The First Ten Years

Local authority stop smoking services and wider tobacco control in England, 2023

CANCER RESEARCH UK

ash. action on smoking and health

Contents

Summary of key findings

The survey was conducted in September 2023, prior to the government's announcement in October 2023 of the smokefree generation proposal and the linked increase in funding for local authorities. The response rate from local authorities in England with responsibility for public health was 83%.

Tobacco control is a high priority for local government

- Tobacco control was perceived to be a high or above average priority in 63% of surveyed local authorities. A high priority was reported in 37% of local authorities, the highest level in ten years of the survey.
- 68% of local authorities had a current strategy for tobacco control and stop smoking services. Key goals of these strategies were to reduce smoking prevalence, reduce smoking-related inequalities, promote smokefree environments, and reduce the trade in illicit tobacco and vaping products.
- 60% of local authorities had a tobacco control alliance at the time of the survey, up from 54% in 2021, and 78% were involved in supra-local work including with regional tobacco control offices, Integrated Care Systems, and OHID regional networks.
- Local authorities that had a tobacco control alliance were far more likely to have a tobacco control strategy (83% did so) than local authorities that did not have an alliance (27%).

Tackling inequalities is central to the tobacco control work of local authorities

- 94% of local authorities described their approaches to tackling smoking-related inequalities, which included intelligence-gathering, strategic planning, setting KPIs for specific populations, targeting stop smoking services, and working to reduce the illicit trade.

Almost all local authorities continue to provide support to help smokers quit

- All but two of the 124 surveyed local authorities commissioned or provided stop smoking services. Specialist stop smoking services were commissioned by 72% of local authorities. This includes 63% of local authorities that delivered a universal specialist service (down from 67% in 2022).
- The principal populations targeted by stop smoking services were people with mental health conditions, pregnant women, people in routine or manual occupations, areas of high deprivation, and people with long-term conditions.
- Demand for stop smoking services had increased in 36% of local authorities and decreased in 18%. The principal driver of increased demand was the introduction of targeted lung health checks and tobacco dependence treatment services in the NHS. No-one reported a fall in demand due to the NHS taking over responsibility for stop smoking support in maternity, acute and mental health settings.
- 27% of local authorities offered incentive schemes for pregnant women.
- 67% of local authorities offered e-cigarettes to smokers to support them to quit.

Local authorities are pursuing a diverse range of activity to reduce the harms of tobacco

- 89% of local authorities reported conducting underage test purchases of tobacco products or vapes and/or seizing illicit tobacco products or vapes in the 12 months prior to the survey.

- 57% of local authorities had undertaken work in the 12 months prior to the survey to promote smokefree environments including 24% that had supported the creation of new smokefree public spaces and 46% that had undertaken work to promote smokefree homes.
- 79% of local authorities had done work in the previous 12 months to prevent children and young people smoking tobacco products, and 91% had done work to prevent children and young people vaping.
- 79% of local authorities had run public communication campaigns about smoking and 46% had run public communication campaigns about vaping.

Relationships between local government and the NHS are growing in importance

- There are both opportunities and threats for local authority stop smoking services in the roll-out of NHS tobacco dependence treatment services and lung health checks, and in the promotion of e-cigarettes and vapes for harm reduction.

Policies on industry engagement are not always in place

- Policies restricting the engagement of local authority officers and members with the tobacco industry were reported in 50% of surveyed local authorities but in 39% respondents did not know if such a policy existed.
- Policies restricting engagement with the alcohol and food industry were rare, reported in 16% and 9% of local authorities respectively.

Introduction

On 1st April 2013, local authorities in England took on responsibility for public health including stop smoking services and tobacco control. Then, in 2013, the prevalence of smoking in England was 18.4%. The most recent ONS data, for 2022, report smoking prevalence to be 12.7%[1].

Local authorities have much to be proud of in contributing to the decline not only in smoking prevalence but also in the suffering, mortality and loss that the statistics mask. But there is much more work to be done. At the current rate of decline, we will not reach the smokefree goal of 5% prevalence until the end of the 2030s[2] and there is evidence that the fall in smoking prevalence has stalled since the Covid-19 pandemic[3].

Over the last ten years ASH and Cancer Research UK have tracked the tobacco control work of local authorities via an annual survey of tobacco control leads. The first survey was conducted in 2014, a year after the transition of public health from NHS primary care trusts to local authorities. Since then, the survey has reported the changing fortunes of stop smoking services and wider tobacco control work in the local government setting. This history includes the diversification of stop smoking services, the impact of cuts to the national public health grant, the sudden challenge of the Covid-19 pandemic, and the emergence of the NHS Plan and new tobacco dependence services in the NHS.

Despite the many challenges that local authorities have faced over the last ten years, stop smoking services and wider tobacco control work have been sustained in almost all areas. In many local authorities, commitment to reducing the harms of tobacco remains high. This report, presenting findings from the tenth ASH/CRUK survey, offers insight into the range of tobacco control work currently being undertaken by local authorities including supporting smokers to quit, tackling the supply of illicit tobacco, promoting smokefree homes and public spaces, and preventing the uptake of smoking and vaping by young people.

The survey was conducted in September 2023. The following month, after the survey closed, the UK Government announced its smokefree generation proposal which includes a major uplift to the funding of local authority stop smoking services from 2024. The findings presented here are therefore a benchmark, a strikingly optimistic picture of the state of local stop smoking services and tobacco control despite the diminution of the national budget that is now to be reversed. Most local authorities are in a strong position to put the new funds to good use.

The survey included many open-ended, free-text questions and this report uses the responses to these questions to illustrate the range of tobacco control currently being undertaken by local authorities in England. These quotes offer a view of the diversity of current activity which hopefully will be of use to local authority officers and their local partners when considering how best to use their new resources at the beginning of another ten years of action to eliminate the harms of tobacco.

[1] ONS: Adult smoking habits in the UK: 2022. ONS release, 5 September 2023.
[2] Cancer Research UK: Smoking prevalence projections for England based on data to 2021, CRUK September 2023.
[3] UCL: Decline in smoking in England has stalled since pandemic. UCL News, 14 December 2023.

Methods

The survey was conducted online using Survey Monkey during September 2023. 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 150 local authorities with public health responsibilities were approached: county councils, unitary authorities, metropolitan boroughs and London boroughs.

Completed surveys were received from 116 respondents providing data on 124 local authorities (a response rate of 83%). Seven 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 two respondents did not complete all questions. For some questions, 'don't know' responses were also excluded from the reporting.

As in previous years, many free-text questions were included in this year's survey. The answers to these questions were subject to a content analysis in order to identify key themes and issues but were not quantified. The use of quotes throughout this report aims not only to illustrate the issues identified but also to provide insight and inspiration for those seeking to deliver stop smoking services and tobacco control work in local government.

Over the last ten years, the annual ASH/CRUK online survey of local authorities has achieved a consistently high response rate. The findings in this report are drawn from 83% of the local authorities in England that have responsibility for public health. In 2018 and 2021, non-respondents to the online survey were followed up by telephone in order to achieve a 100% response rate for core survey questions. In both years, a comparison of data from online respondents and telephone respondents revealed no significant differences, boosting confidence in the reliability of the online survey data.

The respondents

Of the 116 respondents to the survey, 93 (80%) described themselves as the tobacco control lead (27), the commissioner of tobacco control and stop smoking services (26), or both (40). Of the remaining 23 respondents, 11 were public health specialists, 5 were managers of stop smoking or integrated lifestyle services, 2 were consultants in public health, and 2 were health improvement officers. There was also a Smokefree Alliance lead, an addictive behaviours programme manager and a commissioning support officer.

Over a fifth of respondents (22%) gave all (12%) or most (10%) of their time to tobacco control. However, 51% gave less than half of their time to tobacco control. Table 1 describes respondents' principal public health responsibilities beyond tobacco control. In addition, respondents described a wide range of topics they worked on including:

- ageing well
- air quality
- asylum seeker health needs
- cancer prevention
- climate change and sustainability

- community development
- cardiovascular disease
- diabetes
- domestic abuse
- equality and diversity
- food insecurity
- Health in all Policies
- health inequalities
- healthy places
- health protection
- infant mortality
- long-term conditions
- making every contact count
- oral health
- rough sleepers
- social prescribing
- suicide prevention
- vulnerable people

Table 1. Survey respondents' principal work responsibilities other than tobacco control

Topic	*Respondents (n=116)*
Healthy lifestyle services	50 (43%)
NHS health checks	49 (42%)
Healthy weight	39 (34%)
Drugs and/or alcohol	26 (22%)
Workplace health	23 (20%)
Children/young people	15 (13%)
Gambling	13 (11%)
Mental health	13 (11%)
Sexual health	11 (9%)
COVID response	9 (8%)

