Cambridgeshire and Peterborough Tobacco Control Strategy

2025-2030

Cambridgeshire County Council

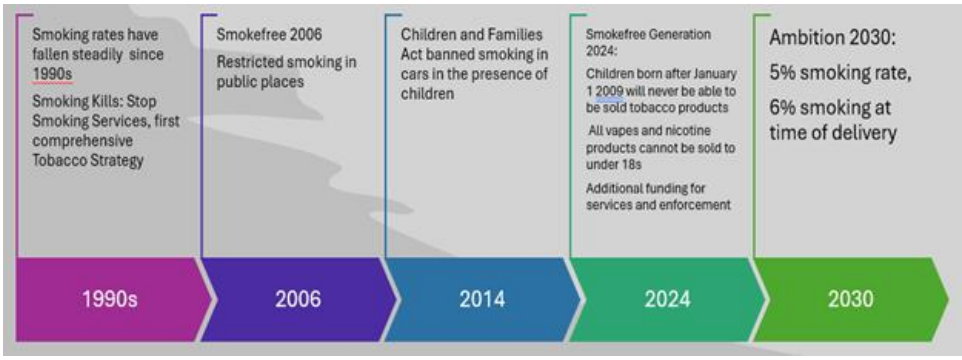
PETERBOROUGH CITY COUNCIL

Cambridgeshire & Peterborough Integrated Care System

Cambridgeshire and Peterborough Tobacco Control Strategy

Why do we need a Tobacco Alliance Strategy

Figure 1: Smokefree Legislation



Over the past 50 years there has been dramatic decline in the number of people who smoke national and locally. The decrease has been especially marked since 2006 with national policy changes and the development and growth of stop smoking services.

Evidence shows that despite fewer people smoking it remains the leading cause of preventable death and poor health in the UK. It increases the risk of a wide range of health conditions, including lung cancer, respiratory disease, cardiovascular disease, oral health, dementia, and stroke. There is also evidence that it is also closely related poor mental health and wellbeing.

In 2019 around 75,000 deaths were attributed to smoking in England. In England in 2022/23 it was estimated that there were around 409,000 smoking-related hospital admissions. One in 4 patients in a hospital bed is a smoker and smokers see their GP 35% more than non-smokers.

The impacts of smoking are not seen equally across the community – with certain groups still having higher smoking rates, leading to worsening health inequalities.

Second hand smoking is dangerous for anyone exposed to it. Children are especially vulnerable as they have less developed airways, lungs, and immune systems. Smoking is the most important modifiable risk factor for poor outcomes in pregnancy, and it is associated with miscarriage, still birth, premature birth, low birth weight, neonatal complications, and sudden infant death syndrome.

The overall ambition of this Strategy is to continue to reduce the number people who continue to smoke and help prevent smoking-related poor health.

National patterns of smoking

Nationally there are demographic differences. (2023) [i]

- In 1974 around 50% of people nationally smoked, today this figure is 11.6% [ii]
- more men smoke than women with around 13.7% men and 10.1% women reporting that they currently smoke.
- those aged 25 to 34 years were most likely to smoke (14%)
- those aged sixty-five and over were least likely to smoke (8.2%)

- those aged 18-24 years have seen the largest reduction in smoking prevalence between 2011 and 2023

Smoking patterns in Cambridgeshire and Peterborough

In 2024 10.0% of people in Cambridgeshire and 15.1% of people in Peterborough smoked. Figures 2 and 3 show the improvement in smoking rates across Cambridgeshire and Peterborough since 2011. [iii]

Figure 2: Decrease in the Number of People who smoke in Cambridgeshire and England since 2011

