

# Webinar: Next steps for local tobacco control

Chaired by Cllr David Fothergill, Chairman,  
LGA Community Wellbeing Board

17<sup>th</sup> December 2024

ASH receives funding from:

- Cancer Research UK
- British Heart Foundation

# Agenda

10:00 – 10:05	Welcome and scene setting	Cllr David Fothergill, Chairman of the LGA Community Wellbeing Board
10:05 – 10:15	Key findings: <i>Expansion and renewal: Local authority stop smoking services and wider tobacco control in England, 2024</i>	Will Anderson, Report author
10:15 – 10:20	Key resources to support local tobacco control	John Waldron, Policy and Public Affairs Manager, ASH
10:20 – 10:30	<i>Case study</i> Update on the Champs Public Health Collaborative All Together Smokefree Programme	Margaret Jones, Director of Public Health at Sefton Metropolitan Borough Council on behalf of the Cheshire and Merseyside Directors of Public Health
10:30 – 10:40	<i>Case study</i> Building Capacity and Expertise: A 5-Year Workforce Development Strategy	Kaye Mann, West Yorkshire Tobacco Control Lead, West Yorkshire Integrated Care Board & Sophia Papadakis, Academic and Health Systems Consultant, National Centre for Smoking Cessation and Training (NCSCT)
10:40 – 10:50	ADPH/ASH guidance on using the new tobacco control funding	Alison Challenger, Director of Public Health, West Sussex County Council
10:50 – 11:00	Q&A	All speakers

# Housekeeping

- Please can all panellists and attendees keep themselves muted and turn their videos off unless they are presenting. ASH staff will mute anyone who is unmuted and not presenting.
- We encourage all attendees to submit questions and reflections in the meeting chat, to be discussed during the Q&A session.
- This webinar is being recorded.
- If you have any other issues, please post in the meeting chat or email [admin@smokefreeaction.org.uk](mailto:admin@smokefreeaction.org.uk)

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

Key findings from the annual survey conducted by ASH and Cancer Research UK

Presented by Will Anderson

# The survey

- Conducted online in August and September 2024
- Responses from 122 local authorities (81% response rate)
- The survey has been conducted every year since 2014

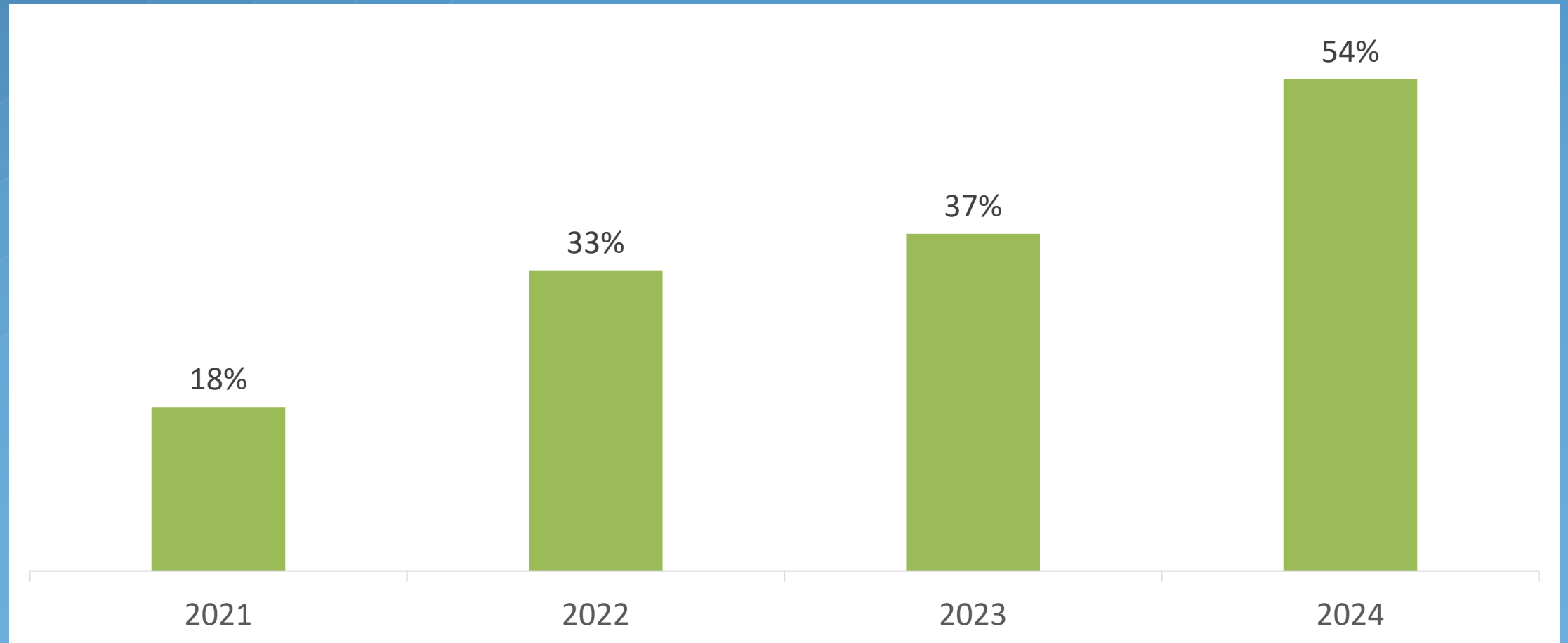
# Headlines

- The priority of tobacco control in local authorities has risen to its highest recorded level
- For the first time in ten years, all surveyed local authorities commissioned a stop smoking service
- A huge expansion of stop smoking services is underway (despite significant obstacles)
- Year-on-year demand for stop smoking services increased in 48% of surveyed local authorities
- Local authorities continue to engage in a wide range of tobacco control work including tackling the illicit trade, promoting smokefree homes and public spaces, and public communication

# The priority of tobacco control

- Tobacco control was perceived to be a high or above average priority in 88% of surveyed local authorities, and a high priority in 54%
- Tobacco control was more often perceived to be a high priority than alcohol, drugs, overweight/obesity, sexual health, and gambling

# High priority for tobacco control



Percentage of respondents saying tobacco control was a high priority



# Priority of tobacco control

*“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.”*

*“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.”*

# Alliances and partnerships

- 70% of local authorities had a Tobacco Control Alliance (up from 60% in 2023 and 54% in 2021)
- There were regional and sub-regional partnerships in all regions but significant diversity in the level of investment in them
- Integrated care systems have enabled new alliances in many areas, especially in the delivery of integrated stop smoking support

