



Office for Health
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NHS

England
South West

South West

Tobacco Control and Smoking Cessation

Strategic Delivery Framework and Action Plan (2025-2030)



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Foreword

Achieving a smoke-free South West is our greatest opportunity to reduce health inequalities and build a region free from the devastating effects of tobacco dependence, enabling our residents to enjoy longer, healthier lives.

Over the past decade, we've made remarkable progress toward this goal. Tobacco dependence rates in our region have fallen to a historic low of 11.2%, with almost a quarter of a million fewer people who smoke compared to 10 years ago. In that time, over 220,000 individuals have accessed tobacco dependence treatment services for support with quitting. However, with more than half a million people in the South West who still smoke, and over 6,500 preventable deaths from tobacco dependence every year, significant challenges remain.

Tobacco dependence continues to harm our communities, causing premature deaths and leaving thousands unable to work, reliant on care, or unable to participate in activities they enjoy. The burden of tobacco dependence falls most heavily on our most disadvantaged residents.

That's why we must intensify our efforts, keeping quitting at the forefront of people's minds, improving access to tobacco dependence aids and behavioural support, and fostering smoke-free environments where tobacco use is no longer the norm.

This framework outlines our shared ambitions for the next five years, detailing how we will collaborate to not only reduce tobacco dependence rates but to also transform lives. Our priorities include supporting people who smoke to quit through supported quit attempts, preventing young people from starting, and creating smoke-free environments that protect and promote the health of our communities.

We want to acknowledge the significant impact of historical and current tobacco control initiatives across our region and thank the partners, individuals, and communities whose collaboration is making a real difference in the lives of South West residents. We urge every part of our system to maintain momentum so we can achieve a smoke-free South West by 2030.

Acknowledgements

This document has been composed by taking inspiration from and adapting (with permission) Greater Manchester's Integrated Care Partnership [*Making Smoking History in Greater Manchester, Strategic Delivery Framework and Action Plan 2024-2030*](#). We would like to recognise and express our thanks to them.

Summary

Tobacco dependence remains the leading cause of preventable death and disease in the region, with over 6,500 deaths annually and £4.36 billion in total economic costs. Tobacco dependence prevalence remains high among vulnerable groups, including those with mental health conditions and in routine/manual occupations, contributing to significant health and social inequalities.

The South West is committed to becoming a smoke-free region by 2030, aiming to reduce adult tobacco dependence prevalence to 5% or lower.

This framework is aligned with the WHO MPOWER model and sets out a bold and comprehensive, collaborative and evidence-based approach to achieving this goal, as well as improving public health, reducing inequalities, and saving lives and resources.

This framework and action plan is delivered through a strong regional partnership involving a number of stakeholders and partners.

The plan prioritises:

Preventing uptake of tobacco use, especially among young people

Supporting people who smoke to quit through evidence-based tobacco dependence treatment, with a focus on reducing health inequalities.

- Creating smoke-free environments that protect and promote health
- Tackling illicit tobacco to reduce access and harm
- Using data and behavioural insights to guide targeted action
- Raising public awareness through strategic and tailored campaigns



This framework represents a unified regional commitment to accelerate progress and sets out a comprehensive, evidence-based approach to reduce tobacco-related harm, save lives, and improve wellbeing across South West communities.



Our Vision

We support the aspiration to become smoke-free. Together, we will 'stop the start' for future generations. We want fewer people to smoke in the South West, which will lead to fundamental improvements to the health, wealth and wellbeing of some of the poorest residents, as well as save an average of £2,338 a year per person who smokes each year, alongside significant health benefits.

Our Approach

The South West (SW) Region Tobacco Control and Smoking Cessation Strategic Delivery Framework and Action Plan sets out how the SW partnership and local tobacco alliances will work collaboratively to accelerate regional progress towards achieving our ambition of tobacco dependence prevalence of 5% or lower by 2030, ensuring that we respond to the unique needs of each local community to prevent avoidable harm, reduce inequalities and save money and lives.