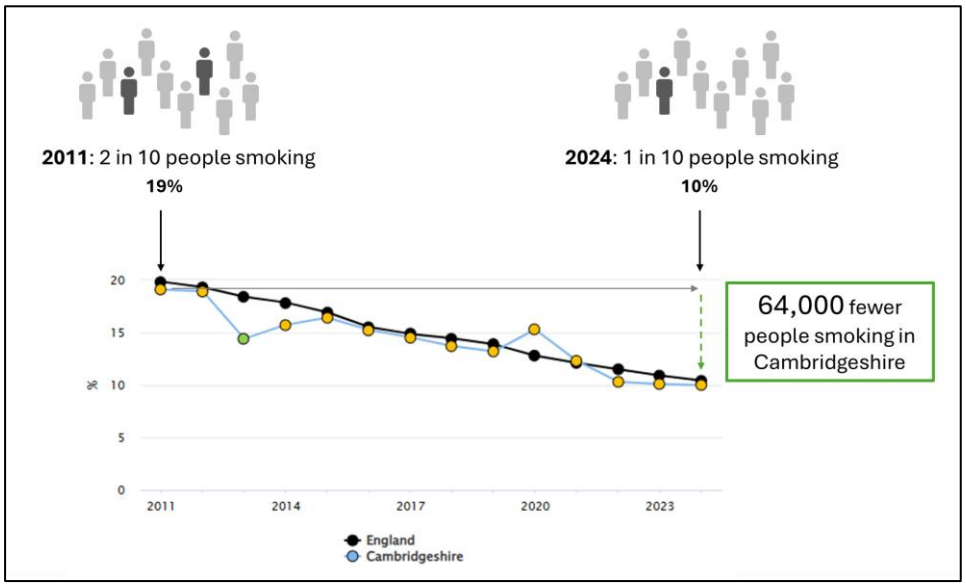
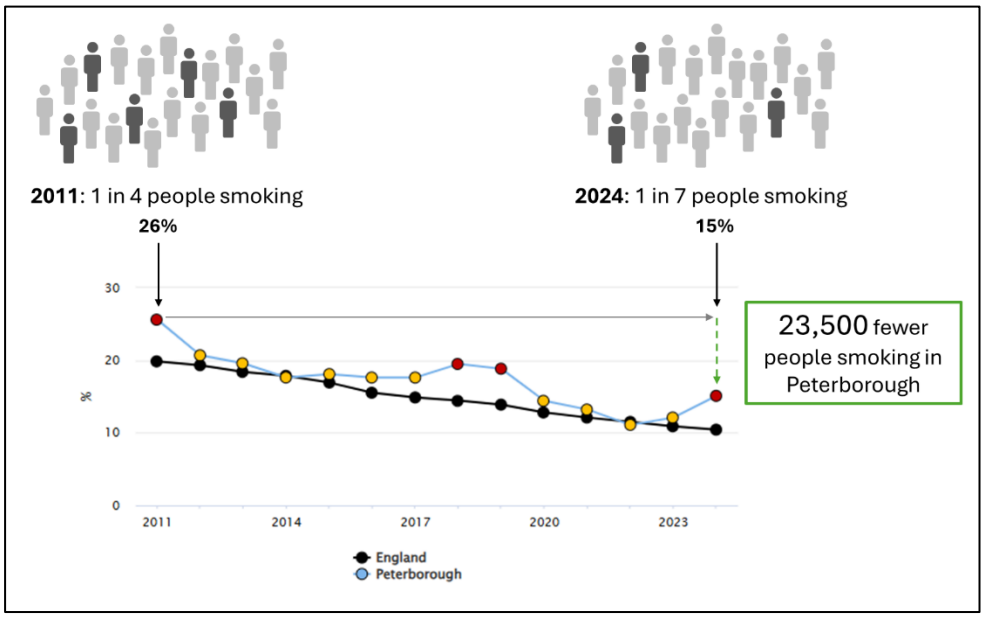


Figure 3: Decrease in the Number of People who smoke in Peterborough and England since 2011



However, within these figures there are groups that are at greater risk of smoking and poorer outcomes from smoking.

Deprivation

The gap in prevalence between the most and least deprived has increased. In 2023, **24% of people in Fenland** smoked, compared to **5.8% in South Cambridgeshire**.

Similarly, during the period 2022-24, the under 75 mortality rate from respiratory disease considered preventable was **highest in Fenland at 41.4 which is significantly higher than the England rate of 32.4. The Peterborough rate was 3.4, similar to the England figure. The lowest was in South Cambridgeshire at 15.2 (per 100,000 people), the second lowest in the East of England.** [iv] [v]

Figure 4: Deprivation and Smoking Rates

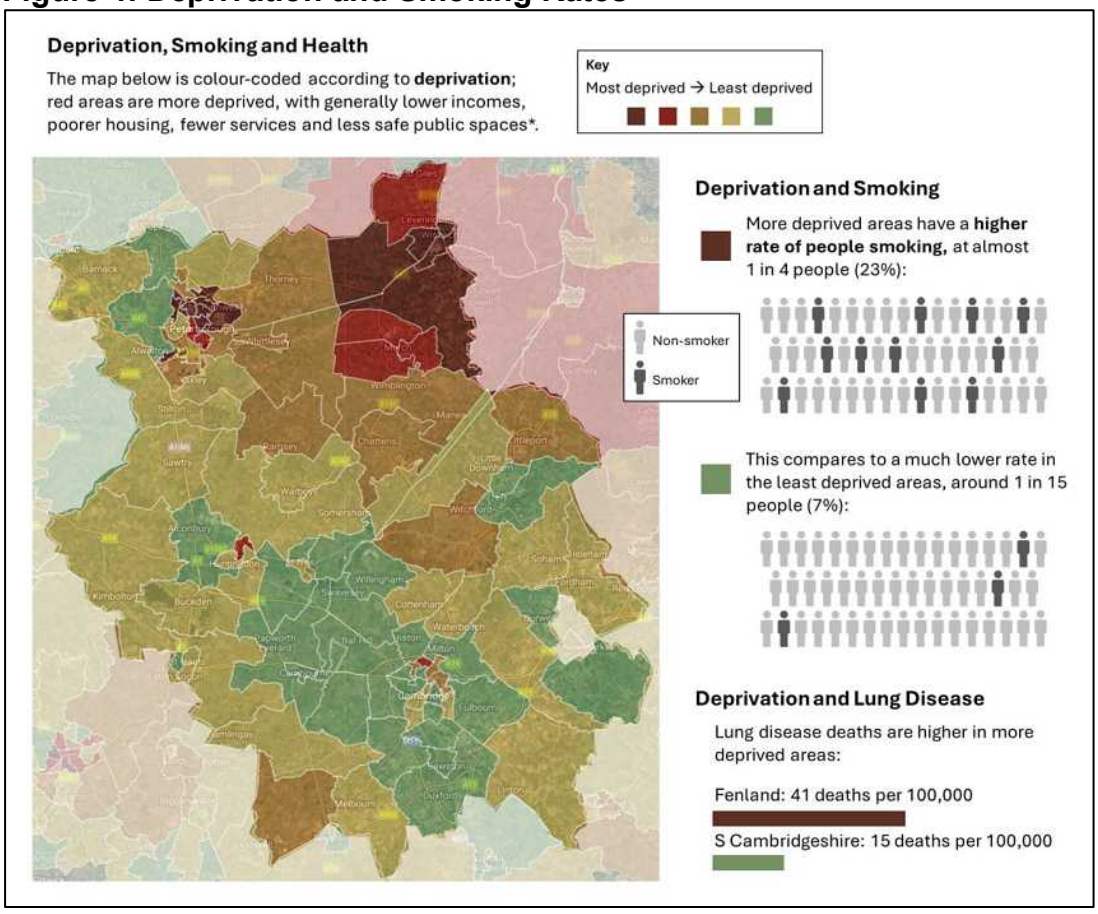
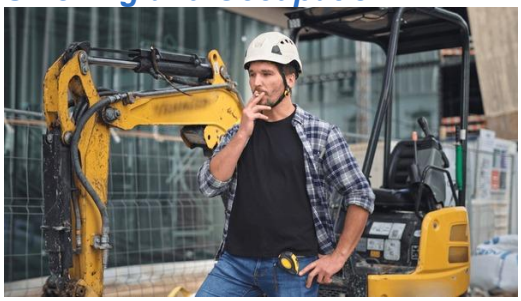