# Stop smoking services

- All surveyed local authorities commissioned a stop smoking service in 2024
- 89% commissioned a specialist service (up from 72% in 2023)
- Year-on-year demand for stop smoking services had increased in 48% of local authorities and decreased in 6%
- Community stop smoking services were well or fairly well integrated with NHS tobacco dependence treatment services in 55% of local authorities

# The £70m funding is being used:

- To increase the capacity of stop smoking services
- To increase the range of settings where support is offered
- To improve referral pathways
- To increase wider workforce skills to support people who smoke to quit
- To target communities most in need
- To promote stop smoking services
- To strengthen the system

# Barriers to using funding

- The tight timescale for delivery in year 1
- The lack of guaranteed funding after year 1
- The time required for governance and procurement and the constraints of the Provider Selection Regime regulations
- Recruitment challenges
- Restrictive criteria and targets
- Limited capacity

# Barriers to using new 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.”*

*“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.”*

# Tackling inequalities

- Not a feature of the guidance on using the new funding
- But a major feature of respondents' accounts of what they are doing with it
- Top 4 target groups for stop smoking services:
  - Areas of deprivation (90%)
  - People with mental health conditions (88%)
  - People in routine or manual occupations (87%)
  - Pregnant women (83%)
- Also a key focus for Swap to Stop

# Swap to stop

- 93% of local authorities were participating in Swap to Stop
- Top 4 target groups that had benefited most from the scheme:
  - pregnant women
  - people with mental health conditions
  - users of substance misuse services
  - deprived communities
- Top 3 problems reported:
  - concerns about the health impact of vapes
  - lack of engagement or capacity in partner organisations
  - delays and supply problems



# Extensive wider tobacco control work

- Enforcing legislation and tackling the illicit trade (97%)
- Promoting smokefree homes (65%)
- Working with children and young people (94%)
- Public communication campaigns on smoking (80%) and vaping (45%)

# Conclusion

- Local authorities in England have never been more confident about their role in reducing smoking and improving the health of those affected by smoking.
- The new funding announced in 2023 has given a major boost to the development of stop smoking services.
- Despite major challenges over the last 10 years, most local authorities were in a strong position to respond creatively to the government announcement in 2023.
- Uncertainty about funding remains a key obstacle to development.

# Overview: resources to support tobacco control

**John Waldron**

Policy and Public Affairs Manager

[john.waldron@ash.org.uk](mailto:john.waldron@ash.org.uk)

December 2024

ASH receives funding from:

- Cancer Research UK
- British Heart Foundation

# ASH reports and guidance

- [10 high impact actions for local authorities and their partners](#): a guide for elected members, senior leaders and officers (Jan 2022)
- [On the path to ending smoking, using the new funding](#) (May 2024)
- ASH/Fresh – [Strategic guidance for local authorities: The End of Smoking](#) - a brief guide for local authority members and officers and their partners on Health and Wellbeing Boards
- ASH guidance and resources: [developing a system-wide tobacco control programme](#)
- [ASH Local Alliances Roadmap](#)
- [Annual local tobacco control reports](#)

# Local Government Declaration on Tobacco Control

- Statement of a council's commitment to:
  1. ensuring tobacco control is part of mainstream public health work and
  2. taking comprehensive action to address the harm of smoking.
- Signed by over 120 local authorities.
- Opportunity to:
  - Secure internal support for tobacco control
  - Keep momentum and hold your council to account

Full list of signatories and supporting info [here](#).

For more information contact [admin@smokefreeaction.org.uk](mailto:admin@smokefreeaction.org.uk)

## Local Government Declaration on Tobacco Control

**As public health leaders, we acknowledge that:**

- Smoking is a leading cause of premature death, disease and disability in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely starting in childhood, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the tens of thousands of people its products kill in England every year; and
- The illicit trade in tobacco funds organised criminal gangs and gives children access to cheap tobacco.

**We welcome the:**

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Government's ambition to make England smokefree by 2030 and tackle inequalities in smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health organization's framework convention on Tobacco control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- NHS Long Term Plan commitments to provide all smokers in hospital, pregnant women and long-term users of mental health services with tobacco dependence treatment.

**We commit** \_\_\_\_\_ **from this date** \_\_\_\_\_ **to:**

- Act at a local level to reduce smoking prevalence and health inequalities, to raise the profile of the harm caused by smoking to our communities and in so doing support delivery of the national smokefree 2030 ambition;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities and to join the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

**Signatories:**

		
Leader of Council	Chief Executive	Director of Public Health

**Endorsed by:**

 Prof Sir Chris Whitty, Chief Medical Officer, Department of Health and Social Care	 Councillor David Foothergill, Community Wellbeing Board Chair, Local Government Association	 Prof Jim McManus, President, Association of Directors of Public Health
 Prof Maggie Rae, President, Faculty of Public Health	 Julie Barratt, President, Chartered Institute of Environmental Health	 John Merriman, Chief Executive, Chartered Trading Standards Institute



9th March 2022

# Article 5.3 toolkit and LGA guidance

Article 5.3 of the WHO [Framework Convention on Tobacco Control](#): *“In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.”*

## ASH Article 5.3 toolkit

- This [toolkit](#) sets out the actions local authorities should take to ensure Article 5.3 is implemented effectively.
- The toolkit includes a process map, guidance, template policies and presentations.

## Local Government Association (LGA) guidance

- LGA [guidance](#) for local government officers and elected representatives setting out how local councils can manage interactions with the tobacco industry, in line Article 5.3.

# ASH Ready Reckoner and Other Calculators

## Ready Reckoner

- ASH [Ready Reckoner](#) is an easy-to-use cost calculator, allowing you to see the costs of smoking to society.
- Costs can be broken down into region, individual local authorities, combined authorities, ICB and parliamentary constituency.