Priorities, advocacy and influence

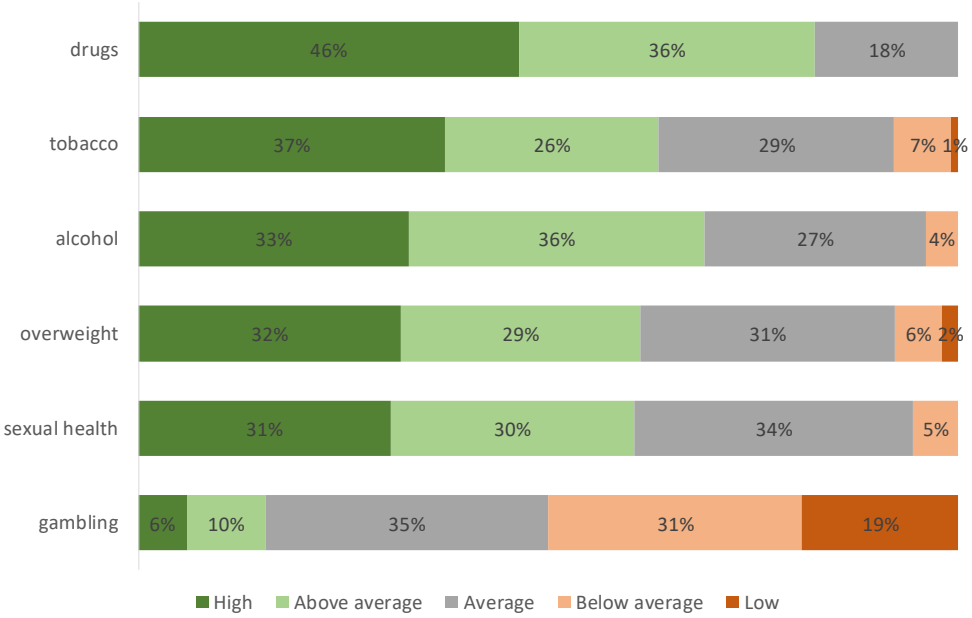
Public health priorities

Respondents to the survey were asked how they perceived the priority given to the following public health issues in their local authorities:

- Tobacco
- Alcohol
- Drugs
- Overweight/ obesity
- Sexual health
- Gambling

Figure 1 illustrates the results for all six public health issues ('don't know' responses are excluded). Tobacco control was perceived to be a high priority in 43 surveyed local authorities (37%) and a low or below average priority in 9 (8%). Tobacco was more often perceived to be a high priority than alcohol, overweight, sexual health and gambling. A high priority for drugs was perceived more often than a high priority for tobacco.

Figure 1. Perceived priority of six public health issues within surveyed local authorities



The long view

Support for tobacco control in local government has never been higher. In 2014, the first year of the survey, tobacco control was perceived to be a high priority in 17% of surveyed local authorities (**Error! Not a valid bookmark self-reference.**). In the subsequent ten years, perceived support for tobacco control rose, fell and rose again. The proportion of local authorities where tobacco control is perceived to be a high priority is now more than double the level in 2014. The proportion of local authorities where tobacco control is perceived to be low or below average has fallen from 15% in 2014 to 8% in 2023.

Table 2. Perceived priority of tobacco control in English local authorities 2014-2023

	2023	*2022*	*2021*	*2017*	*2014*
high priority	37%	33%	18%	26%	17%
above average priority	26%	20%	23%	31%	35%
average priority	29%	36%	41%	31%	34%
below average priority	7%	8%	16%	12%	11%
low priority	1%	4%	2%	4%	4%

Advocacy for tobacco control

Respondents to the survey were asked to identify which individuals in their local authority, if any, actively advocated for tobacco control/smoking cessation. The Director of Public Health

was identified as an advocate for tobacco control in the great majority of surveyed local authorities (91%) and the lead member for wellbeing (or comparative role) in two thirds (66%) of local authorities (Table 3).

Active advocacy by the lead member for health and wellbeing was associated with a high or above average priority for tobacco control. Tobacco control was perceived to be a high or above average priority in 73% of surveyed local authorities where the lead member actively advocated for tobacco control, compared to 42% of local authorities where the lead member did not actively advocate for tobacco control.

The long view

The question of who 'actively advocates for tobacco control' was asked in 2014, the first year that the survey was conducted (Table 3). The findings ten years later are similar, with levels of active advocacy for tobacco control rising slightly overall.

The relationship between advocacy by the lead member for health and wellbeing and the perceived priority given to tobacco control has held across the ten years since the first survey, though it is not as strong as in 2014. In that year, tobacco control was perceived to be a high or above average priority in 70% of surveyed local authorities where the lead member actively advocated for tobacco control compared to 16% of local authorities where the lead member did not actively advocate for tobacco control.

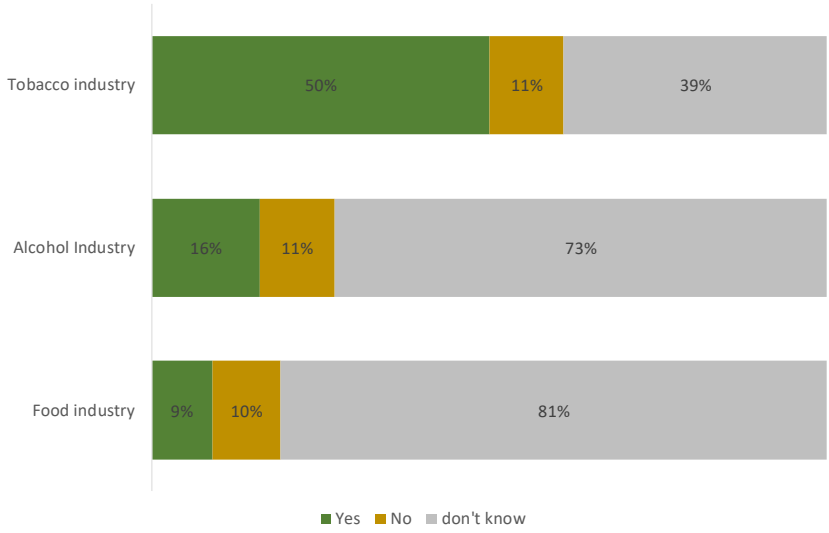
Table 3. Local authority officers and members who actively advocated for tobacco control/smoking cessation, 2023 vs 2014

	2023 (n=122)	2014 (n=118)
Director of Public Health	111 (91%)	88%
Lead member for Health and Wellbeing	81 (66%)	65%
Council leader	34 (28%)	not asked
Any other elected member	40 (33%)	33%
Director of Adult Social Care	25 (20%)	14%
Director of Children's Services	17 (14%)	9%
Director of Communications	8 (7%)	not asked
None of the above	2 (2%)	3%

The influence of industry

Survey respondents 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 2 illustrates the results. Although policies restricting engagement with the tobacco industry were reported in 50% of local authorities, respondents did not know if such policies existed 39% of surveyed local authorities.

Figure 2. Local authorities with policies restricting engagement of members and officers with industry



Tobacco control strategies

At the time of the survey, 84 surveyed local authorities (68%) either had a specific tobacco control strategy (49%) or had set out their tobacco control strategy within a broader strategy on prevention, population health, or inequalities (19%). In two cases, respondents indicated that their local authorities were working to wider regional or ICB strategies.

Thirty-eight local authorities (31%) did not have a current tobacco control strategy including 7 (6%) that had a strategy in development. Two respondents referred to the Joint Strategic Needs Assessment as their strategic guide on tobacco control.

Respondents to the survey were asked to describe the goals of their local tobacco control strategies. Their responses included vision statements, strategic goals and detailed objectives, as illustrated in the following three examples:

> *Our vision is for Birmingham and Solihull to be smoke-free environments where everyone can grow-up, live, work and age well, free from tobacco-related harm. Birmingham and Solihull's Tobacco Control Alliance will work towards a tobacco-free society via coordinated, sustained and effective partnership action to reduce tobacco use and the personal and societal harms of tobacco-related disease and death.* (Solihull Metropolitan Borough Council)
>
> *Protect children and young people from the harms of tobacco and de-normalise tobacco use to help prevent uptake. Reduce health inequalities caused by smoking, by supporting high quality evidence-based interventions, with a focus on achieving equity and fairness. Ensure cross-sector, strategic collaboration around tobacco control, and support the development of a smokefree culture within key organisations.* (Torbay Council)
>
> - *Reduce exposure of children to second-hand smoke.*
> - *Increase the number of successful annual quit attempts through the stop smoking service and commissioned providers.*

- *Incorporate the use of new smoking cessation aids and technologies to support both those accessing specialist support and those who do not access specialist support.*
- *Support the set up and implementation of TTD pathways between maternity, acute trusts and mental health trusts and LA stop smoking support services.*
- *Co-commission joint south west lead and plan to target illicit tobacco.*
- *Provide access to all professionals on smoking cessation including VBA and stop smoking advisor training.*
- *Actively engage with employers of R & M workers providing ongoing support and advice to employees wishing to stop smoking and advice around smokefree policy design and implementation.*
- *Explore further opportunities to create smokefree environments in addition to play parks and beaches.* (North Somerset Council)

The strategic tobacco control goals common to many responses were to:

- reduce smoking prevalence and achieve a smokefree future by helping smokers to quit and preventing young people from starting smoking
- reduce smoking-related inequalities, especially in relation to pregnant women, people with routine and manual occupations and people with mental health conditions
- promote smokefree environments (home, workplace and public) and reduce exposure of young people to second-hand smoke
- reduce the trade in illicit tobacco and vaping products

Many other goals were identified beyond these common goals, including the following:

- increase awareness of the harms of smoking through engagement, communication campaigns and peer education
- promote compliance with smokefree legislation through advice, education and enforcement
- increase quit attempts
- support the implementation of NHS tobacco dependence treatment services and ensure effective integration of NHS and community services
- promote a balanced approach to harm minimisation
- prevent young people from starting vaping
- train professionals in VBA and make every contact count
- normalise a smokefree lifestyle and make smoking invisible to children
- tackle use of shisha and smokeless tobacco
- build partnerships and ensure cross-sector collaboration
- ensure alignment of tobacco control priorities with wider council strategy

Some respondents described goals with targets. Again, these ranged from long-term strategic targets to medium- and short-term goals:

> *The Alliance has a clear, shared ambition to see smoking amongst adults reduced to 5% or lower by 2035 across Nottinghamshire and Nottingham City. Further to this, we want to make the harms of smoking a thing of the past for our next generation such that all of those born in 2022 are still non-smokers by their 18th birthday in 2040.* (Nottingham City Council)

> *The following targets are proposed for the duration of the strategy 2023-2028: 1) Reduce smoking prevalence in Luton in adults 18+ from 15.3% (2020) to 10%. 2) Reduce smoking prevalence in people from routine and manual groups from 32.7% (2020) to 27%. 3)*

Reduce smoking prevalence in people living in social housing from 27.8 to 22%. (Luton Council)

The long view

In 2014, one year after local government took on responsibility for tobacco control and stop smoking services, 69% of surveyed local authorities had a tobacco control plan. Likewise, in 2023, 69% of surveyed local authorities had either a tobacco control strategy or a broader strategy on prevention, population health or inequalities which included tobacco control. There has, however, been a shift in the focus of targets. In 2015, targets were principally set in terms of the number of four-week quitters. Today, smoking prevalence targets are more common. The national smokefree target for 2030, cited by several survey respondents to the 2023 survey, has contributed to this shift.