Figure 4 shows how people in more deprived areas have higher smoking rates. By looking at smaller areas of deprivation, it is possible to see pockets of smoking related to deprivation that are not visible through a district analysis. It also shows the differences in lung disease deaths, strongly associated with smoking, between the more and less deprived areas.

Smoking and Pregnancy

In 2024/25 6.1 % of pregnant women nationally smoked at time of delivery. In Cambridgeshire and Peterborough, the figure was 8.3%. [1]

Smoking and Occupation [vi]



Inequalities are found in the smoking rates amongst different occupations. People in routine and manual occupations are more likely to smoke compared to the general population. Nationally, 19.5% of routine and manual workers smoke. **34.7% of manual and routine workers in Fenland smoke.**

Smoking and Underserved Population Groups

Certain population groups have higher smoking rates such as those with a mental health condition, the homeless and those misusing substances. Often these three groups overlap. Data relating to these groups is often difficult to secure.

Smoking and Substance Misuse [vii]

Different studies have found that around **55% of those in drug and alcohol treatment services smoke**.

Smoking and Homelessness [viii]

Studies of those who are **homeless state that between 57% to 82% of people who are homeless smoke,** adding to increased risk of poor health.

Smoking and Mental Health [ix] [x]

People with mental health problems consume 40% of cigarettes smoked in England**. Among adults with serious mental illness 40.5% smoke. Estimated 50% of deaths in people living with SMI are attributable to smoking**

Understanding Smoking Behaviours to drive action

Smoking behaviour reflects the complex relationship between the social determinants of health and health behaviours.

A number of studies have been undertaken in Cambridgeshire that have provided a better understanding of the drivers of smoking behaviour and how interventions need to be shaped.
In 2023/24 Cambridgeshire County Council commissioned Sheffield Hallam University's Centre for Behavioural Change and Applied Psychology (CeBSAP)to undertake behavioural science insight research. The research in many ways consolidated and broadened our understanding of these drivers but also provided some behavioural insights and recommendations for action. [xi]

The Phase One Smoking Behavioural Insights report identified key factors influencing smoking behaviour across Cambridgeshire.

- Although awareness of smoking-related harms is high, motivation to quit varies, particularly among routine and manual workers.
- Underscored the influence of environmental and social triggers—such as stress, boredom, and peer influence—on smoking uptake and relapse.
- Revealed significant gaps in awareness and engagement with local cessation services, particularly among those in deprived areas.
- Stigma associated with smoking, particularly during pregnancy, also emerged as a barrier to accessing support.

The findings suggest that targeted messaging, community-based outreach, and integration with mental health and maternity services could enhance engagement. Importantly, the report recommended personalised, accessible, and non-judgmental support options, and a shift toward proactive communication strategies that resonate with specific groups.

The Vaping Issue

Vapes, also known as e-cigarettes, are electronic devices that heat a liquid - usually containing nicotine, flavourings, and other chemicals into an aerosol that users inhale. They are widely used as a tool to help smokers quit, offering a less harmful alternative to traditional cigarettes. However, vaping is not risk-free, and concerns

have grown over its use among non-smokers, particularly children and young people.

Under UK law, it is illegal to sell vapes to anyone under 18, and disposable (single use) vapes have been banned due to environmental concerns and their appeal to young users. The Tobacco and Vapes Bill will also restrict advertising, sponsorship, and packaging that targets children, and gives the government powers to regulate flavours and enforce stricter retail licensing.
Professor Sir Chris Whitty, Chief Medical Officer for England states: "If you smoke, vaping is much safer; if you don't smoke, don't vape" He warns that while vaping can be an effective quitting aid for smokers, it should not be used by non-smokers, especially children, due to unknown long-term health risks and the potential for nicotine addiction.

In Cambridgeshire, we monitor children and young people (CYP) behaviours through the Health-Related Behaviour Survey [xii] [xiii] (HRBS). The 2024 survey revealed:

- 92% of CYP surveyed had never tried smoking.
- Among those who had
  - 5% had tried smoking once or twice.
  - 1% identified as occasional smokers (less than once a week)
  - 1% identified as regular smokers (more than once a week)

Vaping remains more prevalent among young people:

- 79% of CYP surveyed have never tried vaping.
  - 10% had tried it once or twice.
  - 3% considered themselves occasional vapes (less than once a week)
  - 5% reported vaping regularly (more than once a week)

- Females are more likely to try vaping: with 35% of Year 10 females having tried.
- The rate of pupils who have tried vaping is twice the rate in Fenland (27%) compared to Cambridge (13%).