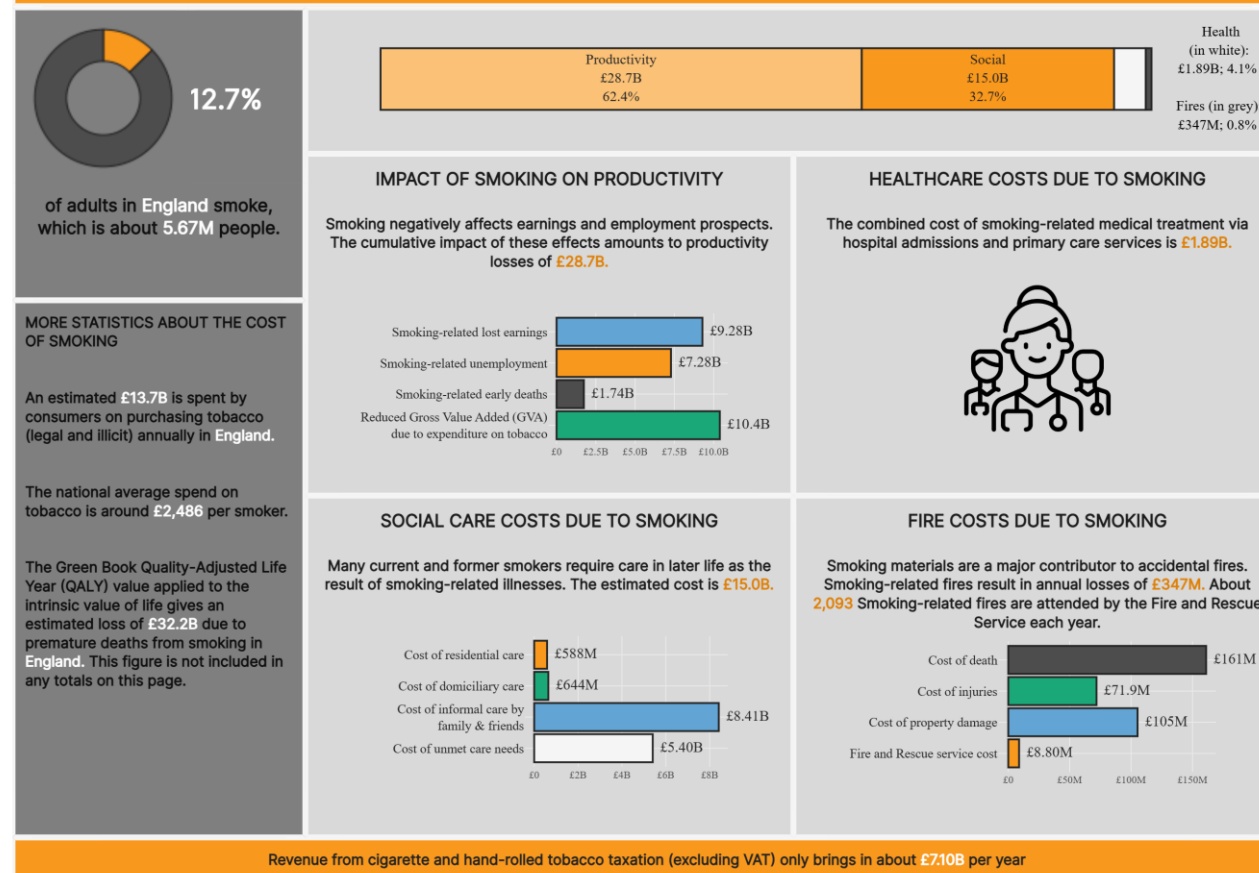
## Other Calculators

- [ASH Economic and health inequalities dashboard](#)
- See ASH's [Data and Cost Calculators](#) webpage for other calculators.



## ASH Ready Reckoner Summer 2024: Costs of smoking to society

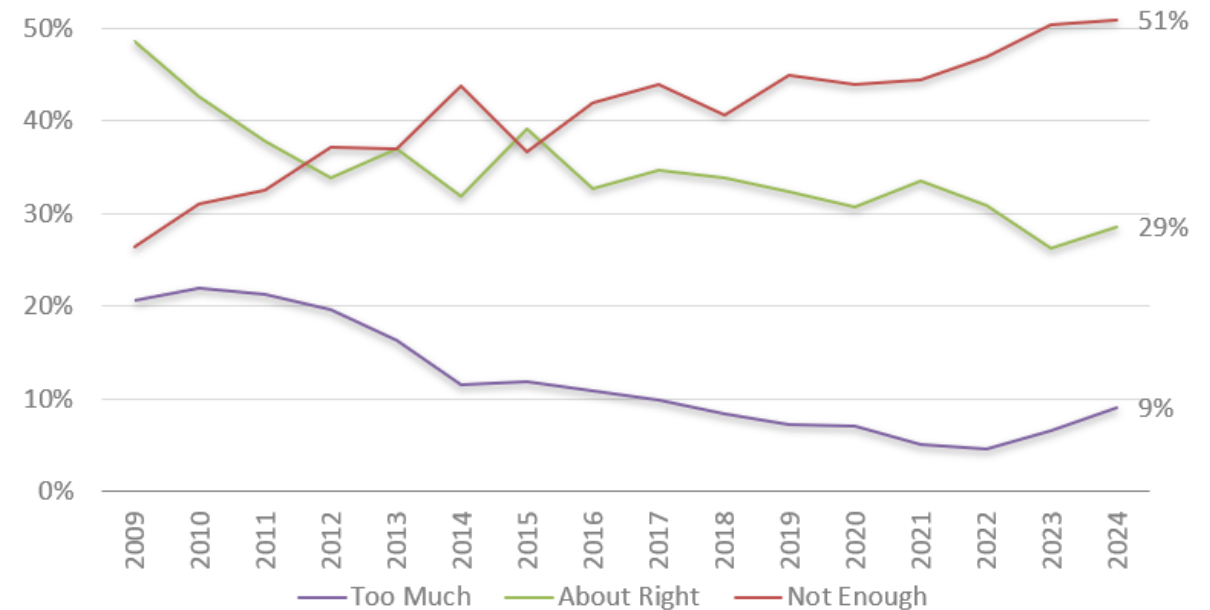
ASH estimates that smoking costs England **£46.0B** per year



# Polling and public opinion

- ASH commissions annual polling from YouGov on public support for tobacco control measures.
- Data is broken down by nation, region and parliamentary constituency.
- [Regional public opinion tool](#).
- Constituency [polling](#) on support for raising the age of sale for tobacco.
- Briefing on [public and retailer support](#) for raising the age of sale for tobacco to create a smokefree generation.
- ASH [public opinion webpage](#).