Our approach to reducing tobacco-related harm is supported by the collaboration between a range of stakeholders and partners, including:

- Office for Health Improvement and Disparities (OHID)
- NHS England South West (NHSE SW)
- Integrated Care Boards (ICBs)
- SW Association of Directors of Public Health (SW ADPH)
- Local Authorities (LAs)
- Public Health and Health Inequalities
- Cancer Alliances
- Secondary Care
- Primary Care
- Primary Care Networks (PCNs)
- Clinical Networks (Maternity, CVD, Respiratory)
- SW Trading Standards
- Voluntary, Community, Faith and Social Enterprise (VCFSE)
- Academic Bodies
- Patients / Services Users

This framework and action plan is based on [MPOWER](#) (WHO, 2025), a World Health Organization (WHO) model recognised worldwide to help reduce tobacco use.

The six measures are:

1. Monitoring tobacco use and prevention policies
2. Protecting people from tobacco smoke
3. Offering help to quit tobacco use
4. Warning about the dangers of tobacco
5. Enforcing bans on tobacco advertising, promotion and sponsorship
6. Raising taxes on tobacco products



Our Priorities

To achieve our ambition of tobacco dependence prevalence of **5% or lower** by 2030, our priorities are:

- **Prevent the uptake of tobacco use** and have a focus on young people to ‘stop the start’ and protect future generations.
- **Reduce the supply and demand of illicit tobacco** by raising awareness of its dangers, enforcing regulations, and supporting fiscal measures such as increasing the price of tobacco products
- **Reduce exposure to and harms from second-hand smoke** by embedding smoke-free legislation and policies and by creating smoke-free environments, particularly for our most vulnerable communities.
- **Support people who smoke to quit** by informing, enabling, and providing access to evidence-based tobacco dependence treatment, with a focus on reducing health inequalities by targeting groups disproportionately affected by tobacco dependence.
- **Monitor tobacco uses** and develop an intelligence pack, incorporating behaviour insights to improve understanding of barriers and enablers to quitting across our population.
- **Increase public awareness** through targeted campaigns and the development of tailored resources. We will evaluate initiatives to understand what works, share best practice, and ensure the delivery of this framework remains dynamic, responsive, and open to innovation.

This framework and action plan takes an inequalities-focused approach ensuring that action is targeted where it will have the greatest impact for the groups of greatest need across the SW.

Our Principles

In the SW, our principles are:

- **Insight-driven** – We will use data and intelligence to help achieve tobacco dependence prevalence of 5% or lower by 2030. This includes regional and locality-level annual trajectories, with a focus on priority groups and access to tobacco dependence treatment services. Behavioural insights will be used to improve understanding of barriers and enablers to quitting.
- **Evidence-based** – Our actions will be grounded in a robust evidence base, supported by engagement, co-production, and data to maximise the impact of our collective efforts.
- **Locality-led** – Decisions and discussions will be held at the most appropriate level, with local leadership driving tailored responses.
- **Community-activated** – We will engage residents and work closely with the voluntary, community, faith and social enterprise (VCFSE) sector to co-design and deliver impactful interventions.
- **Leadership** – Regional and locality-level partnership boards will provide strategic leadership, support, and endorsement.
- **Governance** – Robust governance structures will ensure accountability, transparency, and effective delivery across the partnership.

The delivery of the SW framework and action plan will be reviewed regularly to ensure that changes in the national, regional and local landscapes are used to inform planning and delivery.





Tobacco Dependency Prevalence

Tobacco dependence, particularly through cigarette smoking, is the single largest entirely preventable cause of ill health, death and disability in the region.

Two in three people who smoke will die prematurely. Each year, approximately **6,590** people in the SW die as a result of tobacco dependence. The region also loses around **33,400** years of life annually due to tobacco-related harm (ASH, 2025).

Preventing people from starting to use tobacco and supporting those who currently smoke to quit through evidence-based tobacco dependence treatment, will improve public health, reduce inequalities, ease pressure on the NHS and social care systems, and deliver significant economic and workforce benefits.

In the region, we are working to achieve a tobacco dependence prevalence of 5% or lower by 2030. Driven by a comprehensive and sustained approach to tobacco control, there has been some excellent local delivery in recent years, where overall prevalence rates have fallen from **17.9%** in 2013 to **11.2%** in 2023 (DHSC, 2025).