These figures are consistent with the 2022 HRBS results and align with national data, which shows that 20% of 11–17-year-olds have tried vaping in 2025 – a figure unchanged since 2023.

The Healthy Schools Service is now well-established across Cambridgeshire, delivering a comprehensive range of targeted interventions aimed at preventing smoking and vaping among children and young people. Through a combination of education, behaviour change support, and peer-led initiatives, the programme helps to build resilience, raise awareness, and promote healthier choices in CYP settings. For further details on the impact and reach of these interventions, please see "Achievements to Date" below.

National Policy

The recent "Smokefree Generation" [xiv] policy changes and the legislation have refocused attention on smoking. It has brought a gradual introduction of laws that address sales, vaping, enforcement and improving access to services. Most

significant is the law that will prohibit the sale of tobacco products to anyone born after January 1, 2029. Other support has come from the NHS Treating Tobacco Dependency Programme which has developed stop smoking services in acute, mental health and maternity services.

National and local data clearly indicates that health inequalities and health inequities are the biggest challenges for addressing smoking. These challenges require different and often targeted approaches and services to ensure that they will enable smokers to engage and be sufficiently flexible to address their particular challenges.

Local Strategic Action

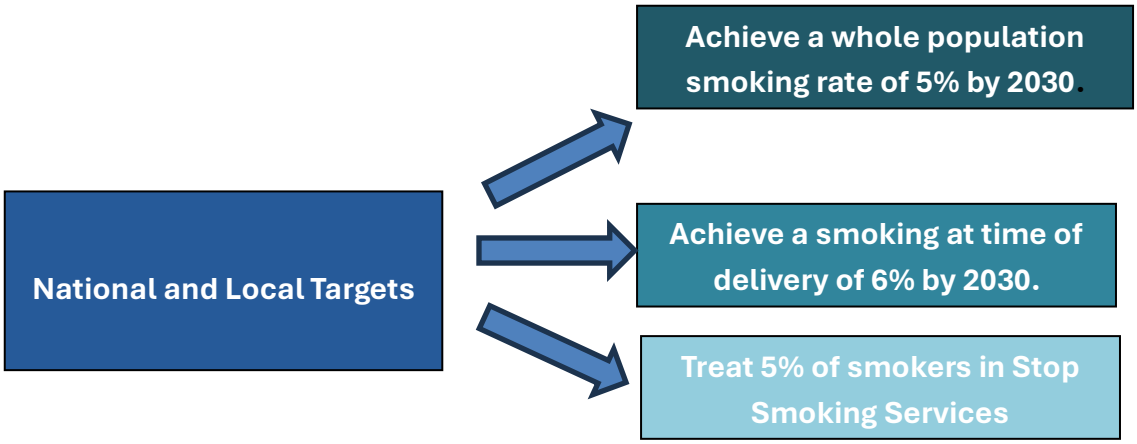
Cambridgeshire and Peterborough Tobacco Alliance has held the leadership for tobacco control as a whole system partnership for fifteen years. We have worked across the system to develop a new Alliance Strategy for 2025-2030 which includes eight Strategic Ambitions along with supporting delivery plans. The additional funding, arising from the Smoke Free Generation policy, will help local authorities and their partners address these ambitions. Some of the interventions are underway.

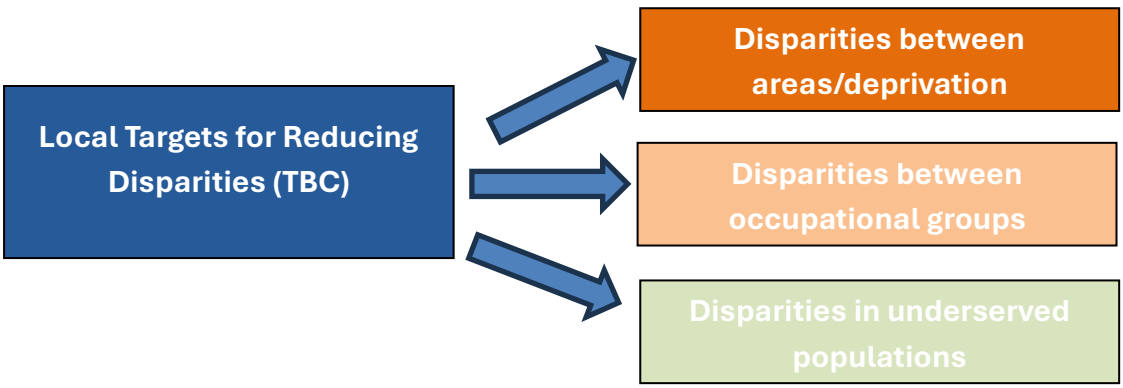
The Eight Strategic Ambitions

- Prevention: Target children and young people in schools and settings (vapes and tobacco) . Bespoke interventions for vulnerable children such as those with special educational needs.
- Increase the number of smokers who access Stop Smoking Services Stop Smoking Services: Achieve National ambition: treat 5% smokers p.a
- Target groups with highest smoking rates: redesign services to improve access and offer.
- Improve pathways to services: Build on Treating Tobacco Dependency Programme and better integrate stop smoking services into clinical pathways
- Diversify the stop smoking offer: digital, apps, Alan Carr one day sessions
- Targeted communications bespoke for certain groups but also for professionals and communities
- Smokefree environments: organisational policies e.g. smoking shelters, staff training, curtalage issues, alignment with enviromental policies and strategies
- Enforcement: Illegal sales of vapes and tobacco, litter regulation

Strategy Targets 2025-2030

There are national targets for smoking prevalence and service accessibility. In addition, Cambridgeshire and Peterborough Tobacco Alliance has set a target for decreasing the difference smoking rates by area, occupation, and certain groups to measure progress in tackling the inequalities seen in tobacco use.