Opinions over time in Yorkshire and the Humber about the government's level of activity to limit smoking





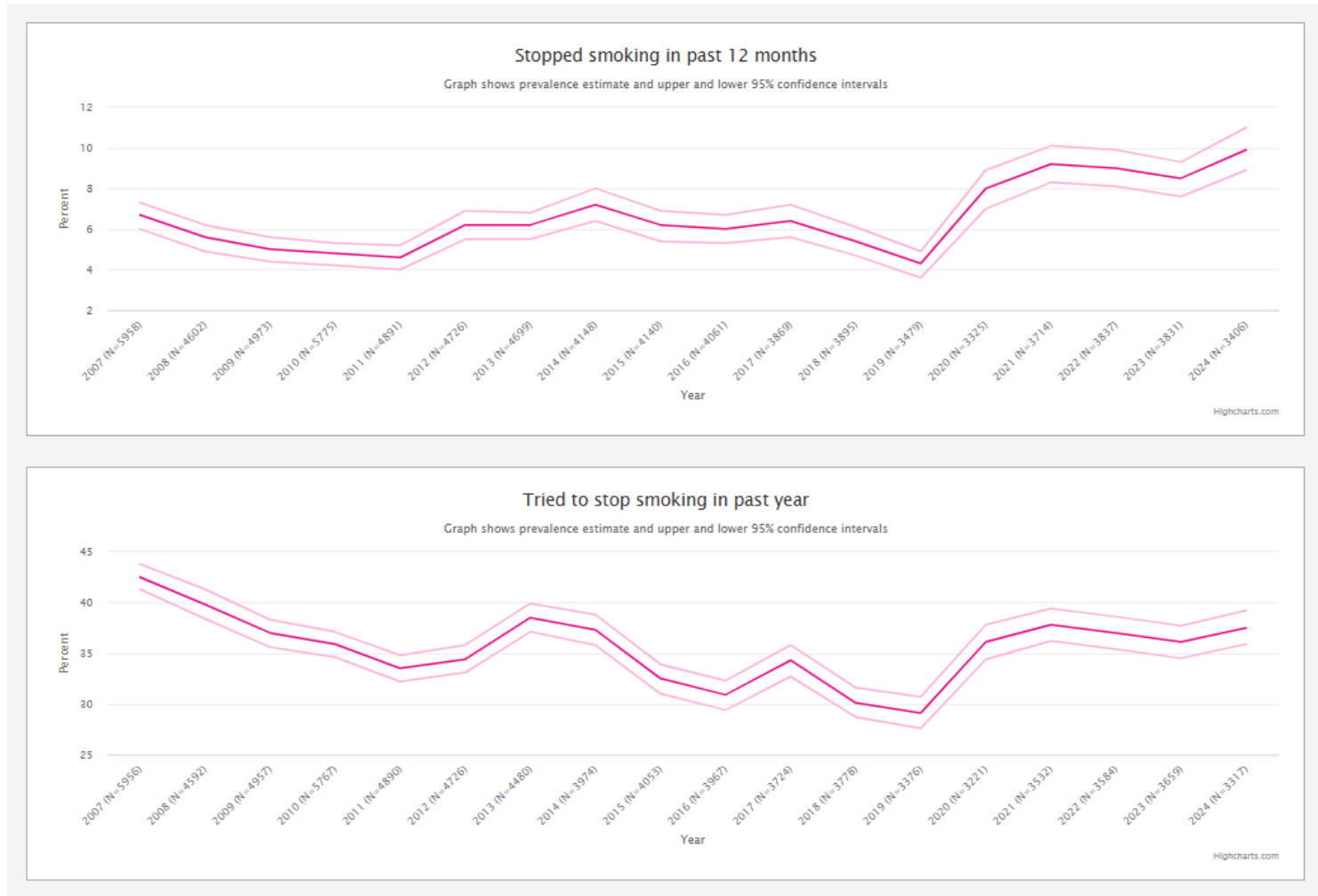
# OHID smoking profiles & Smoking Toolkit Study

The [OHID smoking profiles](#) provides information on:

- Tobacco use, harms, mortality, inequalities
- National, regional, local authority, ICB data

The [Smoking Toolkit Survey](#) run by UCL provides information on:

- Smoking prevalence over time/in different groups
- Vaping prevalence
- Quitting motivation/success/aids
- Monthly/annual data



# NCSCT briefings and e-learning

National Centre for Smoking Cessation and Training (NCSCT) provides [briefings](#) and free [e-learning](#) on implementing NICE guidance on smoking:

- [Maximising the impact of stop smoking services: latest evidence and best practice](#)
- [Local Stop Smoking Services and support: commissioning, delivery and monitoring guidance](#)
- Information on [varenicline](#) and [cytisine](#)
- Guidance on [vaping](#)

NCSCT [online training](#) offers evidence-based training modules for health and social care practitioners covering:

- VBA+
- Swap-to-Stop
- Secondhand smoke
- Stop Smoking Medications and vaping

# Links

## Briefings

- ASH: [10 high impact actions for local authorities and their partners](#)
- ASH: [On the path to ending smoking, using the new funding](#)
- ASH/Fresh: [Strategic guidance for local authorities: The End of Smoking](#)
- ASH: [Local Government Declaration on Tobacco Control](#)
- ASH: [Developing a system-wide tobacco control programme](#)

## Training/guidance

- [Article 5.3 guidance](#) and [LGA guidance](#)
- [NICE \[NG209\] Tobacco: preventing uptake, promoting quitting and treating dependence](#)
- NCSCT: [Briefings](#) and [E-Learning](#)

# Links

## Data

- ASH: [Data and cost calculators](#)
- OHID: [Smoking Profile](#)
- Smoking Toolkit Survey: [Topline Findings](#)

## Videos

- [Sarah Jackson \(UCL\): video on methods of quitting](#)
- [Professor Robert West \(UCL\): video on modelling how to get down to 5%](#)
- [Dr Sharon Cox \(UCL\): supporting people who smoke to stop, who needs the most support to stop and what works best](#)



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Ending smoking,  
everywhere, for everyone

# All Together Smokefree Programme Overview

**Margaret Jones,**  
**Director of Public Health, Sefton MBC**

**December 2024**

Working together to improve health and  
wellbeing in Cheshire and Merseyside



# All Together Smokefree CM by 2030 - Context

- **2 in 3 smokers will die from their smoking, half in middle age, losing on average 10 years of life.**
- Smoking does far more than damage the heart and lungs. Smoking is a cause of 16 cancers, diabetes, dementia **and accounts for two-thirds of the difference in life expectancy in people with a serious mental illness.**
- The average smoker spends around £2,486 a year on smoking, more than an average energy bill **and creating 109,632 Cheshire and Merseyside smoking households which are living in poverty.**
- The Cheshire and Merseyside Health Care Partnership and Directors of Public Health have **collaboratively agreed** the All Together Smokefree vision and ambition and **co-invested in a three-year programme to kickstart delivering a Smokefree 2030**