Alliances and partnerships

The 2023 survey explored three forms of partnership:

- local tobacco control alliances
- collaboration with the NHS in the delivery of the Long Term Plan
- regional or supra-local tobacco control work

Three fifths of surveyed local authorities (60%) had a tobacco control alliance at the time of the survey. This has risen from 54% in 2021.

Among the three-fifths of local authorities that had a tobacco control alliance, 68% had a specific tobacco control strategy and 15% set out tobacco control strategy in a broad strategy on prevention or population health. In contrast, among the two-fifths of local authorities that did not have a tobacco control alliance, 60% did not have a strategy of any kind (12% had a specific tobacco control strategy and 15% included tobacco control in a broader strategy on prevention or population health).

The level of local authority involvement in the planning and delivery of NHS Long Term Plan services varied widely (Figure 3). Although 95% of surveyed local authorities had been involved in some way in this major programme of new work, the level of involvement ranged from taking a lead in delivering NHS tobacco dependence treatment services (16%) to simply being consulted (32%).

Respondents described their work with Integrated Care Systems in their own words. These accounts focused on the roll-out of NHS tobacco dependence treatment services including the integration of the services with community stop smoking services. They also described:

- delivering Targeted Lung Health Checks
- establishing treatment pathways across the local health economy
- providing a stop smoking offer for NHS and social care staff
- agreeing a common position on vaping

Nearly four fifths of surveyed local authorities (78%) were involved in regional or supra-local work. The networks and partnerships mentioned by respondents included:

- Regional tobacco control offices, alliances and networks including Fresh in the North East and Greater Manchester Make Smoking History
- Integrated Care System (ICS) tobacco dependency and tobacco control steering groups
- OHID regional networks
- ADPH networks
- Other sub-regional tobacco control alliances, networks and delivery groups

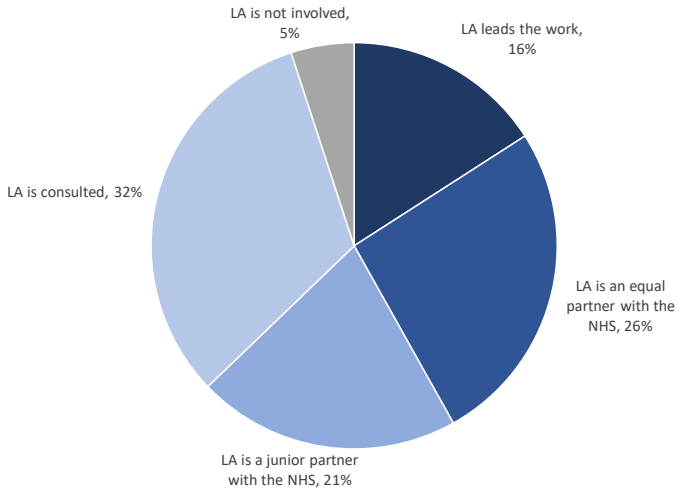
The following three examples illustrate the range of interests of regional and sub-regional partnerships:

> *We are part of an East Midlands Tobacco Control Community of Improvement which meets regularly and we are also linked in to the Midlands Tobacco Control Network which is led by OHID partners. We also form part of the membership of a Smoking in Pregnancy group which works across the ICS footprint. From a trading standards perspective they are linked in to a HMRC-funded operation to combat illegal tobacco* (Derby City Council)

> *Our Director of Public Health is the lead DPH for tobacco control in Greater Manchester. As the tobacco control lead I am linked into GM Make Smoking History meetings and OHID North West network and meetings. A programme officer also contributes to a NW OHID group on youth vaping.* (Tameside Metropolitan Borough Council)

> *We have developed vaping resources for schools and parents in collaboration with ASH and these have been developed with colleagues from across Yorkshire and Humber region and also with Fresh and OHID. We also contribute to South Yorkshire regional work on QUIT - tobacco dependency treatment in secondary care and also communication campaigns.* (Sheffield City Council)

Figure 3. Involvement of local authorities in the planning and delivery of NHS tobacco dependence treatment services



The long view

The number of surveyed local authorities with a tobacco control alliance (60%) has risen from 54% in 2021 but remains lower than when local government first took control of public health. Tobacco control alliances were reported in 73% of local authorities in 2014 and in 76% of local authorities in 2016.

In 2015, 71% of surveyed local authorities were working with other councils to deliver tobacco control or smoking cessation interventions. Nearly a decade later there are fewer regional

tobacco control offices but 78% of local authorities are involved in regional or supra-local tobacco control work.

Inequalities

Respondents to the survey described how their local authorities were tackling smoking-related inequalities. All but seven respondents (94%) gave a description of the local approach, some in considerable detail. Across all the responses, a broad view emerged which included gathering intelligence, strategic planning, and the use of a range of tobacco control measures to reduce inequalities.

Gaining intelligence to understand the profile of local needs and inequalities was acknowledged to be an essential component of the work:

> *As part of our service review we are completing a health equity audit to understand inequities in access and outcomes, and will use this to inform targeted work to address these. We have recently secured ICB funding for a post to deliver targeted stop smoking interventions in an area of high deprivation and high COPD admission rates.* (West Northamptonshire Council)

> *A recent Tobacco Needs Assessment has been undertaken to understand health needs priorities in relation to tobacco related harm and tobacco control. As part of our work undertaken by our smoking cessation service targeted support is provided to recognised vulnerable groups in relation to smoking inequalities, e.g. routine and manual workforce, social housing.* (Derby City Council)

Strategic planning with local partners was described by several respondents. The following example from Brighton and Hove opens up the scope for tobacco control interventions:

> *So far we have identified priority groups to tackle inequality. As we develop our strategy we will look for opportunities to provide targeted support to priority groups and create services, policy, and environmental change to address inequality and support culture change. We are working with tobacco alliance and other strategic partners in a 'whole systems approach' to work with and understand the needs of our priority populations.* (Brighton and Hove City Council)

This account from Northumberland also takes a broad view, focusing on community assets:

> *Northumberland County Council and system partners have agreed a Northumberland Inequalities Plan which sets out how we can collectively take a community strengths and asset-based approach to tackling inequalities. The Northumberland Tobacco Control Partnership is using this approach alongside our adopted key-strands of tobacco control.* (Northumberland County Council)

A few respondents cited **KPIs or targets** for tobacco control which were differentiated by priority populations, as in the following example from Swindon:

> *We have specific targets that we have calculated for the next 5 years based on prevalence within priority communities. By 2028 we will:*
>
> - *Reduce the prevalence of smoking in the adult population from 12.5% to 5%.*

- *Reduce the prevalence of smoking in routine and manual workers from 22.9% to below 10%.*
- *Reduce the prevalence of smoking in those with a serious mental illness from 40% to below 20%.*
- *Reduce the prevalence of pregnant people who smoke at the time of delivery from 8.5% to below 5%.*
- *Reduce the prevalence of smoking at age 15 from 7% to below 5%.*

We will be placing greater emphasis on outreach and engagement for routine and manual workers and are applying for resource to offer vapes to substance misuse and social housing cohorts (Swindon Borough Council)

Most respondents identified the **targeting of stop smoking services** as their principal tool in tackling inequalities. They described a variety of approaches to targeting including area-based clinics, integration with other high-need services, workplace support, specialist advisers, the use of incentives, and outreach into communities:

All clinics are based within areas of deprivation where smoking rates are the highest. We also host clinics within alcohol and substance misuse settings providing ongoing training and support for staff in these settings. We also continue to provide support to pregnant women however this support will gradually decrease as the TTD maternity program gathers pace. A Workplace Award scheme has been implemented considering a range of lifestyle behaviours in R&M settings with the smokefree team playing a crucial role in supporting this workstream. (North Somerset Council)

This is a priority area of work and the smoking service is commissioned to prioritise groups that are most affected by inequalities. For example, additional clinics are delivered in our most deprived wards and specialist advisors work with people with poor mental health. (Metropolitan Borough of Sefton)

Focus on our priority populations which include mental health, pregnancy, routine & manual, drug and alcohol users, people living in social housing, the homeless population. Incentivise quits with these populations. Conduct outreach work/work with charities and groups who specialise in working with these groups. (London Borough of Southwark)

The great majority of local authorities did not limit their stop smoking services to target populations but combined these targeted approaches with a universal service (see page 00). Arguably, **an accessible, flexible and adaptable universal service** is itself integral to the task of reducing inequalities, as highlighted in the following example:

Accessibility and flexibility: timings, approach, face to face/virtual/phone, 1-1 or group. Variety of options to quit: behavioural support, NRT, vapes. No treatment break required: support based on need. Peer support. Targeted education programmes. Links to other statutory and VCS organisations. Alliance signed up to the 2030 smokefree pledge. Focus on north of borough. Clinics in high volume areas/communities, substance misuse service. (Solihull Metropolitan Borough Council)

Tackling the illicit trade was identified by several respondents as a key component of local and regional efforts to reduce smoking-related inequalities, alongside the provision of stop smoking support:

Targeted offers of support - delivering bespoke support to pregnant smokers (via local incentive scheme), people with SMI, routine & manual workers and within social care and

focusing support in areas of greatest need i.e. highest deprivation. Tackling illegal and illicit tobacco also with a focus on areas of highest deprivation. (South Tyneside Council)

Driven by data, the expectation for the tobacco treatment service is to target people from areas of high smoking prevalence. Within the service spec, priority groups have been outlined, these include, people with MH, Substance misuse, COPD, GRT, LTC and pregnant women. We also fund West Yorkshire Trading Standards for enforcement and education around cheap and illicit tobacco. (Bradford Metropolitan District Council)

The following example from Doncaster identifies enforcement work within a wide range of activity that also includes stop smoking support within workplaces and communities, smokefree services, VBA training for debt services, and harm reduction:

Targeted support to quit for these populations is included in the commissioned service. Work with local businesses to support their employees in R&M occupations (including supporting sign-up to Tobacco Declaration / Be Well @ Work charter). Smoking cessation support in local communities targeting the top 5 most deprived wards in Doncaster – part of Well Doncaster. Mental Health Trusts implement smoke-free sites and QUIT model. Sub-regional enforcement work to seize and close down illicit tobacco sales. Work to incorporate VBA into debt advice. Harm reduction through vape to quit (City of Doncaster Council)

Finally, the following account from the highly diverse inner-London borough of Tower Hamlets includes gaining local intelligence, campaigns, targeted services, innovative approaches for specific groups, performance indicators and community partnerships:

Data driven approach (local smoking rates by demographics); Stop smoking campaigns targeted at priorities groups; Innovative approach supporting specific groups i.e. 28-day challenge switching to vaping among younger white group; Key performance indicators set for quits among priority groups (e.g. BAMEs, pregnant women, people with MH/SMI, people with COPD, young people, routine and manual workers); Partnership working with community organisations/groups supporting priority groups, including community pharmacies. (London Borough of Tower Hamlets)

Stop smoking services

Services commissioned or provided by local authorities in England in 2023

In 2023, local authorities in England continued to deliver a wide range of community stop smoking services. Only two of the 124 surveyed local authorities did not provide any stop smoking services for their local smokers.

Specialist stop smoking services were commissioned or provided by 89 (72%) surveyed local authorities in 2023. This included 78 universal specialist services (63% of all surveyed local authorities) and 11 services that were only offered to priority groups (9%).

In addition, 23 local authorities (19%) commissioned an integrated lifestyle service instead of a specialist service, and 9 local authorities (7%) commissioned support in primary care as their principal offer to smokers in the community. Services in primary care were mostly

delivered by GPs and pharmacists, though this finding includes one local authority where stop smoking support was provided by a drug and alcohol service, and one where support was available through community hubs.

Three quarters of local authorities (75%) commissioned more than one service. Table 4 summarises the mix of services commissioned by surveyed local authorities in 2023 and Table 5 describes the full range of services commissioned. These tables show that:

- Integrated lifestyle services were often commissioned in addition to specialist services (these may sometimes be different functions of the same service)
- Although pharmacists were rarely the principal service offer to smokers, they were commissioned to provide support in half (49%) of all surveyed local authorities.
- The commissioning of services in the NHS declined between 2022 and 2023 in all settings but especially in maternity services (falling from 27% to 15%).

Table 4. Mix of services commissioned or provided for smokers by local authorities in England, 2023

Principal offer to smokers (exclusive categories)	*local authorities (n=123)*	*Additional services commissioned (% of this principal commissioned service)*		
		Integrated lifestyle service	*Primary care*	*Other provider*
Specialist stop smoking service (universal)	78 (63%)	25 (32%)	45 (58%)	38 (49%)
Specialist stop smoking service (targeted)	11 (9%)	2 (18%)	2 (18%)	1 (9%)
Integrated lifestyle service	23 (19%)		13 (57%)	9 (39%)
Support from primary care	9 (2%)			6 (67%)
No service	2 (2%)			

Table 5. Services commissioned or provided for smokers by local authorities in England, 2023 vs 2022

Commissioned services	*2023 (n=123)*	*2022 (n=127)*
Specialist stop smoking service (universal)	78 (63%)	67%
Specialist stop smoking service (targeted)	11 (9%)	7%
Support from pharmacists	60 (49%)	54%
Integrated lifestyle service	50 (41%)	46%
Support from GPs	49 (40%)	44%
Support within NHS acute services	21 (17%)	24%
Support within NHS maternity services	19 (15%)	27%
Support within mental health services	19 (15%)	17%
Support within drug and alcohol services	19 (15%)	20%
Support from vape shops	10 (8%)	7%
Support from Allen Carr	3 (2%)	-

Web-based information	47 (38%)	53%
Phone app	30 (24%)	18%
No service	2 (2%)	1%

The long view

In the early years of the ASH/CRUK survey there was some concern that a diminution of budgets was going hand-in-hand with a decline in specialist stop smoking services. Between 2016 and 2018 the proportion of surveyed local authorities with a specialist stop smoking service fell from 75% to 65%. Subsequently, however, the number of local authorities with a specialist service started growing again, with 74% reporting a specialist service in 2022 and 72% in 2023.

Early on, however, there was a clear shift towards commissioning integrated lifestyle services as an alternative or complement to specialist stop smoking services. This was first reported in 2015, before the first quantitative assessment of commissioning choices in 2016. By 2016, 20% of surveyed local authorities had already switched to commissioning a lifestyle service instead of a specialist stop smoking service.

In 2017, the specification of lifestyle services was explored in more detail. Then, 17% of surveyed local authorities commissioned a lifestyle service including 9% where the service employed specialist stop smoking advisers and 8% where stop smoking advice was 'fully integrated' into the wider lifestyle offer. Even then, however, almost all advisers within lifestyle services (92%) offered behavioural support for smoking cessation for those who sought it.

Methods used to provide stop smoking advice

Face-to-face stop smoking support was offered by 94% of surveyed local authorities in 2023. Telephone support was as widely used (Table 6). The use of video conferencing, which first became prominent during the COVID-19 pandemic, has continued to decline but was still used by two-fifths of local authorities to provide stop smoking advice.

Table 6. Methods used to provide stop smoking support in services commissioned by local authorities, 2021-2023

Method	*Local authorities*		
	2023 (n=123)	*2022 (n=127)*	*2021 (n=150)*
Telephone advice	116 (94%)	96%	98%
Face-to-face advice	115 (94%)	95%	83%
Text messaging	76 (62%)	63%	75%
Email	54 (44%)	39%	47%
Video conferencing	50 (41%)	51%	60%
Mobile phone apps	42 (34%)	24%	40%

Medications, e-cigarettes and incentives

The treatment options explored in the survey were nicotine replacement therapy (NRT), generic varenicline, and e-cigarettes:

- Dual-form NRT was offered to smokers by 114 local authority stop smoking services (93% of all surveyed local authorities).

- Over half of the respondents (59%) did not know if local GPs were prescribing generic varenicline. In the 49 local authorities where the respondent did have knowledge of local practice, only 5 (4%) reported that generic varenicline was being prescribed by some or all GPs.
- In two thirds of surveyed local authorities (83, 67%) e-cigarettes or vapes were offered to some or all smokers using stop smoking services.

Stop smoking incentive schemes were offered by 33 surveyed local authorities (27%). Most of these schemes were for pregnant women: all of these 33 local authorities offered incentives to pregnant women and 7 additionally offered incentives to other smokers.

The long view

There has been little change over time in the number of local authorities offering dual NRT. In 2018, 89% of surveyed local authorities offered these medications, rising to 93% in 2023. In contrast, the change in the offer of varenicline has been marked. In 2018, 93% of local authorities offered Champix to clients of their stop smoking services. Now, following the withdrawal of Champix from the market in 2021, only 4% offer generic varenicline.

The use of e-cigarettes as a treatment option has risen over the same period. The ASH/CRUK survey first investigated the use of e-cigarettes in 2017. Then, respondents were only asked if local services supported the use of e-cigarettes by their clients (75% did so). The actual offer of e-cigarettes by stop smoking services has been tracked since 2019. Then, only 11% of services offered e-cigarettes to some or all of their clients, rising to 40% in 2021, 52% in 2022 and 67% in 2023.

Target populations

Respondents to the survey were asked to describe in their own words the target populations of their local authority's stop smoking services. Table 7 presents the quantified results of a content analysis of their free-text answers.