Achievements to Date

Priority	Update on progress
Prevention and early Intervention	The Healthy Schools service is now well embedded across Cambridgeshire schools, delivering a range of targeted interventions to support smoking and vaping preventions among children and young people. Key activities delivered in 2024/25 include: Catch Your Breath workshops in primary schools which focus on prevention and resilience • 100 primary sessions delivered across 69 primary schools • Reached 3,481 students, with 97% saying they learnt something new Targeted behaviour change sessions in secondary schools for students who vape or smoke • 34 sessions delivered across 12 secondary schools, reaching 190 students • Follow-up feedback indicated positive changes in behaviour. • 8 sessions in alternative provisions, reaching 41 students • 13 sessions for ESOL (English Speakers of Other Languages), reaching 222 students Peer mentor training to empower older pupils to support younger students: • 7 sessions delivered to years 9 and 10 equipping them to mentor younger pupils on the risks of smoking and vaping • Vape awareness sessions for professionals • Delivered to 40 professionals, enhancing their knowledge and confidence to support young people more effectively Youth group engagement sessions • 4 open-access sessions were delivered, reaching 12 young people in information sessions
Expand access to stop smoking services	• Cambridgeshire met the national ambition to treat 5% of smokers annually, with 5.02% of smokers setting a quit date in 2024/25. This marks a steady upward trend, compared to 4.18% in 2023/24 and 3.38% in 2022/23. • Behavioural insights research has identified key barriers and motivators, shaping service design • The delivery model has been expanded to increase accessibility and choice (see priority 5)
Target groups with higher smoking rates	Specialist stop smoking services have been successfully embedded within trusted organisations that support priority populations, ensuring tailored support reaches those most in need. Key partnerships and delivery highlights: **Ferry Project** (supporting people experiencing homelessness) • Service delivery began in September 2024

	• By the end of June 2025, 93 individuals had set a quit date, with 74 people successfully quitting smoking, as measured at the 4-week follow-up. **CPSL Mind** (mental health support): • Service delivery commenced in October 25, targeting individuals with mental health challenges **Housing First** (supporting individuals facing multiple disadvantage) • Service delivery commenced in October 25, providing intensive support to those with complex needs. • Tailored support includes extended interventions for individuals requiring longer term engagement, cut-down-to-quit pathways for those not ready to sop abruptly, intensive behavioural support adapted to individual circumstances and incentive-based programmes to motivate and sustain quit attempts.
Strengthen clinical pathways	• All Treating Tobacco dependency pathways are now operational across maternity, acute and mental health providers • Swap to Stop will be embedded into the Lung Cancer Screening Checks from the 1st of December 25. This means that every current smoker attending their screening will be offered a free vape starter kit and referred to Healthy You for stop smoking support.
Diversify the stop smoking offer	The service model now includes a broad range of options to meet diverse needs: • Core delivery via Healthy You (behaviour change service) and GP practices • Digital support through the Smokefree app • Allen Carr group seminars available • Specialist support for priority groups who have higher smoking prevalence • Digital self-management support via the Healthy You app (available from the 1st of December 25)
Targeted communications and engagement	• Cambridgeshire contributes to the East of England regional tobacco control programme, enabling coordinated and impactful mass media campaigns. • In October 2025, the region-wide Stoptober campaign was delivered, with a focus on: - Increasing public awareness of the Stoptober initiative - Driving uptake of local stop smoking services - Engaging priority groups through tailored messaging and outreach promotion delivered locally by Healthy You
Promote smokefree environments	• Supporting Cambridge Biomedical campus to implement a campus wide smokefree policy • Commissioning Living Sport to deliver the smokefree sidelines campaign - a national initiative designed to reduce children's exposure to smoking during sports activities. It encourages adults (parents,

	carers and coaches) not to smoke on the sidelines of youth games and training sessions.
Enforcement and regulation	• Public Health providing funding to Trading Standards to strengthen enforcement against illegal and underage sales of tobacco and vaping products.

APPENDIX 1: Cambridgeshire County Council Funding for the delivery Cambridgeshire and Peterborough Tobacco Control Strategy

The following lays out the funding allocated to delivering the Tobacco Control Strategy in 2025/26.

The core funding comes from the Public Health Grant.

Since 2024/25 we have received additional funding arising from the Smokefree Generation Policy to develop stop smoking services. The following indicates how the core smoking funding from the Public Health Grant and additional Smokefree Generation Policy funding is allocated.

It does not include information about funding contributions from the Integrated Care Board for the Treating Tobacco Dependency Initiative and from other partners to help deliver the ambitions of the Cambridgeshire and Peterborough Tobacco Control Strategy.