# Three Year Collaborative Funding

## All Together Smokefree Delivery, Collaborative Investment



### Source of Funding

Locality Funding - Local Stop Smoking	£909,495
ICB Heath Inequalities Funding	£4,800,000
<b>Total 3 year system investment</b>	<b>£5,709,495</b>



# Framework: MPOWER Model



**MPOWER** is an internationally recognised and highly successful model for Tobacco Control from the World Health Organisation. The model sets out six key components which, when working together, ensure the delivery of a comprehensive and system-wide approach to:

1. Prevent people from taking up smoking
2. Increase the number of people who are attempting to quit smoking
3. Reduce the number of relapses among those who have decided to quit

The core features of MPOWER are:

- **M**onitor tobacco use and prevention policies
- **P**rotect people from tobacco smoke
- **O**ffer help to quit tobacco use
- **W**arn about the dangers of tobacco
- **E**nforce tobacco regulation
- **R**aise taxes on tobacco



## ADVOCACY

A social movement through advocacy for evidence-based change



## EDUCATION

Campaigns to motivate quitting, staying quit or never starting



## PARTNERSHIPS

Expand existing relationships and building new partnerships and infrastructure



## TACKLE ILLICIT

Reduce demand and supply of illicit tobacco and vapes



## ENVIRONMENT

Create Smokefree spaces and places



## REGULATION

Ensure enforcement of tobacco and nicotine regulations



## INTELLIGENCE

Understand who smokes and vapes and why



## SUPPORT

Provide tools to help people to quit and stay quit

# Programme Objectives



**Goal:** Smokefree Cheshire and Merseyside by 2030

**Objective: Deliver a multi-component programme that:**

1. Engages communities, stakeholders and politicians through a communications and engagement strategy that delivers culture change
2. Increases population level quit attempts and quit success and reduces uptake recognising that 90% of quits take place outside services
3. Reduces illicit tobacco use to maintain the price driver
4. Is data and insight driven

# What actions are we taking collaboratively?



- Integrating the Stop Smoking System – published a system Position Statement
- Engaging through Communications, Behaviour Change and Advocacy for a Smokefree Future
- Coordinating actions to combat both illicit tobacco and vapes working with Trading Standards North West
- Developing comprehensive data and digital stop smoking support platforms to understand smoking impacts and outcomes and engage smokers directly

# Champs collaborative priority project: Building a brand identity



## Objective

- To develop a clear and recognizable public facing brand for the smokefree program, alongside a website which will act as the central hub for all campaigns

## Work to date

- Commissioning complete for Insight, Branding and Website project and agency engaged

## Next steps

- Work with agency to develop, test and roll out All Together Smokefree public facing brand and website

### Insight

- Quant/qual research into key target groups
- Development of insight to determine the most effective way to reach key audiences.



### Branding

- Use insight to develop and test ATS public facing brand including visual identity, messaging and guidelines.



### Website

- Build and test ATS website within brand guidelines

# Champs collaborative priority project: Workforce Training and Development



## Aims:

- To ensure delivery of sustainable and resilient quality services across organisations, through building local capacity and ensuring that the workforce has the right knowledge, skills and competencies to meet both current and future patient needs.
- A highly skilled and competent workforce, trained to national standards appropriate to the pathway they work in, with ongoing opportunities to access continual professional development.

Months 1-3,  
Oct to Dec 24

- Documentation. Scoping and mapping
- Questionnaire & consultations

Months 3-4  
Jan – Feb 25

- Reporting findings and provide options. Staff engagement
- Linking to QI Framework & systems work.

Month 5  
March 25

- Final report off recommendations
- QI, Systems links, Costs and Outcomes

# A collaborative approach to smokefree



- Cheshire and Merseyside’s unique model for improving health and wellbeing has been highlighted in a report from the King’s Fund, which praised the Collaborative’s unique model as an “**example of distributed, shared and aligned leadership between population health and public health**” which “**works well since there is a high level of trust, and clarity over role and purpose**”.
- A collaborative model allows us to do more and go further with local investment. For smokefree this means enabling a **system-wide, integrated approach**, which aligns within the region and more widely.



**Champs**  
Public Health  
Collaborative

## Questions and queries?

**Sarah McNulty [sarah.mcnulty@knowsley.gov.uk](mailto:sarah.mcnulty@knowsley.gov.uk)**

**Lead Director of Public Health for All Together Smokefree Programme**

**Andrea Crossfield, [a.crossfield@icloud.com](mailto:a.crossfield@icloud.com)**

**on behalf of the Champs Support Team**

**Margaret Jones, Director of Public Health, Sefton MBC**

**[margaret.jones@sefton.gov.uk](mailto:margaret.jones@sefton.gov.uk)**

Working together to improve health and  
wellbeing in Cheshire and Merseyside





# Breathe

Ending smoking together.


## Building Capacity and Expertise: A 5-Year Workforce Development Strategy— Yorkshire and the Humber

**Kaye Mann**

West Yorkshire Tobacco Control Lead  
West Yorkshire Integrated Care Board

**Sophia Papadakis**

Academic and Health Systems Consultant  
National Centre for Smoking Cessation and Training (NCSCT)



# A Regional Approach

- Yorkshire and Humber have made significant strides in reducing smoking prevalence, but substantial challenges remain, particularly among priority groups.
- To address these disparities and further our goal of making smoking obsolete, the region's 14 Directors of Public Health (DsPH) have unified under the Breathe Yorkshire and Humber Collaborative.
- Leveraging pooled resources from the additional Stop Smoking Allocation Grant, we are investing in:
  - TV led mass media quit campaigns to motivate quitting
  - A comprehensive 5-Year Workforce Development Strategy to transform the skills, capability, and reach of our stop smoking services.



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# Why Focus on Workforce Development?

