BRIEFING	TO:	Health and Wellbeing Board
	DATE:	2nd September 2026
	LEAD OFFICER	Amelia Thorp Public Health Specialist
	TITLE:	Tobacco Control update

Background

1.1 Smoking Prevalence

Despite a sustained decline in smoking prevalence over the past 50 years, smoking remains the leading cause of preventable illness, disability and premature death in both Rotherham and England. Tobacco use continues to place a significant burden on health services and contributes to substantial health inequalities, with higher smoking rates often concentrated among more disadvantaged communities.

Although smoking prevalence continues to fall, rates in Rotherham remain above the national average. In 2024, an estimated 13.5% of adults in Rotherham were smokers, equating to approximately 28,800 residents, compared with 10.4% across England.[1] Based on current trends, Rotherham is not on track to achieve the national Smokefree 2030 ambition, highlighting the need for continued investment in effective tobacco control measures and targeted support for smoking cessation.

1.2 Impact on Health

Table 1 shows how Rotherham performs compared with England across a range of indicators used to monitor the impact of smoking on population health. Overall, Rotherham experiences a greater burden of smoking-related harm than the national average, with higher rates of premature births, lung cancer registrations, smoking-attributable hospital admissions and emergency admissions for chronic obstructive pulmonary disease (COPD). These findings indicate that the long-term consequences of tobacco use continue to place a significant burden on Rotherham residents and local health services. While some indicators, including oral and oesophageal cancer registration rates, are broadly similar to the England average, the overall pattern highlights the ongoing impact of smoking on health outcomes and reinforces the importance of sustained action to prevent smoking uptake, support smoking cessation and reduce health inequalities in Rotherham.

Table 1: Key Smoking-Related Health Indicators: Rotherham Compared with England

Indicator	Rotherham	All England
Premature births (<37 weeks gestation) (2022-24)	88.0	79.6
Low birth weight of term babies (2024)	3.2%	3.0%
Lung cancer registrations per 100,000 (2017-19)	101.5	77.1
Oral cancer registrations per 100,000 (2017-19)	17.0	15.4
Oesophageal cancer registrations per 100,000	15.3	15.2
Smoking attributable hospital admissions per 100,000 (2022/23)	1,872	1,242
Emergency admissions for COPD per 100,000 (2023/24)	596	357
Smoking status at time of delivery (2024/25)	8.8%	6.1%

Not significantly different to England
Significantly worse than England

[1] Smoking Profile | Department of Health and Social Care

1.3	**Smoking and health inequalities** Smoking is the single largest driver of health inequalities in England. The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death. Rates of smoking are considerably higher amongst some groups, including: • People who work in routine and manual occupations • People from lower socioeconomic groups • People with long term mental health conditions • People with drug and alcohol dependence • People from some ethnic groups – including mixed ethnic groups and White British populations • LGBTQIA+ people Evidence shows that comprehensive tobacco control measures, alongside targeted cessation support for priority populations, can significantly reduce smoking prevalence and narrow the gap in health outcomes between the most and least disadvantaged communities. Reducing smoking rates among those groups with the highest prevalence will be critical to improving healthy life expectancy and achieving greater health equity across the population.
1.4	This briefing aims to provide assurance to the Board by outlining the progress made against the Tobacco Control Work Plan over the past year.
Key Issues	
2.1	**Five priority areas** The overarching ambition of the Tobacco Control Work Plan is to support Rotherham in achieving the national Smokefree 2030 target, defined as an adult smoking prevalence of less than 5%. To drive progress towards this goal, the plan is structured around five priority areas: • Strategy and Coordination • Quit for Good • Reduce variation • Enforcement • Stop the Start During the past year, significant progress has been made across all five priority areas, which will be detailed in sections 2.2 to 2.9.
2.2	**Strategy and Coordination** Actions within the 'Strategy and Coordination' priority area have remained on track, with quarterly Tobacco Control Steering Group meetings continuing to bring partners together to oversee delivery of the Work Plan. Local data is also regularly updated, analysed and reported through appropriate channels to inform priority setting and the planning of tobacco control activity.
2.3	**Quit for Good** This year we recorded the highest number of quit dates set in Rotherham since 2016/17, with 1,754 people making a quit attempt, resulting in the highest number of successful quits, with 1,212 people successfully stopping smoking. This equates to the 6th highest