Financial Information

2025/2026 Budget

Area of work	Funding Source	Budget
Stop Smoking Service Delivery		
Behaviour Change Service	Public Health Grant	£436,469.00
Behaviour Change Service	Smokefree Grant	£40,000.00
GP smoking delivery	Public Health Grant	£40,000.00
Allen Carr Easyway Seminars	Smokefree Grant	£50,000.00
Smokefree App	Smokefree Grant	£143,000.00
Ferry Project (homelessness project)	Smokefree Grant	£117,702.00
CPSL Mind stop smoking service	Smokefree Grant	£162,925.00
Housing First stop smoking service	Smokefree Grant	£186,054.00
Stop Smoking Aids (Pharmacotherapy)		
Prescribing via FP10	Public Health Grant	£367,086.00
Stop Smoking NRT Vouchers	Public Health Grant	£144,582.00
PGD developments	Smokefree Grant	£2,074.00
Promotion and Campaigns		
Increased promotion of local stop smoking support	Smokefree Grant	£10,229.00
Regional tobacco control programme	Smokefree Grant	£24,469.00
Prevention		
Children and young people's services	Public Health Grant	£80,979.00
Enforcement		

Enforcement (Trading Standards)	Public Health Grant	£30,000.00
Miscellaneous		
Leadership, co-ordination and commissioning	Smokefree Grant	£41,749.00
Share of overheads	Public Health Grant	£28,108.00
Public Health Staffing	Public Health Grant	£60,561.00
Data Collection	Smokefree Grant	£25,458.00
Project Work	Public Health Grant	£12,744.00
Specialist stop smoking training	Smokefree Grant	£6,225.00
Other	Smokefree Grant	£5,737.00

Total Budget	
Public Health Grant	£1,200,529.00
Smokefree Grant	£815,622.00

Appendix 2: Tobacco Control Strategy 2025 to 2030: Delivery Plan (Cambridgeshire)

1.	**Strategic ambition: Prevention and Early Intervention** **Scope** ➢ **Target children and young people in schools and settings (vapes and tobacco).** ➢ **Bespoke interventions for vulnerable children such as those with special educational needs.**
1.1	**Expand and develop school-based programmes**
	Expand Healthy Schools programme (delivers school-based health and wellbeing programmes) • Increase the number of schools and CYP settings accessing prevention sessions. Build on success (69 primary schools and 3,481 students reached in 2024–25) to achieve year-on-year growth. • Target both primary and secondary schools, including alternative provisions.
	Behavioural Insights informed activities. • Adopt behavioural insight research to understand barriers and facilitators for starting and quitting vaping and adapt interventions accordingly. • Embed behavioural insight into Healthy Schools delivery plan.
	Embed prevention into school culture and curriculum. • Collaborate with schools to integrate vaping and smoking education into PSHE and pastoral programmes. • Support whole-school approaches including smokefree policies and parental engagement
	Develop and implement bespoke interventions for vulnerable groups. • Increase targeted sessions for ESOL and SEND students using multi-sensory resources and adapted language. • Deliver 1:1 session for young people not in full-time education and those in alternative provisions. • Ensure inclusivity and accessibility in all materials and content delivered
1.2	Develop and Implement Peer Initiatives
	Peer mentoring • Expand peer mentor programmes in secondary schools (building on 7 sessions delivered in 2024-25). • Deliver open-access youth group sessions and collaborate with community youth services to reach more young people outside school settings.
	Deliver peer-led and creative campaigns. • Support youth-led initiatives such as peer education, social media campaigns, and creative projects (e.g. drama, art, video). • Fund youth groups to co-design and deliver prevention messages.

1.3	Train professionals working with young people. • Continue vape awareness sessions for professionals (40 trained so far). Equip teachers, youth workers, and safeguarding leads with tools to deliver prevention messages and signpost support. Include guidance on Very Brief Advice (VBA) and referral pathways
1.4	Engage parents and carers in addressing smoking. • Develop resources and campaigns to support parents in discussing vaping and tobacco with their children. • Provide information sessions and provide tools for home-based conversations.
1.5	Monitor reach and impact. • Track reach (schools, CYP settings, students), engagement levels, and reported behaviour changes. • Use feedback to continuously improve delivery and expand scope year-on-year.

2.	**Strategic Priority 2: Expand access to stop smoking services.** **Scope** ➢ **Increase the number of smokers who access stop smoking service.** ➢ **Achieve national ambition of treating 5% of smoker per annum.**
2.1	Identify and engage priority populations. • Use local smoking prevalence and service data to identify groups with low service uptake. • Behaviour Change services target groups where smoking prevalence is higher and/or service uptake is lower e.g., routine/manual workers, people with a mental health condition
2.2	Strengthen referral pathways across health and care settings. • Embed opt-out stop smoking referrals into routine clinical checks e.g., cancer screening appointments, mental health/LD checks. • Integrate the smokefree app as a discharge option support option for those setting a quit date through the NHS acute Treating Tobacco Dependency Programme. • Ensure Healthy You service is available in community hubs and workplaces. • Embed Behaviour Change Stop Smoking Services into the Wisbech Neighbourhood Health Implementation Site
2.3	Diversify service delivery models. • Establish face-to-face, digital, telephone and group support available Ensure different support offers are available: Behaviour Change Service, GP, Smokefree App, Allen Carr, Priority population services. • Use behavioural insight research to understand barriers and motivators and to design interventions for specific groups/places.