Despite this, in the SW tobacco dependence prevalence remains high (ASH, 2025):

- **11.2%** of adults aged 18+ currently use tobacco - approximately **530,000** people. To reach the 2030 target, this number must fall to **246,407** adults.
- **19.4%** of adults aged 18-64 in routine and manual occupations use tobacco.
- **25.7%** of adults aged 18+ with long-term mental health conditions use tobacco.
- **40.3%** of adults aged 18+ with serious mental illness use tobacco.

If current trends continue, England is projected to reach 5% prevalence by 2039. To meet the 2030 target, the pace of change must increase by approximately 70%.

To achieve this, we must renew our regional focus and accelerate progress. The SW partnership is committed to this ambition. Reaching the 5% target by 2030 will require an annual reduction in tobacco dependence prevalence of 0.9%, compared to the current trend of 0.7%. This can only be achieved through sustained, coordinated action at pace and scale across all partners.

The Cost of Tobacco Dependence

Tobacco dependence continues to deepen health and social inequalities across the SW. The [Ready Reckoner](#) and [Inequalities](#) calculators (ASH, 2025) produced by Action on Smoking and Health (ASH) highlight the extensive impact of tobacco dependence on individuals, communities, and systems:

Mortality and Years of Life Lost:

- Around **6,590** people in the SW die each year due to tobacco dependence.
- Around **33,400** years of life are lost annually across the region due to tobacco-related harm.



Poverty and Unemployment:

- **30.3%** of households where tobacco is used fall below the poverty line once tobacco expenditure is accounted for - representing around **110,000** households.
- An estimated **22,800** people in the SW are out of work due to tobacco-related ill health.



Social Care Burden:

- **97,800** people receive informal care from friends and family due to tobacco-related illness.
- A further **32,200** people have unmet care needs linked to tobacco dependence.
- The total estimated cost of tobacco-related care needs in the SW is **£1.48 billion**.



Impact on Children and Pregnancy:

- Around **254,000** children live in households where tobacco is used.
- Each year, approximately **10,100** children in the SW start using tobacco.
- In 2024/25, **2,080** pregnant people were recorded as using tobacco at the time of delivery - 6.0% of all births.



Economic Costs:

The total annual cost of tobacco dependence to the SW is estimated at **£4.36 billion**. This includes:

- **£1.20 billion** spent by consumers on tobacco products (legal and illicit).
- **£3.44 billion** in lost value of life due to premature deaths (based on QALY modelling).
- **£2.67 billion** in productivity losses due to reduced earnings and employment prospects.
- **£181 million** in healthcare costs from hospital admissions and primary care services.
- **£1.48 billion** in long-term care costs for current and former tobacco users.
- **£33.2 million** in annual losses from tobacco-related fires, with around 200 incidents attended by Fire and Rescue Services each year.



Tax Revenue:

- Revenue from tobacco taxation (excluding VAT) in the SW is approximately **£676 million** per year - a fraction of the total economic burden.



This data underscores the urgent need for continued, co-ordinated action to reduce tobacco dependence prevalence, improve health outcomes, and alleviate the financial and social costs borne by individuals, families, and public services.



Creating a Smoke-Free Region

Aligning with the [funding methodology](#) (DHSC, 2024) for Stop Smoking Services as a basis for regional tobacco dependence prevalence, Table 1 provides an estimate for the number of people who smoke in the SW and the reduction required to achieve our regional ambition of tobacco dependence prevalence of 5% or lower by 2030.

Achieving this goal will require a step change in the rate of decline in adult tobacco dependence. To do so, we must systematically implement the [MPOWER](#) framework, ensuring a co-ordinated and sustained approach across all domains of tobacco control.

Our action plan reflects a strong commitment to a multi-faceted, evidence-based strategy that includes:

- **Investment in tobacco dependence treatment services**, ensuring equitable access and high-quality support for people who smoke.
- **Expansion of smoke-free environments**, embedding legislation and policies that protect public health.
- **Targeted public health campaigns**, designed to raise awareness and motivate quit attempts.
- **Support for tobacco control legislation**, including measures to restrict access and reduce harm.
- **Robust enforcement**, particularly in relation to illicit tobacco and advertising restrictions.
- **Protection of children and young people**, preventing uptake and exposure.
- **Addressing health inequalities**, through multi-agency collaboration and targeted interventions for priority groups

This comprehensive approach is essential to accelerate progress, reduce tobacco-related harm, and realise our shared ambition of a smoke-free SW by 2030.