- The success of smoking cessation interventions relies on an empowered, skilled, and adaptable workforce.
- Smoking rates remain stubbornly high among disadvantaged groups, amplifying health inequalities.
- Addressing this requires:
  - **Enhanced Leadership and Coordination**
  - **Upskilling the Workforce**
  - **Personalised Interventions**



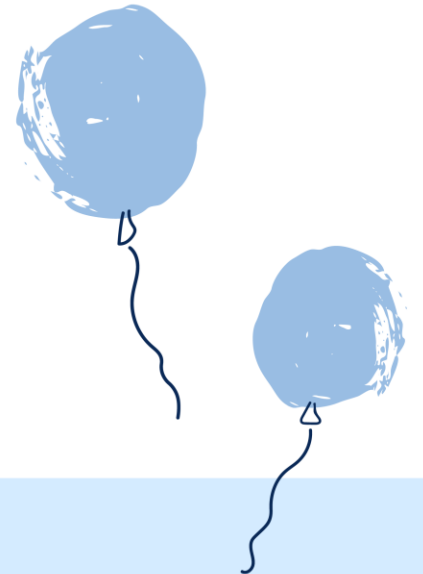
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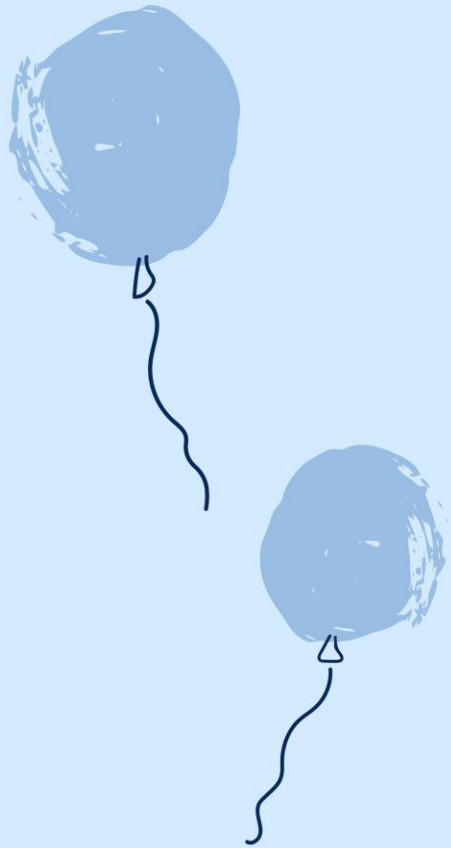
# Programme Vision - Expertise for Everyone

The vision of the **Breathe Yorkshire and Humber Collaborative** is for every smoker accessing support to benefit from a system led and delivered by the highest level of expertise.



# Strategy Objectives

1. Capacity Building
2. Integrated Training Pathways
3. Cultural Transformation
4. Evaluation and Sustainability



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# Key Activities

- Upskilling Specialists and Generalists
- Accessible Resources
- Collaboration with Partners
- Targeted Outreach

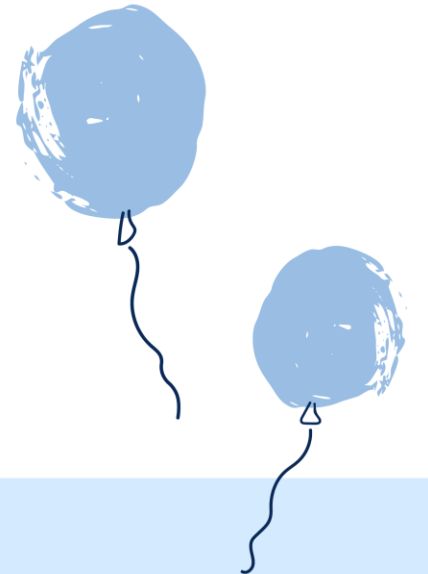


# Evidence-Based Framework

- This strategy aligns with national guidance, including the National Institute for Health and Care Excellence (NICE) NG209 guidelines and NCSCT guidance (2024) and resources.
- It also builds on successful case studies like Greater Manchester's Make Smoking History programme.

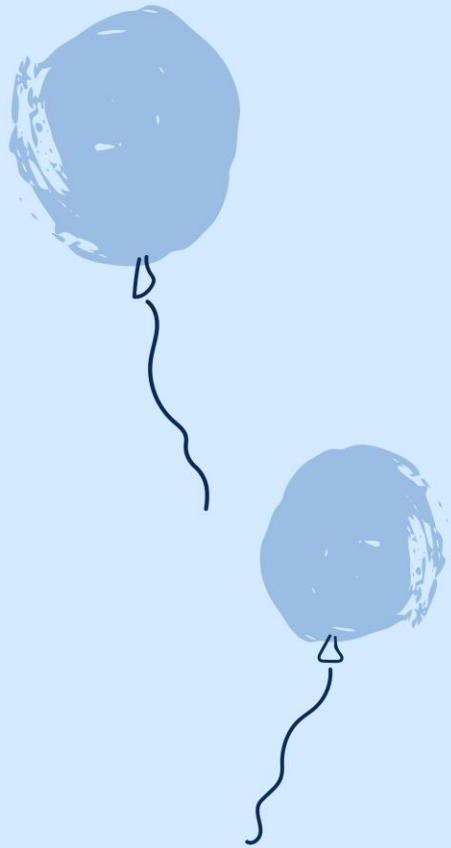
# Governance and Oversight

The 5-year Workforce Development Strategy will be governed by our 14 DsPH across 15 Local Authorities, ensuring accountability and alignment with regional health priorities.



# Outcomes and Impact

- By the end of the programme, we will have:
  - Trained a multi-disciplinary workforce capable of delivering personalised, high-impact smoking cessation interventions.
  - Increased accessibility and uptake of stop smoking services among priority groups.
  - Strengthened regional collaboration, fostering shared learning and continuous improvement.
  - Significantly reduced smoking prevalence, particularly among routine and manual workers and disadvantaged communities.



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# Empowering a Smokefree Future

- The Workforce Development Strategy is a critical investment in the future of smoking cessation in Yorkshire and Humber.
- By equipping our workforce with the skills, tools, and support they need, we can amplify the impact of stop smoking services and bring us closer to a smokefree region.



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# From good to great...