2.4	Apply behavioural insight research. • Fund VCFSE organisations to deliver behavioural insights intervention recommendation 1 (developing smokers' intentions or readiness to quit) • Use existing commissioned services to deliver Intervention 3 recommendation (smoking harm reduction in the workplace)
2.5	Enhance visibility and promotion of services. • Launch targeted campaigns to raise awareness of available support. • See ambition 6 for more information on how this will be delivered
2.6	Provide training and resources to professionals. • Promote uptake of NCSCT very brief advice training for professionals identified. • Embed messaging into routine contacts and service pathways
2.7	Pilot incentives with priority groups • Pilot using incentives at key quit points with defined priority groups e.g., within a specific workplace, those with a mental health condition, those with multiple disadvantage.
2.8	Embed services in non-traditional settings. • Expand delivery of stop smoking support beyond traditional environments. • Establish service touchpoints in job centres, housing offices, food banks, libraries, leisure centres, and community events. • Partner with local organisations and frontline services to co-locate support where people naturally gather. • Use outreach teams and pop-up clinics to increase visibility and accessibility. • Prioritise locations serving vulnerable or underserved populations to reduce health inequalities.
2.9	Use digital engagement tools. • Establish an online booking system for the Behaviour Change Service • Adopt the Smokefree app and Behaviour Change digital offer
2.10	Monitor uptake and evaluate impact. • Use data to identify gaps and adjust strategies. • Report progress against the 5% ambition and share learning with stakeholders.

3.	**Strategic Priority 3: Expand access to stop smoking services.** **Scope** ➢ **Target groups with highest smoking rates** ➢ **Redesign services to improve access and offer**
3.1	<u>Identify high prevalence groups and service gaps.</u> • Use local data and service usage reports to pinpoint groups with the highest smoking rates. • Map current service provision and identify gaps in access and engagement. • Identify existing services who work with groups with the highest smoking rates. • Fund services to deliver stop smoking support that already work/have existing relationships with groups that have the highest smoking prevalence
3.2	<u>Embed stop smoking services in trusted organisations.</u> • Fund services to deliver stop smoking support that already work/have existing relationships with groups that have the highest smoking prevalence. • Services that have already been identified and commissioned to provide smoking support in 25/26 include: *Ferry Project (homeless charity) *CPSL Mind (mental health charity) *Housing First (work with those with multiple disadvantage
3.3	<u>Co-design service improvements with targeted groups</u> • Engage individuals from priority groups in co-production workshops to understand barriers and preferences. • Use lived experience to inform redesign of service pathways, formats, and messaging.
3.4	<u>Adapt service models to meet specific needs.</u> • Offer tailored support such as extended interventions, more intensive support, cut down to quit support, drop-in clinics, peer-led groups, and culturally appropriate interventions. • Ensure services are trauma-informed and inclusive.
3.5	<u>Train trusted organisation staff on VBA and referral pathways.</u> • Embed messaging into routine contacts and embed referral pathways
3.6	<u>Promote services through trusted organisations.</u> • Use peer advocates, community leaders, and professionals who work closely with target groups to promote services. • Develop bespoke communications that reflect the need of each group (see number 6 for more information)
3.7	<u>Monitor uptake and outcomes by group.</u> • Use insights to refine service design and ensure equity in access and impact.

4.	**Strategic Priority 4: Strengthen and Embed Stop Smoking into Clinical Pathways** **Scope** ➢ **Improve pathways to services.** ➢ **Build on Treating Tobacco Dependency Programme and better integrate stop smoking services into clinical pathways**
4.1	Map current clinical pathways and gaps. • Conduct a review of existing pathways in acute, community, and mental health settings. • Identify where tobacco dependency treatment is missing or inconsistently applied.
4.2	Embed NICE guidance for treating tobacco standards and ensure all services have the same offer. • Ensure all clinical pathways adopt NICE guidance and NHS Long Term Plan requirements for tobacco dependency treatment. • Integrate identification of smokers at every contact point, deliver Very Brief Advice and an optout referral into inhouse or local stop smoking service
4.3	Develop referral protocols and digital integration. • Create standardised referral processes to inhouse or local stop smoking services. • Embed electronic referral systems in electronic health records for a seamless pathway.
4.4	Train clinical staff across all settings • Provide training on Very Brief Advice (VBA), withdrawal management, facilitating access to stop smoking aids and referral pathways. • Training to be part of induction and annually through CPD
4.5	Integrate stop smoking aids and harm reduction options into care. • Ensure all settings (inpatient and outpatients) settings provide all stop smoking aids (NRT, vapes and medicines) • Ensure patients are prescribed stop smoking aids at discharge before ongoing support can be provided by their local stop smoking service
4.6	Monitor and evaluate impact. • Track metrics e.g., referrals, stop smoking aid provision, numbers setting a quit date and 4-week quitters. • Report quarterly to the tobacco control alliance.

5.	**Strategic Priority 5:** **Priority 5: Diversify the stop smoking offer.** **Scope** ➢ **Diversify the stop smoking offer: digital, apps, Allen Carr**
5.1	Expand digital support options. • Fund smokefree app places Commission a digital self-management offer through the new place-based behaviour change service. • Integrate digital options into place-based behaviour change service referral pathway
5.2	Offer alternative and innovative formats. • Fund Allen Carr Easyway Seminars • Promote Allen Carr to individuals who may not engage with traditional services. • Evaluate effectiveness
5.3	Tailor offers to different needs and preferences and promote choice. • Develop a toolkit of support options that cater to varying needs: self-guided digital tools for independent users, digital support through an app with advisor support, traditional support through Behaviour Change Services and GPs, group sessions for those seeking peer support, intensive interventions for high dependency smokers one day sessions (ACEW) • Ensure all offers can refer to each other if a different method of support is required. • Ensure smokers can choose the format that suits them and use initial assessments to guide individuals to the most appropriate support
5.4	Promote offers through targeted communications. • Develop tailored messaging for different groups highlighting the variety of support available. • Use trusted services, community champions, peer advocates, and professionals to raise awareness. • Include testimonials and case study success stories to build trust and interest. See ambition 6 for more information
5.5	Ensure partners are aware of all offers and promote them. • Provide information for service providers, referrers, and community partners on the full range of stop smoking options. • Ensure partners are confident in discussing and recommending different options.
5.6	Monitor uptake and effectiveness across formats. • Collect data on engagement, quit rates, and satisfaction for each type of offer. • Use insights to refine delivery, expand successful formats, and phase out less effective ones.