	successful quit rate out of 153 authorities in England.[2] These figures include people who were supported to quit by Rotherham Healthwave, the Smoking in Pregnancy Service and QUIT teams at TRFT and RDASH.
2.4	**Quit for Good - Community Stop Smoking Service** Through the community stop smoking service we continue to ensure that a wide range of services are available to Rotherham people and that they are accessible to the communities who need them most. In 2025/26 progress towards achieving this has been demonstrated through: <u>Reintroduction of pharmacotherapy options</u> Last year the service expanded their offer by making pharmacotherapy options available, following these medications being reintroduced to the market. Rotherham was an early adopter in making varenicline available in June 2025, with cytisine and bupropion being made available in March 2026. In 2025/26, 285 people accessing the community stop smoking service successfully quit using medication to support their quit attempt, accounting for 24% of all successful quits supported by the service. <u>Swap to Stop</u> Swap to Stop was a national programme that ran from December 2023 to March 2026. The scheme supported adult smokers to quit by providing a vape as a quitting aid alongside behavioural stop smoking support. During 2025/26, 262 people successfully quit using vapes provided by Swap to Stop, accounting for 22% of all successful quits in Rotherham. Following the success of the scheme, vapes will continue to be provided as part of our community offer in 2026/27.
2.5	**Quit for Good - Smoking in Pregnancy Service** This year, our Smoking in Pregnancy service has achieved its highest successful quit rate in more than a decade, with 91% of those setting a quit date successfully stopping smoking.[2] During 2025/26 the Smoking in Pregnancy service in Rotherham continued to deliver the National smoke-free pregnancy incentive scheme. The scheme was launched in September 2024 and enables those who engage with maternity stop smoking services to receive up to £400 in Love2shop vouchers throughout their pregnancy and after birth. The scheme was expanded in January 2026 to allow a friend or family member to quit alongside the expectant mother, with an additional £100 available for those who remain smokefree. It's important to recognise that the number of people smoking during pregnancy has fallen over time. However, the people who continue to smoke during pregnancy are increasingly likely to face complex challenges. As a result, supporting people to quit during pregnancy often requires more intensive, tailored, and sustained support than in previous years. Against this backdrop, the increase in successful quit rates is particularly significant and demonstrates the effectiveness of the service in engaging and supporting people with more complex needs to achieve a smoke-free pregnancy.
2.6	**Reducing variation** Since smoking prevalence and subsequently smoking-related ill health is more prevalent in some communities (outlined in 1.3), the Tobacco Control Work Plan outlines key actions to target services to populations who experience the highest smoking-related harm. In 2025/26 progress towards achieving this has been demonstrated through:

[2] Statistics on Local Stop Smoking Services in England, April 2025 to March 2026