These results in Table 7 are affected by differences in how respondents defined or described high need populations. For example, 'people on low incomes' and those in 'areas of high deprivation' are different perspectives on the same population of need. Nonetheless, the open question captures the diversity and complexity of local inequalities. The following examples illustrate both the specificity of local needs and the care with which target groups may be defined:

> *Low social economic neighbourhoods and backgrounds, routine and manual labour, minority groups, including the travelling community, coastal community, manual workers, farmers, and fishermen.* (East Riding Council)

> *People in socioeconomically deprived communities, people living in social housing, people working in routine and manual jobs, high smoking prevalence global majority groups, including: Turkish/Kurdish/Cypriot, black Caribbean and mixed white/black Caribbean, Bangladeshi, Eastern European, Vietnamese, people with poor mental health, people living with long-term physical health conditions (especially those caused by/made worse by smoking), pregnant women and their families (especially those living in deprived communities), people experiencing homelessness, people with substance misuse, people with multiple needs, LGBTQIA+ communities.* (London Borough of Hackney and City of London)

Children and young people aged 12 and above. Pregnant women, women who have recently given birth and other people who smoke in their household. Service users with mental health conditions, including dementia and Alzheimer's. Service users with respiratory conditions, including asthma and COPD. Vulnerable groups, linked to PHE Disparities (deprivation, social housing, frontline workers, homelessness, substance misuse, refuge and asylum seekers, routine and manual workers). Communities linked to higher prevalence of smoking, higher risk of diabetes and cardiovascular disease.
(London Borough of Hounslow)

Table 7. Populations targeted for stop smoking support by local authorities in England, 2023

Population	*Local authorities (n=120)*
People with mental health conditions	77 (64%)
Pregnant women	74 (62%)
People in routine or manual occupations	73 (61%)
Areas of high deprivation	58 (48%)
People with COPD, CVD, cancer or other long-term conditions	40 (33%)
Young people	26 (22%)
Black and minority ethnic populations	25 (21%)
People with alcohol or drug use problems	25 (21%)
LGBTQ+ community	16 (13%)
Partners or household members of pregnant women	16 (13%)
People living in social housing	14 (12%)
Homeless people	12 (10%)
Parents with young children	8 (7%)
People who are unemployed	8 (7%)
People with learning disabilities	7 (6%)
People with complex health needs	5 (4%)
People on low incomes	4 (3%)
Refugees/asylum seekers	3 (3%)

The long view

The CRUK/ASH survey has explored inequalities and target populations several times over the last ten years. The survey questions on target populations have, however, changed (this is the first year that it was asked as a free text question), so results are not directly comparable. Nonetheless, it is possible to compare how different groups have been ranked in response to these varying closed and open questions (**Error! Not a valid bookmark self-reference.**).

The only change in ranks between 2016 and 2023 was the fall in rank of pregnant women from the most-commonly identified target group to second-most commonly identified target group. This is likely to reflect the ongoing transfer of responsibility for providing stop smoking support to pregnant women from local authority services to NHS tobacco dependence treatment services. This was mentioned by three respondents in their answers to this question.

Table 8. Ranks of target populations of local authority stop smoking services 2016-2023

Population	*Rank*

	2023	*2019*	*2016*
People with mental health conditions	1	2	2
Pregnant women	2	1	1
People with routine or manual occupations	3	3	3
People with long-term conditions	4	4	4
Black and minority ethnic populations	5	5	5
LGBTQ+ community	6	6	6

Changes in demand for stop smoking services

Respondents to the survey were asked if demand for local authority stop smoking services had changed in the 12 months prior to the survey. An increase in demand was reported in 36% of surveyed local authorities and a decrease in 18% (Figure 4).

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

- the introduction of targeted lung health checks (TLHC) and tobacco dependence treatment services (TDTS) in the NHS
- changes to the community stop smoking service itself including new providers, the expansion of eligibility criteria, and the introduction of e-cigarettes as part of the offer to smokers
- marketing of the community stop smoking service
- the cost of living crisis
- post-Covid recovery

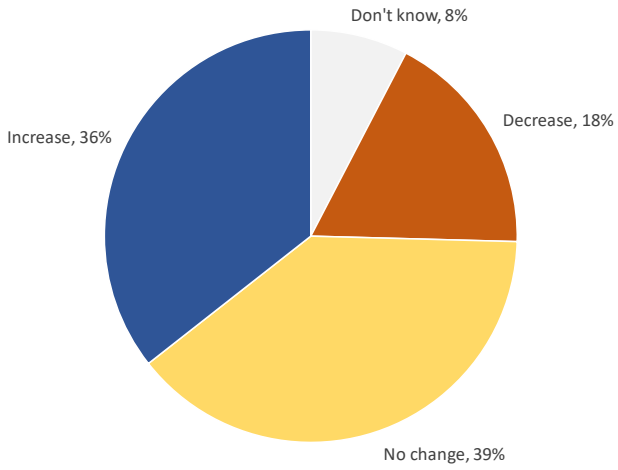
Demand was reported to have decreased because of:

- an increase in smokers using e-cigarettes to quit without the support of services
- recruitment problems and loss of advisers to the NHS
- loss of support and referrals from primary care
- the reduction in treatment options available for smokers
- the cost of living crisis

The impact of new NHS services on demand for local authority stop smoking services was diverse. Some respondents reported that the roll-out of tobacco dependence treatment services was still in its early stages and an increase in demand was anticipated but had not yet been felt. At the other extreme, an increase in demand of 200% due to the combined effects of TLHC and TDTS was reported in one city. Several respondents described ongoing challenges to establish appropriate pathways between NHS and community services and reduce inappropriate referrals.

No-one reported a fall in demand due to the NHS taking over responsibility for stop smoking support in maternity, acute and mental health settings.

Figure 4. Change in demand for local authority stop smoking services, 2023



Reconfiguration in response to implementation of NHS services

Survey respondents were asked to describe any ways in which their stop smoking services had been reconfigured in response to the introduction of tobacco dependence treatment services and/or targeted lung health checks. Their accounts further illuminate the diversity of local experience. Three key challenges they faced were:

- ensuring that support was available to patients discharged from NHS services and that referrals were appropriate
- working closely with NHS partners to maximise outcomes from the combined services
- rethinking priorities for the community service

The following examples illustrate these overlapping concerns:

> *The provider has a specialist advisor for pregnancy who works with referrals from maternity services. The delivery of the NHS tobacco dependence treatment very much relies on the commissioned provider picking up the discharged patients to support the quit attempt.* (London Boroughs of Camden and Islington)

> *We were fortunate that we had capacity to support the TLHC programme within the current service. We did provide training for the nurses, attended meetings to present the service and provided a 'script' that could be used at the point of triage with the patient. We have supported the training and mentoring of the tobacco dependency advisors, attended joint awareness events with the LTP team, and supported the comms. We facilitate a discharge clinic once per week to allow continuation of support in the community in a timely manner and we have a bespoke offer for NHS workforce.* (Hull City Council)

> *Our stop smoking service is based within our wider health improvement service, giving us flexibility to respond to surges in demand, e.g. when TLHCs are concentrated within a specific community. Also the service now does less outreach to engage people due to the referrals received from TTD and TLHC programmes.* (Salford City Council)

Waiting times are generally not a problem in community stop smoking services. Only 7 local authorities (6%) reported that service users had to wait over a month for behavioural support.

Enforcement and the illicit trade

Most surveyed local authorities were engaged in work to enforce legislation and reduce illicit sales. Overall, 89% of surveyed local authorities reported at least one of the following actions in the 12 months prior to the survey:

- conducting underage test purchases of tobacco products
- conducted underage test purchases of e-cigarettes/vapes
- seizing illicit tobacco products
- seizing illicit e-cigarettes/vapes

Findings for each activity are presented in Table 9, which shows that a significant minority of respondents were unable to report the activity of their Trading Standards teams. In many local authorities, however, relationships between Public Health and Trading Standards were strong. Survey respondents described service level agreements, joint targets, and specific funding arrangements, as in the following example:

> *Public Health funds a Fair Trading Officer embedded in the Trading Standards team to address underage, illicit and illegal tobacco and alcohol - activities follow the Illicit Tobacco Framework and include comms, work with retailers, as well as enforcement. This role has augmented the TS team's ability to focus on activities to enforce legislation and tackle the illicit trade.* (Northumberland County Council)

The Illicit Tobacco Framework described in this example is sustained by Fresh, the regional tobacco control office for the North East. Other regional and sub-regional programmes to tackle the illicit trade were mentioned by respondents including those in the Southwest, Greater Manchester and West Yorkshire.

In addition to test purchasing and enforcement operations, the range of work undertaken by surveyed local authorities included:

- advice, training and support for retailers
- community education
- public communication campaigns
- joint projects with HMRC
- local intelligence-gathering and community research
- testing of illicit products
- targeted work on Shisha use
- national advocacy

The following examples illustrate this diversity of work:

> *In addition to enforcement visits targeting small and medium sized enterprises, Croydon trading standards have carried out a number of targeted operational activities directed at storage units working with a dog handler and a team of specially trained sniffer dogs to hidden tobacco. Furthermore, the team provide free-of-charge trader training sessions directed at SMEs to help them understand laws relating to the sale of age restricted products and raise awareness of the issues regarding the illicit tobacco trade.* (London Borough of Croydon)

> *Operation Ce Ce, the HMRC-funded operation to combat illegal tobacco. Also, media coverage, working with Derby University and Public Health to get illicit products tested to*

better inform Government and the general public on their contents and effects. (Derby City Council)

A project was commenced prior to the Birmingham 2022 Commonwealth Games to investigate the retail sale of vapes and ensure compliance. This involved intelligence gathering re. the type and amount of products available, a wholesaler inspection and underage test purchases and sample analyses. A significant degree of non-compliance was found, in particular with the labelling and packaging of vapes. In addition, analyses revealed that some samples labelled as containing 'no nicotine' did in fact contain nicotine. (Birmingham City Council)