Table 1: Number of people who smoke - our SW ambition:

UTLA	Where We Are Now (2021-2023)			Where We Need To Get To (2030)			Size of the Challenge
	*Adult Population	Smoking Prevalence	Estimated Number of Smokers	Adult Population	Smoking Prevalence	Estimated Number of Smokers	
Bath and North East Somerset	163,365	10.75%	17,565	171,287	5%	8,564	9,001
Swindon	185,433	10.55%	19,555	187,889	5%	9,394	10,161
Wiltshire	414,628	10.81%	44,822	427,613	5%	21,381	23,439
BSW	763,426	10.73%	81,940	786,789	5%	39,339	42,601
Bristol, City of	391,571	14.65%	57,384	402,177	5%	20,109	37,275
North Somerset	177,272	10.76%	19,082	186,927	5%	9,346	9,736
South Gloucestershire	238,132	11.02%	26,251	253,756	5%	12,688	13,563
BNSSG	806,975	12.73%	102,717	842,860	5%	42,143	60,574
Cornwall and Isles of Scilly	474,503	11.54%	54,546	516,853	5%	25,843	28,703
Devon	686,095	12.11%	83,104	727,864	5%	36,393	46,711
Plymouth	216,889	15.57%	33,777	218,519	5%	10,926	22,851
Torbay	114,598	16.40%	18,760	120,388	5%	6,019	12,741
Devon	1,017,582	13.33%	135,641	1,066,771	5%	53,339	82,302
Bournemouth, Christchurch and Poole	329,765	10.56%	34,832	333,753	5%	16,688	18,144
Dorset	318,787	10.03%	31,959	330,308	5%	16,515	15,444
Dorset	648,552	10.30%	66,791	664,061	5%	33,203	33,588
Gloucestershire	528,804	11.02%	61,668	559,200	5%	27,960	33,708
Somerset	469,541	12.60%	59,179	491,614	5%	24,581	34,598
South West Total	4,709,383	11.94%	562,482	4,928,148	5%	246,407	316,075

**Adult population based on 18+ for 2023 (numbers may differ due to rounding)*

*[Local stop smoking services and support: funding allocations and methodology - GOV.UK](#)
[Nomis - Bulk Data Export - Population projections - local authority based by single year of age](#)*



NHS Tobacco Dependence Treatment Services

The 2019 [NHS Long Term Plan](#) (LTP) (NHSE, 2019) included a commitment to offer tobacco dependence treatment to all patients admitted to hospital and to all pregnant people who smoke, recognising tobacco dependence as a chronic, relapsing condition requiring clinical intervention.

Core requirements of the NHS Tobacco Dependence Treatment Service (TDTS) include:

- Systematic screening of tobacco use status on admission
- Opt-out referral for all people who smoke to an in-house, trained Tobacco Dependence Advisor
- A personalised treatment plan, including behavioural support and pharmacotherapy
- Ongoing support post-discharge, with transfer of care into appropriate community-based services
- Data collection and reporting to the NHS Tobacco Dependence Data Collection system, published via the NHS Tobacco Dependence Dashboard

The [10-Year Health Plan for England](#) (DHSC, 2025) reinforces and expands this commitment, calling for opt-out tobacco dependence interventions to be embedded across routine hospital care. It also emphasises the importance of supporting people to quit prior to surgery, as part of a broader shift toward prevention.

These NHS-funded services are designed to complement and enhance existing local authority-commissioned tobacco dependence treatment services. Funding for TDTS is now included in baseline ICB allocations, and services should be fully integrated into routine care pathways.

NHS England (NHSE) has identified the systematic identification and treatment of tobacco dependence in secondary care as a [high impact interventions for prevention](#) (NHSE, 2022). The [2025/26 priorities and operational planning guidance](#) (NHSE, 2025) highlights reducing tobacco dependence as a national priority, aligned with the Core20PLUS5 approach to tackling health inequalities. Treating tobacco dependence positively impacts all five key clinical areas within Core20PLUS5.

