8 (89%)	6 (67%)	7 (78%)	5 (56%)
London	25	10 (40%)	14 (56%)	19 (76%)	9 (36%)
North East	10	8 (80%)	6 (60%)	10 (100%)	7 (70%)
North West	16	13 (81%)	14 (88%)	14 (88%)	11 (69%)
South East	12	6 (50%)	9 (75%)	12 (100%)	8 (67%)
South West	13	5 (38%)	7 (54%)	11 (85%)	7 (54%)
West Midlands	11	5 (45%)	7 (64%)	9 (82%)	5 (45%)
Yorkshire and Humber	14	7 (50%)	10 (71%)	12 (86%)	10 (71%)

Communications and campaigns

In the 12 months prior to the survey, 95 of the surveyed local authorities (80%) had run public communication campaigns on smoking and 42 (35%) had run campaigns on vaping.

Many local authorities supported regional and national campaigns such as Stoptober, National No Smoking Day, and New Year Resolutions. In addition to the core message on quitting, local campaigns on smoking were designed to promote stop smoking services, encourage healthy lifestyles, publicise enforcement operations, and support national policy such as the smokefree generation. Vaping campaigns included promoting Swap to Stop, myth-busting, awareness-raising about the harms of illegal vapes, and work with schools. Specific communication methods included social media, billboards, bus-stop digiboards, bus and train advertisements, posters, leaflets, beer mats, newspaper advertising and editorial, council newsletters, and local events.

“We have piggybacked national messaging relating to Stoptober and No Smoking Day whilst running our own local promotion to encourage quit attempts aligned to New Year Resolutions. Primarily via opportunistic media work we have consistently promoted the message: If you smoke, vaping is safer; if you don't smoke, don't vape.”

Liverpool City Council

“We are in the process of developing an extensive Stoptober campaign, building on success from previous years, that takes both a universal and targeted approach, across social media, professionals (including VBA/MECC training), public billboards and niche targeted messaging through local WhatsApp groups. We are developing case study videos of those who have successfully quit through our service provider. Moreover, this piece of work is the 'trailblazer' for a broader approach to Vital 5 (smoking, healthy weight, alcohol, mental health and blood pressure) that the public health team are developing, which will involve a new 'brand' for healthy lifestyles in Tower Hamlets.”

London Borough of Tower Hamlets

Regional view

Public communications campaigns are especially suited to collaborative approaches across larger geographies. They have been key outputs of Fresh in the North East and Greater Manchester Make Smoking History. In addition to highlighting regional activity, many respondents described sub-regional local authority and ICS partnerships.

“We commission Fresh across the region, who have a comprehensive communications campaign.”

Sunderland City Council

“Greater Manchester Make Smoking History have run excellent TV campaigns re ‘What you will miss’ if you smoke and die younger from smoking related

diseases.”

Salford City Council

“London Tobacco Alliance have developed resources and toolkit for Stoptober which has been shared at a Northeast London level.”

London Borough of Newham

“We work collaboratively on public communication through the Feel Good Suffolk partnership which involves representatives from our district/borough council and ICS partners.”

Suffolk County Council

“Working with SW London local authority partners on a joint comms and marketing plan with the additional funding. Developing a SPOA (single point of access) landing page to bring together all the stop smoking services available.”

London Borough of Merton

“We worked with a Behaviour Change Marketing organisation to deliver a localised comms campaign called 'It's Well Worth it' and other local authorities in the south-east have now bought into the campaign.”

East Sussex County Council

“Recently, the South East ADPH Regional Tobacco Control Network has set up a sub-group to look at regional comms for Smokefree Generation.”

Reading Borough Council

“A recent collaborative project between Herefordshire and Worcestershire at ICB level resulted in the production of some educational YouTube videos (also used across social media and web pages) relating to the impact of smoking, how to quit, and signposting to services offered across the two counties.”