## Local Stop Smoking Services:

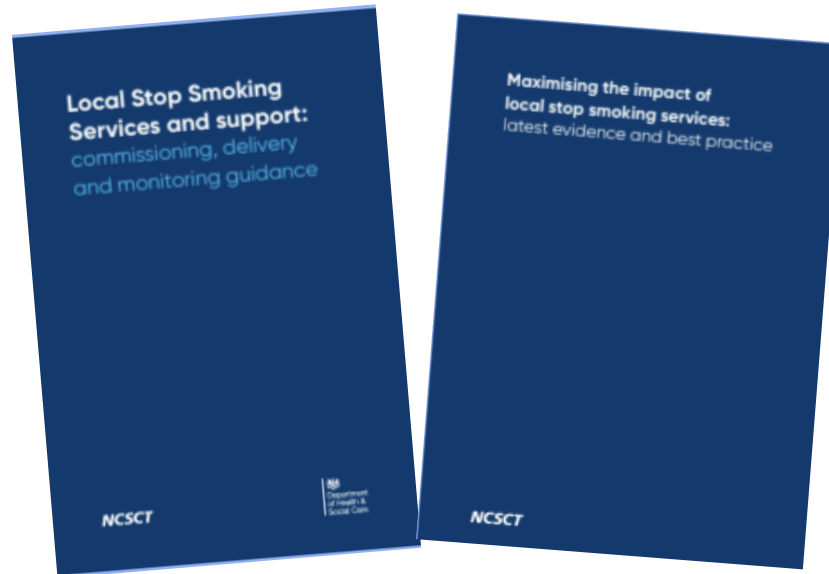
- Maximize reach & efficacy
- Equity (Priority Groups)

## NCSCT's Five Year Strategy:

NCSCT's focus over the next five years is on **overcoming the barriers to accessing support** by priority groups, **maximising effectiveness** of support and the **individual tailoring** of support and treatment.

We will develop new:

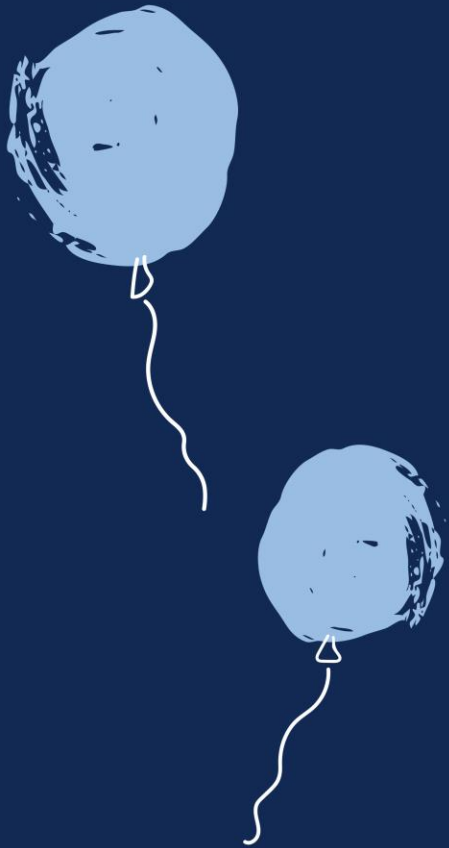
- interventions
- training
- resources



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# Targeting and tailoring

**Targeting** services to priority groups and where need is greatest.

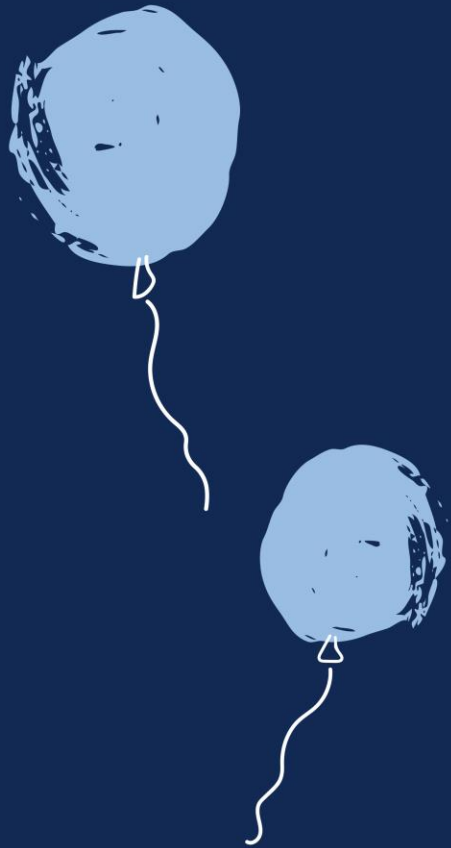
**Tailoring** interventions to the individual person who smokes to maximise retention and success

**Upskilling our future workforce**

**Better addressing needs of priority groups**

**Latest evidence**

**Working towards best practice for all**



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# NCSCT Partnership with Breathe

## Workstream 1 – Service targeting

is about adapting LSSS to appeal to and engage with priority groups to reduce health inequalities based on recommendations within the ***Local Stop Smoking Services and support: commissioning, delivery and monitoring guidance***.

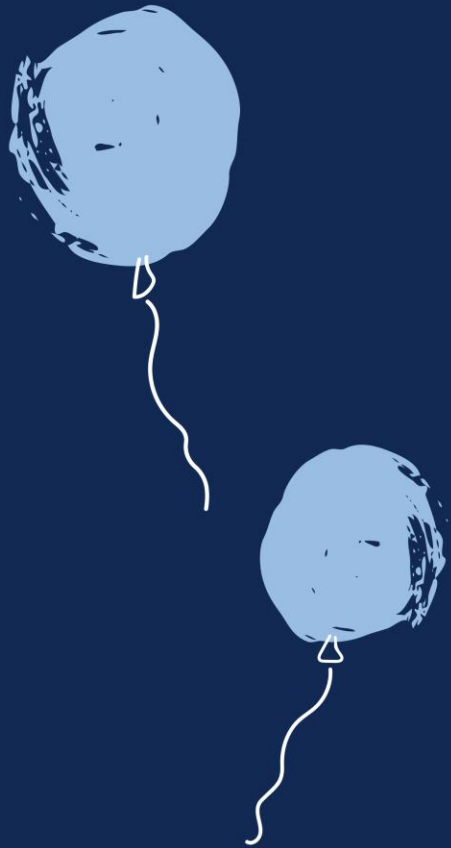
This workstream will also focus on how service structures, processes and staff training can facilitate tailored stop smoking interventions.

## Workstream 2 - Intervention tailoring

is about replacing the Standard Treatment Programme with behavioural support interventions that meet the needs of individuals.