We have contributed to the national call for action on youth vaping. We have commissioned customer insight work on illicit tobacco to inform a communications campaign to increase awareness of and support for reducing the supply and demand of illicit tobacco products in communities. (Central Bedfordshire and Milton Keynes)

Manchester does regular work to enforce the Health Act in Shisha cafes where indoor smoking is very normalised. We have in excess of 30 such premises in the city. Issues around counterfeit vape seizures are now the biggest area of work for our Trading Standards team. Public Health are funding TS to commission testing of content of vaping liquids from seized, counterfeit vapes. (Manchester City Council)

Trading Standards are working closely with Public Health and other partners to provide up-to-date information advice to schools and those working with young people about vapes, and will be working with colleagues to provide evidence-based information and advice to the public about vapes. Trading Standards also produce a Responsible Retailer Scheme, including sections on tobacco and vapes, and work with them to encourage responsible activity. (Sunderland City Council)

Table 9. Work undertaken in previous 12 months to enforce legislation and tackle illicit tobacco

	Yes	*No*	*Don't know*
underage test purchases of tobacco	71%	8%	21%
underage test purchases of vapes	79%	6%	15%
seizure of illicit tobacco	81%	3%	16%
seizure of illicit vapes	81%	4%	15%

The long view

In 2014, the first year of the ASH/CRUK survey, respondents were asked about the changes in their relationships with key stakeholders since the move from the NHS to local government in 2013. The relationships that had improved most often were with trading standards officers: 51% reported improvements in these relationships. Subsequently, in 2016, 88% reported productive relationships with trading standards officers, the highest rating of the 12 stakeholders explored in that year's survey.

Since 2019, the ASH/CRUK survey has recorded the range of wider tobacco control work undertaken by local authorities. In 2019, work to tackle the illicit trade was reported by 91% of surveyed local authorities and work to enforce legislation was reported by 87% of local authorities. There has been little change in subsequent years: tackling illegal tobacco has consistently been the most frequently reported area of wider tobacco control work among surveyed local authorities.

Smokefree environments

Seventy-one of the surveyed local authorities (57%) had undertaken work in the 12 months prior to the survey to promote smokefree environments. Thirty (24%) had supported the creation of new smokefree public spaces and 57 (46%) had undertaken work to promote smokefree homes.

Public spaces that had gone smokefree included parks, playgrounds and community venues; sports venues and 'sidelines'; and schools and higher education campuses. Local authorities had also supported some NHS sites to go or remain smokefree.

> *The Alliance has collaborated to produce information and resources for local community venues in Reading (under the banner of Smokefree Generation). In addition, two Reading youth football clubs have signed up to the Smokefree Sidelines initiative in collaboration with Berks & Bucks FA.* (Reading Borough Council)

> *Working with Future Parks in their development of new signage for public parks to include new messaging around smokefree spaces.* (Doncaster)

> *Proud to be Smokefree due to be launched in the Autumn with local rugby clubs and schools. Work has been progressing over the last year.* (Wakefield)

> *Smokefree School Gates policies within participating schools within School Superzones areas* (London Borough of Bexley)

> *Encouraging colleges in our LA to become smokefree campuses and working with the NHS updating smokefree policies for Trust.* (Middlesborough, Redcar and Cleveland)

Northumberland County Council had introduced smokefree rules for outdoor pavement areas where food is served:

> *During Covid, Northumberland County Council implemented a smokefree requirement when establishments were applying for outdoor seating areas. We considered this part of our 'health in all policies' approach. The measure, preventing smoking in areas where pavement licences are granted for pubs and restaurants to serve food and drinks on the highway, was put in place for any new applications. It was a 'standard condition' drawn from the national guidance 'Standard Conditions of Pavement Licence 2020'. After the pandemic we replaced the temporary requirement with a permanent scheme under the Highways Act - which includes all of the same obligations on the operator including the smoke free requirements.* (Northumberland County Council)

Tameside Metropolitan Borough Council in Greater Manchester had sought to promote smokefree events, enabled by the intelligence on events received by the council:

> *We continue to monitor all Events Notifications that come through to Tameside MBC. We contact all that are children/young people/family focused to request they hold their event as smokefree. In 2022/23, 39 events agreed to hold their event as smokefree with an estimated 24,880 people to attend these events. The extent of going smokefree varies: all are sent the Smokefree Events toolkit with steps to take to go smokefree, some simply promote it with the logo on their promotional activity, others announce it and 'police it' where possible, others may get access to smokefree events training. So far all events in the last year have either promoted the smokefree events logo on promotional activity, announced it, and monitored it where possible.* (Tameside Metropolitan Borough Council)

Work on smokefree homes was pursued in a variety of ways including:

- integrating smokefree homes advice in the service provided by the stop smoking service or integrated lifestyle service
- integrating smokefree homes advice in early years and Children ad Young People's services
- engaging with housing teams and providing advice and resources for social housing landlords

Examples of these three approaches are presented in Table 10. In addition, several respondents mentioned the ongoing role of the local fire and rescue service in promoting smokefree homes.

Several respondents from the Southwest described a regional approach to smokefree homes which had resulted in shared guidance:

> *We have been involved in a Sector Led Improvement Project for Smokefree Homes - SW guidance created and can be found here - https://www.adph.org.uk/networks/southwest/links-and-resources/* (Swindon Borough Council)

Table 10. Examples of the approaches taken by local authorities to promoting smokefree homes

Approach	*Example*
Integrating smokefree homes advice in core stop smoking service	*Service has a KPI around supporting clients to establish smoke free homes, this conversation is a core part of the service. Service delivers free training on smoke free homes to any professional or volunteer working with Bristol residents, including health visitors, school nurses, community NHS provision etc.* (Bristol City Council)
	Our integrated lifestyles service promotes the signing of smokefree home pledges (Royal Borough of Kensington and Chelsea)
Integrating smokefree homes advice in early years and CYP services	*As part of the 0-19 commission Health Visitors routinely promote smokefree homes. We will be working with the Family Hubs to deliver on this agenda as well.* (Bolton Metropolitan Borough Council)
	Smokefree Homes is a new initiative available to mums, dads, carers, or anyone living with a child under the age of 3 in Worcestershire. Individuals are offered free NRT and 1-2-1 or family support with a trained advisor. (Worcestershire County Council)
	Work with Childrens Centres to improve VBA messaging, signposting and/or referral for support. Also close working with Maternity service in Smokefree homes messaging alongside Smokefree Pregnancy pathways (London Borough of Bexley)
Engaging with housing teams and	*Created a programme called Step Right Out which encourages residents to make a pledge to maintain smoke free homes* (Leicester City Council)

supporting social landlords	
	Alliance members have collaborated to produce information and resources for social housing landlords. (Reading Borough Council)

The long view

The 2023 data on smokefree homes are consistent with findings from previous surveys. The result for this year – 46% of local authorities undertaking work to promote smokefree homes – is the highest in five years but the variations over this period were small. In 2019, 44% of surveyed local authorities reported undertaking work to promote smokefree homes; in 2022, 41% did so.

The 2023 data on smokefree public spaces are *not* consistent with findings from previous surveys as the question asked this year had a narrow focus on the creation of new smokefree public places in the prior 12 months. Previous surveys have simply asked if work was being done to promote smokefree public spaces, which could include sustaining, monitoring or developing such spaces. Between 2019 and 2022, 56-63% of surveyed local authorities reported promoting smokefree public spaces.

Children and young people

Ninety-eight of the surveyed local authorities (79%) had done work in the previous 12 months to prevent children and young people smoking tobacco products, and 113 (91%) had done work to prevent children and young people vaping.

Work to prevent young people smoking was, in most cases, well established, with many local authority stop smoking services or lifestyle services including an offer to young people. These services were linked to referral pathways in schools and other institutions for young people, though direct access was sometimes possible:

> *Smoking cessation support is readily available for children and young people via our commissioned service provider website, by phoning or completing an online referral into the service. A clear referral pathway is also in place for clinicians, schools, and other community providers to refer into our service.* (Essex County Council)

Education and prevention work was delivered in a variety of ways including via Healthy Schools programmes, the PHSE syllabus, and through outreach by substance misuse services. School nurses and health visitors were identified as being key players in preventing smoking uptake. The work of Trading Standards and the promotion of smokefree homes, parks and school gates were also mentioned by respondents as being important. The following example from Bristol illustrates some of the opportunities available to local authorities to prevent smoking uptake by children and young people:

> *Smoking cessation for pregnant women. Smoking cessation for pre-school families, working with health visitors to inform and upskill teams in smoking and smokefree homes messages as well as advice on smoking cessation and referrals. Participated in regional smokefree homes gold standard pathway development and application locally. Ongoing development of Healthy Schools' 'understanding substances' work to take a school based approach to smoking/vaping interventions.* (Bristol City Council)

Work to prevent children and young people vaping was, in contrast, relatively new and had gained urgency following the rise in prevalence of vaping in this age group. To some extent, this work built on previous work to prevent smoking uptake, but there were also new needs to address. A common concern was to inform young people about the risks of vaping and provide guidance to professionals working with children and young people in diverse contexts:

> *Working alongside the addiction recovery service to align vaping messaging with their engagement with CYP re drugs & alcohol. Delivered vaping assets to all secondary schools and colleges in Hounslow. Delivered training sessions for schools, as part of PHSE, on the risks of vaping for CYP. Delivered training sessions for VCSE group aimed at supporting children who are at risk of exclusion or are excluded from school. Delivered training to HAF providers*. (London Borough of Hounslow)

The resources produced by Smokefree Sheffield with ASH had been widely used and adapted to meet the core need for information for young people, parents and professionals:

> *Actively engaging with schools and wider partners that provide services for CYP, offering information, support and advice. Also, disseminated the Vaping Toolkit which Greater Manchester Make Smoking History purchased from Smokefree Sheffield.* (Salford City Council)

As well as exploiting these resources, the following examples from Sunderland and Doncaster describe the role of Trading Standards in preventing uptake of vaping by young people:

> *A working group has developed guidance for schools and those working with children and young people with key facts about vapes, and providing regionally adapted resources (by Fresh) of the Sheffield/ASH resources. Trading Standards have carried out test purchases based on intelligence received, actions have been included within Sunderland Smokefree Partnership's action plan for 2023-26 including the provision of up to date guidance and information, and increased activity regarding underage sales.* (Sunderland City Council

> *We have shared the resources developed by Sheffield and ASH with CYP workforce including secondary schools. Sessions delivered in schools. Trading standards operations to reduce sales of illicit and underage vapes. In initial stage of developing research project across Yorkshire and Humber* (City of Doncaster Council)

Some respondents included the development of treatment pathways in their accounts of local work to prevent vaping by young people:

> *We have been pooling resources to provide to education settings. We also have a specific local guide for CYP, their parents and professionals. We have set up a specific one-off appointment for particularly vulnerable CYP who are exclusively vaping. It is also a part of our tobacco control strategy.* (Central Bedfordshire)

> *Public Health commissioned INTENT - a smoking and vaping prevention programme for secondary school aged children. Supporting the drug and alcohol service provider on providing help for children who vape. Developing a whole schools approach for vaping in schools. Behavioural insight research to develop a good understanding of why people smoke/vape in Nottingham and Nottinghamshire.* (Nottingham City Council)

> *Youth Council presented survey findings to local stakeholders. Ongoing trading standards test purchasing re: underage sales/illicit vapes. Open Road Southend offer vape workshops to schools, parents & carers. Offer local support for young people who want*

to stop smoking/vaping. We are sharing toolkits to the school learning network. (Southend-on-Sea City Council)

The examples above from Doncaster, Nottingham and Southend-on-Sea all mention research projects. Many other respondents described local or regional efforts to better understand the needs of young people in relation to vaping.

Commissioned a vaping insights project to understand young people's use and perceptions of vapes. This will inform future work on this. Also working with substance misuse team in the Family Hub service to collect local intelligence on vaping. (Royal Borough of Windsor and Maidenhead)

Activity delivered in high schools as part of a targeted programme of early intervention. The authority has participated in the Trading Standards North West School Age Survey, evaluating the changing attitudes and behaviour towards drinking, smoking, vaping and knives. (Blackburn with Darwen Borough Council)

Public communication campaigns

Most surveyed local authorities had run campaigns on smoking or vaping in the 12 months prior to the survey:

- 97 (79%) had run public communication campaigns about smoking, including 40 that had paid for advertising space
- 56 (46%) had run public communication campaigns about vaping, including 12 that had paid for advertising space

Campaigns were often run to support national campaigns, especially Stoptober and National No Smoking Day. In the North East and Greater Manchester, local authorities also supported regional public communication and mass media campaigns led by Fresh and Greater Manchester Make Smoking History respectively.

Many respondents described a balance of responsibilities between the local authority's own communications function and the commissioned stop smoking service provider. The former led on responding to media enquiries, the latter on promoting the local service offer. Either or both could be involved in running wider campaigns:

Frequently respond to media requests for statements on vaping and CYP. The commissioned smoking service collaboratively with the ICB and other partners promote national campaigns such as NSD and Stoptober. (Lincolnshire County Council)

We support Stoptober locally and also run some stop smoking comms in the New Year to encourage and support quit attempts. Our provider also has a good social media presence and promotes the service via social media and provides information at stands, workplaces and at local events across Staffordshire. (Staffordshire County Council)

Both our internal comms and our stop smoking service run almost continuous advertising via social media and hard copy in various sites across the city. Alongside this we deliver two campaigns a year, currently a vaping campaign launching in September and before that smoking and mental health. (Hull City Council)

Respondents described a variety of methods used locally to run tobacco control campaigns including social media, local newspapers and council newsletters, buses and bus shelters, community events and noticeboards, workplaces and professional networks, and roadshows. TV and radio were used at a regional level in the North East.

Various examples were given of targeted campaigns and messaging including the following:

> *We fund advertising to promote our stop smoking offer through our local football and rugby clubs. We run campaigns on stopping smoking and always support Stoptober.* (West Northamptonshire Council)
>
> *Paid advertising of Stop Smoking Service in community football magazine and routine social media/council promotion of Stop Smoking Services, often co-ordinating with national campaigns* (London Borough of Bexley)
>
> *Regular messaging on social media aligning with New Year quit attempts, No Smoking Day, Ramadan and Stoptober campaigns* (London Borough of Waltham Forest)
>
> *Queer as Smoke campaign in partnership with Kirklees LA and local LGBTQA+ support service to engage with LGBTQ+ community about smoking and stop smoking services* (Calderdale Council)
>
> *Predominantly around unregulated supply, and targeted social media advertising on support to stop smoking including different languages, targeted in different geographical areas.* (Oxfordshire County Council)

The long view

Local authority public communications teams have been important to tobacco control professionals from the beginning. The 2016 ASH/CRUK survey found that 85% of survey respondents felt that their relationships with these teams were productive.

The ASH/CRUK survey has consistently found high levels of commitment to public communication and campaigns. In 2019, 88% of surveyed local authorities had undertaken public communication and campaigns on smoking and tobacco in the 12 months prior to the survey. In 2022, 86% had done so.

The Covid-19 pandemic in 2020 forced stop smoking services to rapidly change their offer but also created opportunities to communicate with smokers about respiratory health risks. In that year 82% of surveyed local authorities undertook public communication specifically about Covid-19 and smoking.

Opportunities and threats

Respondents were asked to describe their perceptions of the opportunities and threats faced by their local authorities in relation to tobacco control work and stop smoking services. Most respondents described both opportunities and threats: 97 respondents described opportunities (84%) and 103 respondents described threats (89%).

Of the respondents who described threats, 81 (79%) specifically mentioned funding or capacity constraints. The survey was conducted in September 2023, just before the Government announcement in October 2023 of substantially increased funding for stop

smoking services, so this finding is no longer current but provides a useful baseline for future investigation.

The roll-out of the NHS Long Term Plan and Targeted Lung Health Checks was widely perceived to present both threats and opportunities. Respondents were concerned about the potential increase in referrals, the inadequacy of patient pathways and referral protocols, and the impact of the anticipated loss of the ring fence on the sustainability of tobacco dependence treatment services. However, these new NHS services were also recognised to be an opportunity to reach more smokers and develop an integrated approach across the NHS and community stop smoking services.

> *The NHS long term plan is a great opportunity for the local smoking cessation service to support more people coming from hospital to quit smoking. The new Public Health strategic roles will play vital part in ensuring national guidance on tobacco control is implemented locally hence improving local population health through effective tobacco control.* (London Borough of Harrow)

> *The collaborative approach we are working on via our TC Partnership is an opportunity to work differently and smarter to address tobacco in our communities of most need. The engagement of the NHS in the stop smoking agenda is something public health specialists and stop smoking professionals have worked to embed for decades. For smokers to receive consistent treatment and care by their healthcare professionals on smoking is a wonderful opportunity. This engagement and expansion in the NHS might allow the LA specialist team to focus more on our specific communities and groups, those unseen by the NHS for example.* (Northumberland County Council)

These partnerships with the NHS focused on treatment services. The value of wider partnerships was also recognised, in the pursuit of the broad interests of tobacco control:

> *Partnership working and pooling resources where cross cutting themes are identified, such as community safety and illicit tobacco, long term conditions, safeguarding children, fire safety, and social housing. (Kirklees Council)*

Several respondents identified the value of new, renewed or strengthened tobacco control alliances in bringing local partners together. Integrated Care Systems were also described as taking an important lead:

> *The Tobacco Control Alliance and our local Tobacco Control Plan are being refreshed this year, now under the leadership of a Consultant in Public Health. This provides an opportunity to ensure we have the right people around the table and for all partners to understand and be able to articulate their role in tobacco control. The new Plan will include a greater focus on a Smokefree NHS and working in collaboration with the Tobacco Dependence treatment services.* (Reading Borough Council)

> *The local ICS health and wellbeing partnership has chosen smoking as an exemplar theme. There is an increased interest in tackling health inequalities and this has shone a light back onto smoking. We now have a Tobacco Control Steering group in the county with the DPH as Chair - there seems to be generally a renewed interest in the area across all partners.* (Gloucestershire County Council)

The following example from Cheshire West and Chester identifies the contribution of partners at local, regional and national levels:

> *1. Opportunity to work more closely with the community pharmacy service and hospital trusts to provide an equal offer across the borough. 2. Work in progress across the*

Cheshire and Merseyside footprint with regards to a coordinated strategy for tobacco control and vaping. 3. Opportunities from national government to take part in the Swap to stop scheme and the incentive scheme for pregnant smokers. (Cheshire West and Chester Council)

Other respondents also respondents identified Swap to Stop and the incentive scheme for pregnant smokers as important opportunities for local authority tobacco control teams.