	• Share findings with the tobacco control alliance to inform future planning.
6.	**Strategic Priority 6: Targeted Communications & Engagement** **Scope** ➢ **Targeted communications bespoke for certain groups, communities, and professionals.**
6.1	Identify and prioritise target audiences. • Use local smoking prevalence data and community insight to identify priority groups. • Map professional audiences and community influencers/leaders
6.2	Use behavioural insight research. • Use the local behavioural insight research to understand motivations, barriers and triggers for smoking and quitting. • Use findings to inform campaign design and ensure relevance to target audiences
6.3	Co-produce tailored messaging. • Engage representatives from target groups and professionals in codesign workshops. • Develop culturally relevant, inclusive, and supportive messages. Test messages.
6.4	Develop communication materials. • Create communication materials e.g., digital assets, posters, videos, and toolkits tailored to each audience Include local case studies, benefits of quitting and service. • Use social media, local radio, community newsletters, GP waiting rooms and outreach events
6.5	Deliver multi-channel campaigns. • Partner with local organisations and influences/community leaders to increase reach. • Deliver campaigns around key data: New Year, No Smoking Day, Stoptober
6.6	Deliver a sustained communication and marketing strategy (2025-2030) • Design and implement a long-term strategy. • Align with national and local priorities. • Phase delivery across years with key date pushes and targeting of different priority groups. • Use consistent branding, case studies, and stakeholder engagement
6.7	Provide professionals with communication tools. • Ensure communication materials are shared with stakeholders, and these are promoted amongst their audiences. • Support community champions and VCS organisations to deliver peer-led messaging
6.8	Monitor and evaluate impact. • Track engagement metrics e.g., reach, shares, service referrals, and feedback from priority groups. • Use findings to refine messaging and delivery.

	• Report outcomes to the tobacco control alliance Adjust strategy as needed based on feedback
6.9	East of England regional tobacco control programme • Contribute financially to the East of England regional tobacco control programme. • Ensure local campaigns complement and enhance the regional activity. • Use the regional branding within local campaign resources

7.	**Priority 7: Promote smokefree environments.** **Scope** ➢ **Support smokefree environments through organisational policies e.g., smoking shelters, staff training**
7.1	Develop and define the key messages. • Create evidence-based messaging on benefits e.g., improved health outcomes, reduced costs, enhanced organisational reputation. • Use local data and case studies to demonstrate impact. • Map organisations who could benefit
7.2	Engage leadership and organisations. • Engage senior leaders and organisation influences and deliver briefing sessions. • Share success stories from other settings.
7.3	Create a smokefree partnership toolkit. • Develop a toolkit with policy templates, enforcement guidance, staff training resources, and communication materials. • Make it accessible online so organisations can easily access it
7.4	Provide tailored support packages. • Offer organisations practical help: policy templates, signage, staff training, and access to cessation services. • Provide small grants for environmental redesign.
7.5	Facilitate peer learning and networking. • Host forums and webinars for organisations to share best practice and challenges.
7.6	Run awareness campaigns. • Deliver multi-channel campaigns targeting partner organisations (social media, newsletters, webinars). • Align with national dates (Stoptober, No Smoking Day).
7.7	Align with wider health and wellbeing agendas. • Position smokefree environments as part of workplace health and wellbeing programmes. • The Tobacco and Vapes Bill priorities. • Link to mental health and stress management programmes
7.8	Align with zero carbon and environment agendas.

	• Identify and embed smoking into key related policies and strategies. • Promote smoking's role in these agendas.
7.9	Embed smokefree standards into commissioning and contracts. • Work with procurement teams to include smokefree requirements in service specifications and partnership agreements.
7.10	Monitor and publicly report progress. • Publish reports through the tobacco control alliance showcasing local organisations smokefree achievements.

8.	**Strategic Priority 8** **Scope** ➢ **Enforcement: Illegal sales of vapes and tobacco** ➢ **Litter regulations associated with smoking**
8.1	Develop and expand our understanding of illegal sales of tobacco and vapes across Cambridgeshire and Peterborough • Collaborate with different partners across the system to map pockets of illegal activity. • Identify areas to target
8.2	Increase the level of enforcement activities focusing upon areas identified at greatest risk. • Commission additional Trading Standards capacity to enable them to increase their enforcement activities.
8.3	Undertake awareness campaigns to alert communities about illegal tobacco and vapes and their risks. • There are risks to purchasing illegal tobacco and vapes that will be communicated in the campaigns. • Focus upon helping parents and carers have an understanding about vapes and the dangers of illegal sales
8.4	Work with enforcement organisations combatting illegal drugs to address links between the two activities. • There is intelligence that illegal activity often involves legal and illegal drug sales. More intelligence will be sought from partners and responses will be developed.
8.5	Reduce smoking related litter. • Increase enforcement activities relating to cigarette smoking litter

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