The NHSE pathway targets are as follows:

- Inpatient tobacco use prevalence: 20% of admitted patients
- Opt-out referral rate: 90% of those identified
- Seen by TDTS: 75% of those referred
- Engaged with any support: 55% of those seen
- Engaged with support to quit: 35% of those seen

Tables 2 and 3 illustrate the ‘size of the prize’ and the ‘impact after one year’ of delivering acute inpatient TDTS in the SW, assuming the above NHSE targets are met.

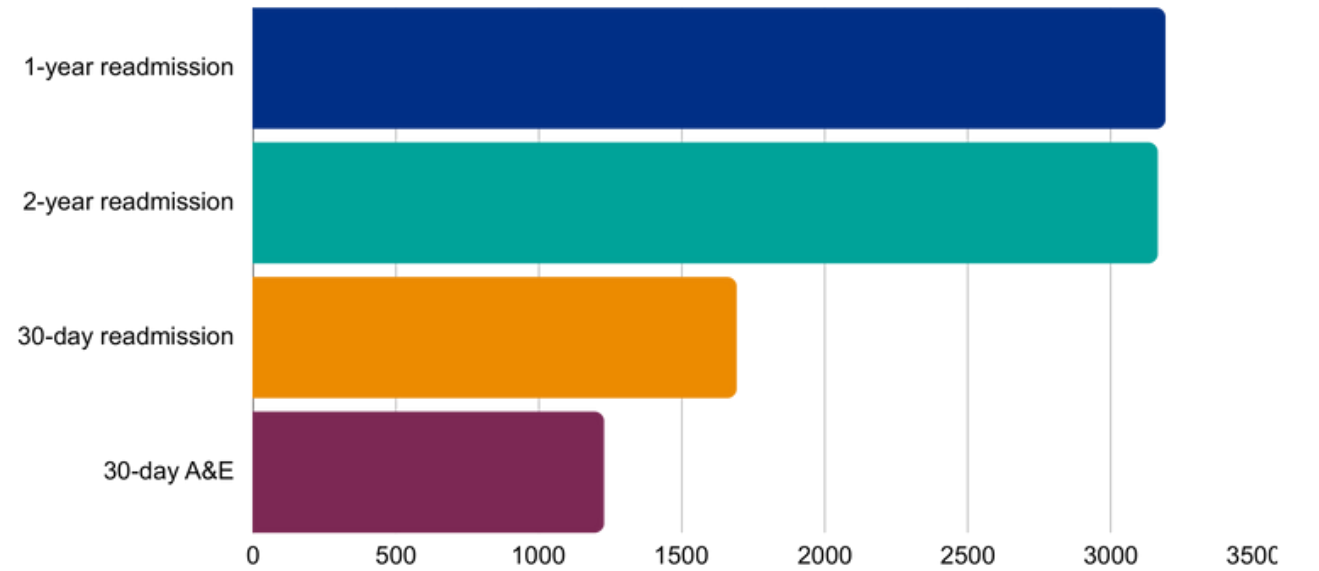
Table 2: Size of the prize if NHSE targets are met based on 641,630 adult inpatients admitted across the SW:

Number of admissions with smoking status assessed	Number of screened patients identified as people who smoke	Number of identified people who smoke referred to TDTS	Number of referrals seen by TDTS	Number of those seen who engage with support	Number of those seen who engage with quit attempts
577,467 90%	115,493 20%	103,944 90%	77,958 75%	42,877 55%	27,285 35%

Number of Adult Inpatients admitted across the SW based January to December 2024 data.
[Tobacco Dependence Services Dashboard](#)

Table 3: Impact after one year of TDTS in which 27,285 patients engaged with a quit attempt:

Reduction in all-cause 30-day readmission	Reduction in all-cause 1- year readmission	Reduction in all-cause 2-year readmission	Reduction in all-cause 30-day A&E presentations
1,692	3,192	3,165	1,228



Annual savings based on 1- year readmissions	Bed spaces created per day based on 1-year readmissions	Lives saved in 1-year
£8,166,019	43.7	1,664

Our Model and Action Plans

 Increase public awareness	SW	Local
	X	X
	X	X
		X
	X	
Use the South West Tobacco Control Network to drive a cross-system approach to achieve our ambition of tobacco dependency prevalence of 5% or lower by 2030		
Identify and develop appropriate resources and communications for different communities across the South West, including different forms of tobacco use		
Support children and young people's engagement, developing youth prevention strategies and ensuring children and young people's engagement and education is co-produced		
Leadership on enhancing and developing behavioural insights and behaviour change in changing social norms around becoming smoke-free		