This will include new specialist training to:

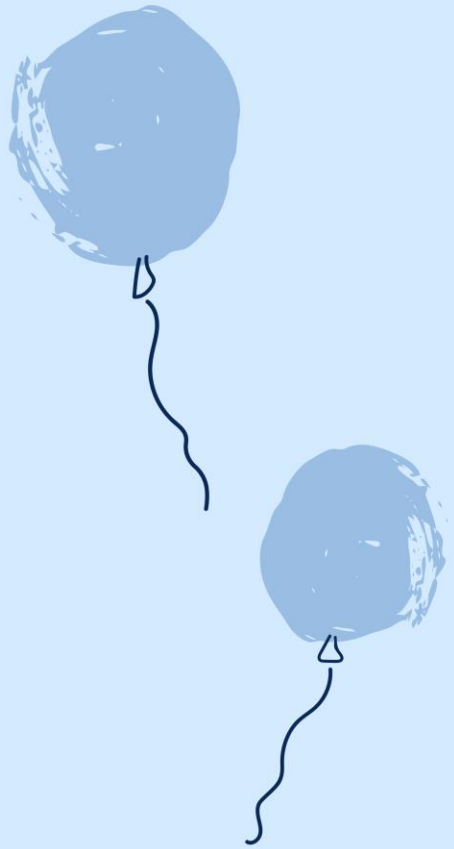
- 1) **tailor interventions to the individual needs of people who smoke, particularly those in priority groups,**
- 2) **deliver VBA+ in non-clinical settings, and**
- 3) **provide effective first point of contact and triaging by administrative staff**



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**Thank you for listening**

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# On the path to ending smoking: using new funding

**Alison Challenger, Director of Public Health**

17 December 2024

# Background

- [On the path to ending smoking: using new funding](#) - briefing developed by ASH in partnership with DsPH and Humber and North Yorkshire's Centre for Tobacco Control Excellence (March 2024)
- Reviewed and endorsed by ADPH.
- The paper:
  1. Emphasises the opportunities with proposed legislation and additional funding.
  2. Outlines the evidence base to support all people who smoke to quit.
  3. Outlines recommendations for the activities that can be taken to maximise these opportunities.

# Opportunities

Proposed legislation and additional funding present an unmissable opportunity **to end smoking, everywhere, for everyone.**

<b>Additional funding - what</b>	<b>Purpose</b>	<b>Value</b>
<b>New funding for LA stop smoking support</b>	To increase support for people who smoke to quit	£70 million in 24/25, 25/26. Tbc beyond 25/26.
<b>Swap to stop scheme</b>	Give LA led bids access to free vapes to support quitting	£45 million over two years. Tbc beyond 24/25.
<b>New enforcement funding</b>	Address illicit products, largely through national agencies	£10 million for Trading Standards in 24/25, 25/26 and £20 million for HMRC/Border Force until 28/29.
<b>National mass marketing campaigns</b>	To motivate quitting	£15 million for 24/25. Tbc beyond 24/25.
<b>National financial incentive scheme for pregnant women</b>	To increase quitting in pregnancy and among partners	£10 million for 24/25. Tbc beyond 24/25.



# What we know – quitting behaviours

- The majority of people who smoke want to quit, but the majority attempt to quit without support, with a minority using SSS (~3%).
- Priority groups are no less motivated to quit, but find it harder, and need more support.
- More quit attempts will always lead to more quit success, so we need to encourage more people who smoke to attempt to quit, more often.
- At present, varenicline and e-cigarettes are shown to be the most effective methods in real-world conditions.

# What we know - other activity that can drive progress

Area of activity	How it will impact on smoking rates			
	Improve quit success	Increase quit attempts	Prevent relapse	Prevent uptake
Invest in quit support	✓		✓	
Provide a diverse range of routes to quit	✓	✓	✓	
Communications strategy	✓	✓	✓	✓
Enforce regulations		✓	✓	✓
Expand VBA, promote hope/the annual quit		✓		
De-normalise smoking	✓	✓	✓	✓
Advocate for national policy	✓	✓	✓	✓

# Key Recommendations

- Directors of Public Health, commissioners of SSS, NHS leads and service managers all have a vital role in acting across the system.

1. Review local strategy and partnerships against the goal to end smoking.

2. Allocate sufficient investment in activity to motivate people who smoke in all communities to quit.

3. Skill up stop smoking services to increase capacity and act as hubs of excellence for wider services.

4. Identify activity best delivered collaboratively across local authority boundaries to maximise impact.

# Detailed recommendations

- **Strategy, partnership and leadership to secure transformational change and support more people to quit:**
  - Refresh or put in place a new local strategy to increase quit attempts and quit success for your local population.
  - Ensure high functioning Tobacco Control Alliance, or equivalent, which includes all partners, has strong leadership and a clear mandate to deliver your strategy.
  - Identify activity best done collaboratively at ICB or regional level.
  - Share learning and good practice, recognising the value of diverse local and regional geographies and the building of quality and trusted relationships.

# Detailed recommendations cont.

- **Increase the rate of quitting in the population so that nearly half of all people who smoke make a quit attempt each year:**
  - Amplify national mass media campaigns to connect people to the range of stop smoking support, including local quit services.
  - Consider funding digital models of support.
  - Equip the wider workforce through training to prompt quitting and drive referrals.
  - Improve referral pathways and increase the number of referrals into local stop smoking services or into other forms of support.
  - Maximise the opportunities from the 'swap to stop programme' to reach people who smoke.

# Detailed recommendations cont.

- **Stop smoking services must be the hubs for our community, supporting people who smoke and driving up standards and knowledge:**
  - A service offer that uses all frontline treatments including: e-cigarettes, varenicline, cytisine and combination NRT.
  - Prioritise the service offer for key priority groups to reduce inequalities and address barriers to access.
  - Use every contact as an opportunity to link people who smoke into other support services.
  - Staff should be trained to NCSCT standards and be from a range of bands including highly qualified leaders.

# Useful resources

Further resources around the proposed legislation and additional funding can be found here:

- [Tobacco and Vapes Bill: creating a smoke-free UK and tackling youth vaping factsheet.](#)
- [Local stop smoking services and support: funding allocations and methodology](#)
- [Local stop smoking services and support: guidance for local authorities](#)
- [NHS England: Stop Smoking Services Collection](#)

# Useful resources

Further resources reflecting best available evidence can be found here:

- [The End of Smoking: report by ASH and FRESH](#)
- [Evidence into practice: motivating quitting through behaviour change communications: report by ASH.](#)
- [NCSCT Monitoring guidance](#)
- [Smoking in England: findings from the Smoking Toolkit Study.](#)
- [Sarah Jackson \(UCL\): video on methods of quitting.](#)
- [Professor Robert West \(UCL\): video on modelling how to get down to 5%.](#)
- [Dr Sharon Cox \(UCL\): supporting people who smoke to stop, who needs the most support to stop and what works best](#)
- [Toolkit for developing a system-wide tobacco control programme: toolkit by ASH](#)
- [10 high impact actions for local authorities and their partners: paper by ASH](#)