	Local Enhanced Service A key activity that supports the aim to reduce variation in smoking is the continued delivery of the Local Enhanced Service (LES) which expands the capacity of community stop smoking provision into the communities with highest prevalence and risk. Through this service, primary care staff are trained to identify smokers and deliver brief stop smoking interventions, including provision of nicotine replacement therapy (NRT) and vapes. This ensures support is embedded within services that people are already accessing. Throughout 2025/26, this approach supported 388 people to successfully quit smoking. This equates to 32% of the total successful quits, demonstrating that the LES allows stop smoking support to be accessible to a significant number of smokers that may not have engaged with a dedicated stop smoking service. Strengthening referral pathways This year there has also been efforts to improve the pathways into the community stop smoking service through strengthening referrals from other services who work with communities most at-risk from smoking related harm. This has included Very Brief Advice training being delivered to the RMBC Tenancy Support team. There are plans in place to expand this to wider services in 2026/27, with training dates scheduled with ROADS and Yorkshire MESMAC and planned expansion of the offer to: • Wider housing related support services, including Action, Target, South Yorkshire Housing Association, YWCA, Roundabout and P3 • Rotherham Sexual Health Service • Health Visitors (0-19 team) Cardiovascular disease (CVD) Workplace Health Checks CVD workplace health checks have been operational since early 2025 and are delivered by Connect Healthcare CIC who also deliver the community stop smoking service. The health checks include measuring blood pressure, cholesterol and BMI alongside a lifestyle assessment. The workplace health checks are open to all, however, are targeted to reach routine and manual workers. This provides an opportunity to have brief conversations with potential smokers who engage with the health check process and refer them into the community stop smoking service. Since the start of delivery 1873 CVD workplace health checks have been conducted.
2.7	**Enforcement** Tackling illicit tobacco and underage sales is a key component of effective tobacco control because it helps reduce the availability of cheap, unregulated tobacco products that can undermine efforts to decrease smoking prevalence. Therefore, enforcement is one of the priorities in the Tobacco Control Work Plan. Tackling illicit tobacco, vapes and associated products, alongside preventing underage sales, falls within the remit of Trading Standards and represents just one element of their wider range of responsibilities. Over the last year, Public Health and Trading Standards have worked collaboratively to deliver actions within this priority area. However, progress against several key actions has been challenging due to limited capacity within the Trading Standards team. In recognition of these challenges, the Trading Standards Manager has developed a proposal outlining the level of investment required to fully resource the service within RMBC. Without additional investment, Trading Standards' ability to effectively progress this work will remain limited, placing the continued delivery of this priority area at risk. Despite these challenges, in 2025/26 two key developments will support enforcement activity moving forward. A permanent Trading Standards Manager is now in post, providing leadership and strategic direction for this area of work. In addition, a clear

	reporting pathway has been established to enable schools to report concerns regarding illicit products and underage sales directly to Trading Standards. This will improve intelligence gathering, strengthened partnership working between schools and Trading Standards, and has created a consistent approach for reporting across Rotherham. Securing sufficient capacity is particularly important given the wide-ranging harms associated with illicit tobacco and vape products. While these products pose direct health risks to those who use them, their impact extends far beyond individual harm and can have significant consequences for communities. The illicit trade is often linked to organised criminal activity, generating revenue for criminal networks while undermining legitimate businesses. Furthermore, the supply of illicit tobacco and vaping products to children and young people may be associated with wider safeguarding concerns, including grooming and exploitation, with such products sometimes used to establish relationships, create dependency, or facilitate further harmful activity. Tackling the illicit market is therefore essential not only for protecting public health, but also for supporting community safety, safeguarding vulnerable individuals, and disrupting criminal activity.
2.8	**Stop the start – Mass Communication** Rotherham has continued its membership of both Breathe, the Yorkshire and Humber Tobacco Control Collaborative, and the South Yorkshire Tobacco Control Alliance during 2025/26. These partnerships bring together local authorities across Yorkshire and Humber and South Yorkshire to coordinate tobacco control activity and maximise the impact of available resources. Through collaborative working, partners can invest in larger-scale initiatives, including specialist workforce training and region-wide public communications campaigns, which would be more difficult to deliver at an individual local authority level. During the year, Rotherham supported the delivery of two regional smoking cessation campaigns. These campaigns utilised a comprehensive range of communication channels, including television, radio, social media, and out-of-home advertising such as bus stop and bus-side advertising, helping to reach a wide audience with consistent messages encouraging smokers to quit. The Yorkshire and Humber “Turn the Corner” campaign generated significant exposure across local, regional and national media. This was supported by the involvement of a Rotherham resident, who shared his personal experience of quitting smoking with Rotherham Healthwave. His story was subsequently featured by BBC News, helping to extend the campaign's reach and provide a relatable local perspective on the benefits of quitting smoking.[3] Independent evaluation of the campaign demonstrated a positive impact on smoking-related behaviours and attitudes. Of those who recalled seeing the campaign, 78% (165,489 people) reported taking positive action, including reducing the amount they smoked, seriously considering quitting, or feeling motivated to stay quit. Building on the success of the campaign, the Rotherham resident who had previously shared his quitting journey also featured in the South Yorkshire “It Worked for Me” campaign. By sharing his experiences across both campaigns, he helped reinforce key messages around smoking cessation and highlighted the support available locally to residents who wish to quit.