 Monitor tobacco uses	National	SW	Local
		X	X
		X	X
	X	X	X
		X	
		X	X
	X	X	X
Continue to share intelligence and insight using Tobacco Use Data Packs, to ensure that progress against the strategic objectives is achieved, and that best practice and learning is shared			
Identify research priorities and opportunities, particularly for Population Health Fellows and Registrars			
Ensure all programmes and projects are built on insight, evidence and intelligence			
Review and scope the feasibility of collaborative monitoring of apps focused on reducing tobacco use			
Encourage all partners to improve data quality and completeness, particularly recording smoking status on admission and at booking			
Promote tobacco monitoring tools which are available to partners, such as Fingertips and Dashboards to inform decision making and policy synthesis			

 Reduce exposure to and harms from second-hand smoke	National	SW	Local
Implement and deliver an approach to voluntary smoke-free homes across the South West. This will connect stop smoking support and place-based campaigns and communication building on recommendations from the South West Directors of Public Health Sector-Led Improvement programme, and region-wide Guidance for Delivering Smoke Free Homes		X	X
Mobilise a tobacco-free NHS, including primary, secondary and tertiary care creating smoke-free environments and supporting staff and patients to quit	X	X	X
Provide evidence and voice our support to strengthen and enable the Tobacco and Vapes Bill		X	X
Review and engage with Government consultations on matters relating secondary legislation from the main Tobacco and Vapes Bill (including smoke-free places) by providing evidence and feedback		X	X

 Support people who smoke to quit	National	SW	Local
Build on the strengths of stop smoking services in localities and look for opportunities for collaboration across the South West to ensure equity of access to the most effective treatment and specialist support		X	X
Continue to ensure the delivery of Treating Tobacco Dependency Programmes (inpatient, mental health and maternity). Aim to deliver programmes that capitalise on offering referrals and information at every contact	X	X	X
Scope alignment with the 10-year Health Plan intentions to integrate opt-out smoking cessation interventions in all routine care within hospitals and for elective patients to engage with smoking cessation services available to them.	X	X	X
Develop, facilitate and deliver an evidence-based stop smoking offer as part of the Lung Cancer Screening Programme, working with South West Cancer Alliances	X	X	X
Increase access to evidence-based stop smoking aids in line with NICE Guidance and Cochrane evidence		X	X
Promote the South West vaping harm reduction consensus statement which protects children and young people and supports adults who smoke to quit		X	X
Review current offers, evaluate and implement a targeted stop smoking offer in primary care settings, including upscaling and expanding Very Brief Advice to all people who smoke		X	X
Build capacity across the South West stop smoking offer within community settings focused on reducing health inequalities		X	X

Enhance digital stop smoking offers for all people who smoke which includes 24/7 access to stop smoking support with promotion through communications, campaigns and availability		X	X
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 Warn people of the dangers of tobacco	National	SW	Local
Continue to deliver insights driven behaviour change stop smoking campaigns aimed at driving quit attempts, sustaining quit attempts and discouraging the uptake of tobacco use. Campaigns will be delivered in 'bursts' alongside always on targeted digital and social media		X	X
Amplify national stop smoking and risk of tobacco use campaigns and communications	X	X	X
Develop the understanding of alternative tobacco products and their use in localities to strengthen the offer of cessation support	X	X	X
Play a proactive role as part of the national Smokefree Action Coalition to advocate for additional stop smoking marketing and communications, for example warnings on individual cigarettes			X
Deliver comprehensive resources and communications approaches to inhibit the uptake of children and young people vaping and using tobacco		X	X

 Enforce regulations	National	SW	Local
Continue to enforce high levels of compliance with regulations relating to all tobacco and vapes regulation including point of sale, age restrictions on sales and illegal sales	X	X	X
Publicise new national regulations to increase awareness and compliance	X	X	X
Advocate nationally, through the Smokefree Action Coalition, for the successful implementation of national legislation which will make it an offence to sell tobacco products to anyone born on or after 1 January 2009; and the introduction of a tobacco industry levy and a tobacco retailer licensing scheme			X
Strengthen enforcement operations and increase SW agency capacity on illicit, underage sales and vape product compliance activity by supporting the SW apprentice enforcement officer scheme		X	X