Herefordshire Council

“Via the South Yorkshire Tobacco Control Alliance we have developed the brand Smokefree Starts and our first campaign was a collaboration on the first mental health campaign: It is Time to Talk about Mental Health and Smoking. The campaign did very well and we are about to run with campaign phase 2 of this using case studies.”

Sheffield City Council

“The Tobacco Control Centre for Excellence has prioritised improved communication and marketing campaigns across the Humber and North Yorkshire in its first year.”

North Yorkshire Council

Discussion

The core quantitative findings from this report are striking:

- In 2024, for the first time in ten years, all surveyed local authorities commissioned a stop smoking service for their local population.
- 89% of surveyed local authorities commissioned a specialist service, an increase of 17 percentage points on 2023.
- Tobacco control was perceived to be a high or above average priority in 88% of surveyed local authorities. For the first time, tobacco control was perceived to be a high priority in the majority of local authorities (54%). In 2014, a year after local authorities took responsibility for public health from the NHS, tobacco control was perceived to be a high priority in only 17% of local authorities.

The qualitative findings are just as compelling:

- A huge expansion of stop smoking services is currently underway including new stop smoking advisers, new service settings, enhanced referral pathways, development of the wider workforce, new promotional campaigns, and investment in leadership and partnerships.
- This expansion goes hand-in-hand with a renewed focus on tackling inequalities through targeting populations with high smoking prevalence, reaching into communities, and providing tailored support.

The principal driver of these changes has been the £70 million additional government investment in stop smoking services for 2023/24. The additional funding for the 'Swap to Stop' programme has also been important, not least in reaching people who are unlikely to access stop smoking services. Respondents' accounts of how their local authorities are spending the new funding were largely consistent with the guidance issued by government in November 2023⁶. This focused on leadership, co-ordination and commissioning; increasing local resources to help people quit; increasing referrals and improving pathways; increasing promotion of local stop smoking support; and working together to fund services.

Although the guidance did not draw attention to the importance of tackling inequalities, this has nonetheless been a central concern for local authorities in planning how to best use both the £70 million and the Swap to Stop funding. For some years, as described in previous ASH/CRUK survey reports⁷, local authorities have focused their stop smoking services and wider tobacco control work on communities and populations with the highest needs including areas of deprivation, people with mental health conditions, and pregnant women.

The optimism expressed by respondents to this survey was, however, tempered by the frustration of many with the conditions of the new funding, above all by the tight timescale and the lack of any guarantee that the funding would continue after the first year. Local authorities want to plan properly for the five years of the Section 31 grant but have been forced into short-term commissioning and recruitment decisions.

Since the survey was conducted, the additional £70m funding for local stop smoking services has been confirmed for 2025/26⁸. Nonetheless, there is uncertainty over the status of the

⁶ Department for Health and Social Care: [Local stop smoking services and support, guidance for local authorities](#), November 2023.

⁷ See ASH: [New paths and pathways, Tobacco control and stop smoking services in English local authorities in 2022](#) for a detailed analysis.

⁸ DHSC: [MPs to vote on landmark smoking ban to stop cycle of addiction](#), 2024

public health grant and longer-term funding for tobacco control. If the government were to provide security about the future of the funding, this would enable better planning, more efficient commissioning, and a solid platform for investment in developing the workforce. This is a system-wide problem: uncertainty about the future funding of tobacco dependence treatment services in the NHS is most often cited as a barrier to implementation and recruitment by integrated care boards⁹.

The primary focus of tobacco control in local authorities in England has always been the delivery of stop smoking services, and the new funding intensifies this focus. Yet, as this report make clear, local authorities continue to pursue a wide range of preventive work, including tackling the illicit trade and promoting smokefree homes and public environments. Most are also working with children and young people to prevent uptake of both tobacco and vapes. These actions remain vital to the long-term goal of creating a smokefree society.

⁹ ASH: [Integrated Care Boards and tobacco control: making good progress](#), 2024