Vaping, and the use of vaping as a harm reduction tool, presented a variety of challenges for respondents including:

- the increase in young people vaping
- the availability of illegal vapes and the challenge of enforcement
- public misunderstanding about the harms and benefits of vaping
- professional resistance to using vapes for harm reduction
- displacement of capacity/resources from tobacco control work
- lack of control over social media promotions of vapes

Despite these multiple challenges, the value of vapes as a harm reduction tool for smokers was acknowledged. The following examples illustrate the ongoing opportunities provided by e-cigarettes, despite the threats they also present:

Incorporating vapes into the service model will provide an opportunity to engage a wider audience. Opportunity to engage with NHS services to deliver a system wide approach and target place-based smokers. (Lancashire County Council)

Working more closely with other services and increasing reach into target population like substance misuse. Vaping as a route out of smoking for adults is an excellent opportunity and youth vaping represent a threat and also an opportunity to get more information, also about the harms of smoking, to that population. (London Borough of Barnet)

Our new tobacco control strategy will see a focus on prevention and smokefree environments alongside continuation of stop smoking support and enforcement of existing legislation. Greater appreciation of the role e-cigarettes can now play in quit attempts will also increase the scope to promote e-cigarettes as an alternative to smoking for those wanting to adopt a smokefree home who live in accommodation that does not lend itself to stepping outside, ie those who smoke and live in high rise flats, (Liverpool City Council)

I think there's a general opportunity for the commissioned service to step in to the space as a system leader locally. The recent work around Vaping and Young People has shown there's a space for leading on comms, marketing and working to dispel myths/misinformation. (North Yorkshire Council)

Finally, some respondents focused on the ongoing practical challenges and opportunities of delivering local stop services for smokers and reducing smoking prevalence. The challenges included a lack of capacity in primary care, a lack of providers to deliver stop smoking services, a lack of smoking cessation medications, and high levels of addiction in the remaining population of smokers. Despite these problems, there were plenty of opportunities to continue driving down smoking prevalence:

We have recently re-procured our stop smoking service following a lot of engagement last year to truly understand the scale of the problem and understand the type of specialist smoking cessation service that would work. We are doing a lot of targeted work

in Redbridge to access priority groups and underserved and under-represented groups. (London Borough of Redbridge)

Working with health professionals to increase referrals into stop smoking services. Smokefree spaces to denormalise smoking. Vapes routinely available for adults to help them quit. Specialised stop smoking support for young people. (Kent County Council)

Keep striving forwards towards becoming smoke free (e.g. below 5%) - it feels within reach as we are now below 10%. It may be that this motivates elected members and others to keep this as a top priority. Links with ICB/NHSE CORE20PLUS5: smoking is a golden thread to capitalise on. Also there may be some opportunity to build on the NHS tobacco dependency treatment work, creating healthy hospitals roles at the NHS hospital trust. (York Council)

The long view

The 2015 ASH/CRUK survey, conducted two years after the move of public health from the NHS to local government, explored the benefits and difficulties of the local government context. The findings then chime with those reported here.

The principal benefit reported in 2015 was the opportunity for new relationships and partnerships: 86% of respondents identified constructive relationships with officers in other departments as a benefit, and 60% saw a benefit in the integration of tobacco control in the wider strategy and business of the council. The principal difficulty, reported by 75% of respondents, was the pressure on tobacco control/smoking cessation budgets. Shortly after the closure of the survey in 2015, the government announced in-year cuts to the public health grant (in contrast, shortly after the closure of the survey in 2023, the government announced a substantial increase in the funding for tobacco control and stop smoking services).

Respondents were first invited to describe opportunities and threats in their own words in the 2019 ASH/CRUK survey. Then, joint working, partnerships and alliances were once again most often identified as opportunities for tobacco control. These included new partnerships with the NHS in response to the NHS Plan and the emerging Strategic Transformation Partnerships that would in time become Integrated Care Systems. The most common threat, as in 2015, was the pressure on budgets (no-one identified a global pandemic as a potential threat).

Discussion

The first ASH/CRUK survey was conducted in 2014, the year after tobacco control teams and stop smoking services moved from NHS primary care trusts to local authorities in England. At the time, there was some concern in the public health community that this change would adversely affect the services that had hitherto been provided by the NHS. However, the report of the first survey concluded on a positive note[4]:

In general, tobacco control leads are positive about the future of tobacco control and smoking cessation services in their localities. Being based in local authorities has created

[4] Action on Smoking and Health and Cancer Research UK: Taking a Reading. The impact of public health transition on tobacco control and smoking cessation services in England, March 2015.

opportunities for tobacco control teams to build new relationships and gain greater political support for their work. Where they have this political support, tobacco control teams should be well-placed to develop new service models that fully exploit the many links that local authorities have with their local communities.

This was not far off the mark: over subsequent years, the range of services offered by local authorities to local smokers diversified and tobacco control professionals built new relationships with their local authority colleagues and with the wider community. Furthermore, when deep cuts to the public health grant were imposed nationally, local political support was found to be protective of tobacco control budgets[5]. This had a downside, which was also flagged in the first survey report in 2014:

An overall positive result should not disguise the experience of the minority that is suffering adverse consequences from the move to local government. These consequences include cuts in tobacco control budgets, reductions in the time available for tobacco control due to expanding portfolios, political opposition and broken relationships with the NHS.

Although this was the 'experience of the minority,' it had consequences for the support available to hundreds of thousands of smokers. When a handful of local authorities started decommissioning stop smoking services altogether, there was real concern that this minority would grow. In 2017, when the proportion of local authorities with a specialist stop smoking service fell to 65%, the annual survey report was subtitled 'The decline of stop smoking services in England'[6].

In the event, most local authorities proved to be resilient in the face of cuts to the public health grant, wider pressures on local government budgets and subsequently the Covid-19 pandemic. By 2023, the proportion of local authorities where tobacco control was perceived to be a high priority was more than twice what it was in 2014 (37% vs. 17%) and the proportion of local authorities where tobacco control was perceived to be a below average or low priority had fallen from 15% to 8%.

The high perceived priority of tobacco control in 2023 could be due to a variety of factors. In February 2023 the government announced an increase in funding for local authority drug and alcohol treatment[7]. In April, the vaping 'swap to stop' scheme and new financial incentives for pregnant women were announced. There was also growing concern in 2023 about the increase in vaping by teenagers.

Local government has done more than weather the storms. This report describes a remarkable range of tobacco control work currently being pursued by local authorities in England, supported by advocates within local government – especially directors of public health and lead members for health and well-being – and strong partnerships across health economies and local communities. The most ambitious local authorities are moving on many fronts: tackling the illicit trade in tobacco and vapes; promoting smokefree public spaces, workplaces and homes; running campaigns about smoking and vaping; and providing specialist support to smokers to help them quit.

---

[5] Anderson WJ, Cheeseman H, Butterworth G 2018: Political priorities and public health services in English local authorities: the case of tobacco control and smoking cessation services. Journal of Public Health, Volume 40, Issue 3, September 2018.

[6] Action on Smoking and Health and Cancer Research UK: Feeling the Heat. The decline of stop smoking services in England, January 2018.

[7] Department of Health and Social Care: £421 million to boost drug and alcohol treatment across England, DHSC press release, 16th February 2023.

All this work demands a focus on inequalities, given the stark differences in smoking prevalence between different population groups[8], and almost all surveyed local authorities (94%) provided an account of how they were addressing these inequalities. The populations most commonly targeted were people with mental health conditions, pregnant women, people in routine and manual occupations, areas of high deprivation and people with long-term conditions. Reaching these populations will continue to rely on the 'the many links that local authorities have with their local communities' cited in the 2014 report.

The increase in government support for stop smoking services and tobacco control is timely. The expansion of tobacco dependence treatment services and targeted lung health checks in the NHS is putting pressure on community stop smoking services. With adequate resources, there is an opportunity for local authorities to work with the NHS and other community partners to build more integrated approaches to tobacco control and stop smoking services that have the potential to reach many more smokers.

In another ten years, it is unlikely that smoking will have become entirely a thing of the past, but the health of all affected communities will hopefully have been transformed.

Key results by region

	ENGLAND	East of England	East Midlands	London	North East	North West	South East	South West	West Midlands	Yorkshire/Humber
Number of responding local authorities	124	8	9	28	10	18	13	15	9	14
Alliances and strategy										
Has a tobacco control alliance	60%	88%	67%	25%	100%	72%	69%	53%	44%	71%
Has a strategy for tobacco control	68%	100%	56%	46%	90%	67%	85%	60%	56%	86%
High/above average priority for tobacco control	63%	50%	78%	58%	70%	63%	69%	60%	43%	77%
Support for smokers										
Has a universal specialist stop smoking service	63%	63%	78%	50%	60%	82%	69%	60%	33%	79%
Has an integrated lifestyle service as main offer	19%	37%	22%	11%	0%	18%	15%	33%	22%	21%

[8] Action on Smoking and Health: Health Inequalities and Smoking, September 2019.

Offers support through primary care	56%	62%	11%	64%	70%	47%	46%	93%	44%	43%
Offers e-cigarettes to smokers	67%	75%	67%	64%	80%	47%	77%	80%	67%	64%
Wider tobacco control										
Enforcement work on illicit tobacco/vapes	89%	100%	89%	71%	100%	100%	100%	80%	89%	93%
Promotion of smokefree environments	57%	62%	44%	36%	90%	61%	62%	60%	67%	64%
Work to prevent young people smoking	79%	88%	67%	68%	90%	100%	69%	80%	67%	86%
Work to prevent young people vaping	91%	100%	100%	82%	70%	100%	100%	93%	78%	100%
Public communication campaigns on smoking	79%	75%	67%	75%	90%	82%	85%	80%	78%	79%
Public communication campaigns on vaping	46%	25%	67%	43%	50%	41%	62%	40%	33%	50%