 Raise the price of tobacco	National	SW	Local
Continue to deliver a comprehensive approach to tackling illegal tobacco and deliver campaigns which reduce the demand for illegal tobacco with a focus on children and wider crime		X	X
Advocate for a tax escalator above inflation on all tobacco products and for the elimination of the differential between the tax on cigarettes, hand rolled tobacco and cigarillos, and the Minimum Excise Tax to be increased at least in line with the tax escalator			X

Communications Strategy

“Life totally changed for me when I woke up and I didn’t have my leg anymore. And it could happen to anyone who smokes.”

These are the powerful words of Cliff Hopkins, a 69-year-old father of four, who lost his leg due to smoking-related disease. He was referred to the Smokefree Somerset service and hadn’t had a cigarette for 5 (at time of publication) months.

Yet asked now if he wished he’d quit much earlier, Cliff says no: because he enjoyed smoking too much.



Cliff Hopkins

Decades of publicity about tobacco-related harms has created high awareness of the dangers of tobacco use. Yet there are still unacceptably high rates of tobacco dependence – often through entrenched addiction. These are disproportionately in lower socioeconomic and ethnic minority groups and/or people who experience poor mental health.

Our multi-level systems bring together expertise to reduce smoking harm, transforming lives whilst reducing health inequalities and putting money back in people's pockets.

We're adopting innovative approaches including digital coaching, swap-to-stop vape offers, and accessible stop smoking services in healthcare facilities and community settings like libraries and shopping areas.

Using behavioural science, we're developing better understanding of what engages people in quit attempts.

A new regional programme will create guidance on segmenting our smoking population by demographics and interests, ensuring the right support reaches the right people at the right time. We'll monitor implementation to drive continuous improvement and position the South West as England's leader in successful quits.

Instead of just telling people to stop, we need targeted interventions that make quitting easier, more appealing, and more likely to stick. We need to understand why different groups of people make certain choices and how they are influenced by their environment, habits, and psychology.

Call to action

Encouraging all people who smoke to attempt to quit using free NHS quit smoking app and/or NHS/local stop smoking services, with targeting of people with entrenched tobacco dependency across inequality groups.



Insights

People who smoke weigh personal benefits of smoking (stress relief, social connection, routine) against perceived costs of quitting.

- For many, smoking's immediate value outweighs future health benefits, requiring communications that address these underlying motivations rather than simply highlighting harms.
- Research shows that consistent, long-term communications combining both harm-focused messaging and hope-focused content is essential. A one-off campaign is insufficient for changing entrenched addictive behaviours that require multiple quit attempts.
- Big opportunity to target needs of different communities and groups:
 - Desire over duty: shift from pressured messaging to foster a positive sense of motivation around the benefits.
 - Social identity: actively encourage non-smoking social benefits which maintain strong feelings of belonging and self-esteem they don't want to lose.
 - Harms: many people who smoke downplay risks, so make harms more salient and credible with new facts tailored to specific groups.
 - Hope: Highlight the ways people can quit. Enhance positive emotions and optimism around quit attempts, regardless of relapse.
 - Cost: Emphasise financial benefits with increased in cost of living



Opportunities:

- Supporting people to stay well: working with communities, particularly those at higher risk and in CORE20PLUS5 groups, to improve their own health by stopping smoking.
- Reducing hospital re-admissions and freeing up beds: encouraging hospital in-patients to take up NHS-funded tobacco dependency treatment in all hospital trusts.
- Improving maternal outcomes: encouraging all pregnant people who smoke to take up tobacco dependency treatment now offered in every NHS maternity service.
- Improving outcomes for elective patients: helping patients on waiting lists to ease symptoms, prevent new problems, help recovery.
- Improving outcomes for patients with severe mental health conditions: encouraging patients to take up targeted support
- Align with 10 Year Health Plan - hospital to community and sickness to prevention, The Tobacco and Vapes Bill, Gov's Health Coach (using AI for personalised health advice), third party stop smoking tools through HealthStore (also Gov), Labour manifesto pledge will be enacted to integrate opt-out smoking cessation interventions in all routine care within hospitals.





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