[3] Smoker says watching mum's death from lung disease made him quit - BBC News

2.9	**Stop the start – Children and Young People** A key priority area within the Tobacco Control Work Plan is to reduce the number of people taking up smoking, particularly children and young people. However, in recent years there has been growing concern about children vaping rather than smoking. Growing concerns about youth vaping are reflected in the most recent Rotherham School Survey findings. Among pupils who responded, 95% report never smoking compared with 78% who report never vaping.[4] Therefore, many of the actions within this priority area have been migrated into the newly formed Reducing Vaping Harms Action Plan to address this.
2.10	**Reducing Vaping Harms** Whilst the most recent Rotherham School Survey found that most students (78%) have never tried vaping, the increasing number of Year 10 students reporting regular vaping and the potential safeguarding risks associated with underage sales and illicit vapes highlight the need for a coordinated response to reduce access to vape products and prevent harm among children and young people. As vapes are an effective quit aid for adult smokers it was considered most appropriate to develop a dedicated Action Plan addressing the harms vapes pose to children that is separate from the Tobacco Control Work Plan. This decision was supported by the Health and Wellbeing Board in September 2025. Since this was agreed significant progress has been made, including: • Establishment of the Reducing Vaping Harms Group • Development of the Reducing Vaping Harms Action Plan • Publication of the Vape (and Associated Products) Guidance for Schools[5] which outlines an agreed reporting pathway for vape-related incidents that enables consistency across the borough • Roll out of training offer for schools that supports them to embed a "Vape-free approach" • Progressed towards embedding a dedicated Children and Young People's Stop Smoking and Vaping Advisor into the community stop smoking service • Updated the Rotherham Position Paper on Vapes Next steps: • Continued delivery of training offer for schools • Adapting the Vape (and Associated Products) Guidance for Schools for professionals working with children on out-of-school settings • Development of Vaping Harm Reduction Champions Network
Key Actions and Timelines	
3.1	The Tobacco Control Work Plan is a 3-year plan, with all proposed actions to be completed by March 2029.
3.2	The Reducing Vaping Harms Action Plan is a 1-year plan, with all proposed actions to be completed by March 2027.
Implications for Health Inequalities	

[4] Rotherham School Survey 2025

[5] Vape (and Associated Products) Guidance for Schools

4.1	The report highlights that smoking continues to be a major contributor to health inequalities in Rotherham, with people living in more disadvantaged communities experiencing higher smoking prevalence and greater smoking-related harm. Reducing variation in smoking prevalence therefore remains a key priority within the Tobacco Control Work Plan, with targeted action to ensure stop smoking support is accessible to the populations most affected, as outlined in Section 2.7.
Recommendations	
5.1	The Board to note the progress made to date by partners to deliver actions within the Tobacco Control Work Plan.
5.2	The Board to note the progress made to date by partners to deliver actions with the Reducing Vaping Harms Action Plan.
5.3	The Board review and approve the updated Rotherham Position Paper on Vapes, developed in partnership with key stakeholders across the Borough.

Appended:

- Appendix 1 – Tobacco Control Work Plan 2025-2029
- Appendix 2 – Reducing Vaping Harms Action Plan 2026-2027
- Appendix 3 – Rotherham Position Paper on Vapes