# Health and Wellbeing Board
# 16 September 2026
# Supporting a Smoke Free Dorset
# For Decision

**Cabinet Member:**
Cllr S Robinson, Adult Social Care & Health
Cllr M Bell, Public Health, Prevention and Communities

**Local Councillor(s):**

**Senior Leadership Team:**
S Crowe - Executive Director, Housing, Prevention and Communities

**Report author and job title:** Jane Horne, Consultant in Public Health
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**Statutory Authority:** Tobacco and Vapes Act 2026

**Report status:** Public (the exemption paragraph is N/A)

## 1. Executive summary (maximum of 500 words)

1.1 Smoking remains the biggest cause of preventable illness and early death in Dorset. Smoking is a major driver of health inequalities and contributes to conditions including cancer, heart disease, stroke, respiratory disease and dementia. Despite progress, smoking remains more common among people facing poorer health, lower incomes and other disadvantages.

1.2 Whilst substantial progress has been made over the last decade, reducing prevalence in Dorset from 15.7% in 2014 to 9.9% in 2024, further effort is needed to reach the smoke-free ambition of reducing smoking prevalence to below 5% of the adult population.

1.3 Dorset provides a range of free, evidence-based support to help people stop smoking. Recent national funding has enabled Dorset to test new approaches, including the very successful Swap to Stop programme and improved access to stop smoking medicines.

1.4 Smoking places a significant burden on individuals, families and public services. People who smoke are more likely to develop long-term conditions that can reduce independence, increase demand for health and social care and place additional caring responsibilities on family members. Dorset will

receive £877,205 of dedicated stop smoking funding in 2026/27 to help more residents quit smoking and improve long-term health outcomes.

1.5 This report introduces the South West Smoke-Free Charter, a shared commitment by councils and NHS organisations to strengthen action on tobacco dependence and support the ambition of achieving smoking prevalence below 5% across the South West by 2030.

1.6 The report comes ahead of this year's Stoptober campaign. Quitting smoking brings health benefits almost straight away and can leave people with more money in their pocket. With the right support people are much more likely to quit for good.

## 2. Recommendation(s)

2.1 The Health and Wellbeing Board is asked to:

(a) Note the significant health, wellbeing, social care and economic burden arising from smoking in Dorset.

(b) Acknowledge progress made in expanding access to evidence-based smoking cessation support and treatment.

(c) Endorse the South West Smoke-Free Charter and continued partnership action to reduce smoking prevalence and related health inequalities.

(d) Support the forthcoming Stoptober campaign to increase the number of residents making successful quit attempts.

## 3. Reason for the recommendation(s)

3.1 Smoking remains the largest preventable cause of ill health and premature death and continues to drive health inequalities across Dorset. Increasing quit attempts and improving access to effective support delivers significant benefits for population health, healthcare demand, social care demand and economic productivity. National expectation linked to the grant is for at least 5% of the smoking population to set a quit date annually.

3.2 The South West Smoke-Free Charter provides an opportunity to demonstrate collective leadership and strengthen partnership action across the health and care system to support the ambition of a smoke-free South West by 2030.

## 4. The report

4.1 Smoking places a significant burden on individuals, families and public services. It contributes to long-term conditions that reduce independence and increase demand for healthcare, social care and unpaid care from families and carers

4.2 Smoking is also a significant contributor to adult social care demand. National evidence shows that smokers are more likely to require help with everyday activities. Current smokers and recent quitters aged over 50 are more than twice as likely to require help with daily living activities compared with people who have never smoked. By reducing smoking prevalence, Dorset can support healthier ageing, help people maintain their independence for longer and reduce future demand on health and care services

4.3 Dorset's residents can access a **comprehensive range of support**, including:

- LiveWell Dorset
- Community Health Improvement Services delivered by GP practices and community pharmacies
- Allen Carr Easyway
- Digital cessation support
- Stop smoking medications
- NHS Treating Tobacco Dependency services for hospital inpatients
- Smoking cessation support within maternity services
- Swap to Stop vaping support

4.4 Recent investment through national grant funding has enabled Dorset to test and refine new approaches. Dorset achieved amongst the highest levels of successful quits nationally through the Swap to Stop programme. New arrangements from September 2026 will also enable residents accessing support through LiveWell Dorset to obtain smoking cessation medications through an online pharmacy pathway.

4.5 **National policy** from the Government continues to prioritise smoking cessation as a critical component of its ambition to create a smokefree generation, with the national Public Health Grant settlement including £461 million of ringfenced smoking cessation funding between 2026 and 2029. Linked to this, local authorities are expected to support at least 5% of their smoking population to set a quit date each year.

4.6 The Tobacco and Vapes Act 2026 received Royal Assent on 29 April 2026, and introduces measures to make it illegal to sell tobacco products to anyone born on or after 1 January 2009. It also includes powers to strengthen

regulation of vaping products, including restrictions on advertising and promotion aimed at children and young people.

4.7 The **South West Smoke-Free Charter** is a shared commitment between NHS Trusts, Integrated Care Boards and Local Authorities to strengthen action on tobacco dependence and support the ambition of a smoke-free South West by 2030.

4.8 The Charter aligns with the South West Tobacco Control and Smoking Cessation Framework and supports the six internationally recognised MPOWER principles:

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

4.9 The Charter refreshes existing smoke-free commitments, demonstrates leadership in reducing preventable harm and health inequalities, and complements existing NHS Smoke-Free Pledges and Local Authority Declarations through a shared framework for NHS and local authority partners.

4.10 Signatories commit to embedding Charter principles within service delivery, workforce development and organisational planning.

4.11 **Vaping** continues to play an important role in supporting smokers to quit. National evidence suggests that around10% of adults currently vape, with around 60% of adults who vape having successfully quit smoking. However, misconceptions are common, with more than half of smokers incorrectly believe vaping is as harmful as or more harmful than smoking.

4.12 Although regulated vaping products are an important smoking cessation aid for adult smokers who are trying to quit, vaping is not recommended for non-smokers or children and young people and should not be seen as a product for people who do not currently smoke.

4.13 The timing of this report aligns with preparations for **Stoptober 2026**. Communications activity will promote the benefits of quitting, raise awareness of local support services and encourage more smokers to make a quit attempt.

## 5. Alternative options considered

5.1 Recent Section 31 smoking cessation funding has enabled Dorset to test a range of approaches. Evaluation is underway to determine which interventions should form part of the longer-term smoking cessation programme. In addition, endorsement of the South West Smoke-Free Charter has been considered. This is recommended because it strengthens partnership working and supports the ambition of a smoke-free South West by 2030.

## 6. Legal considerations

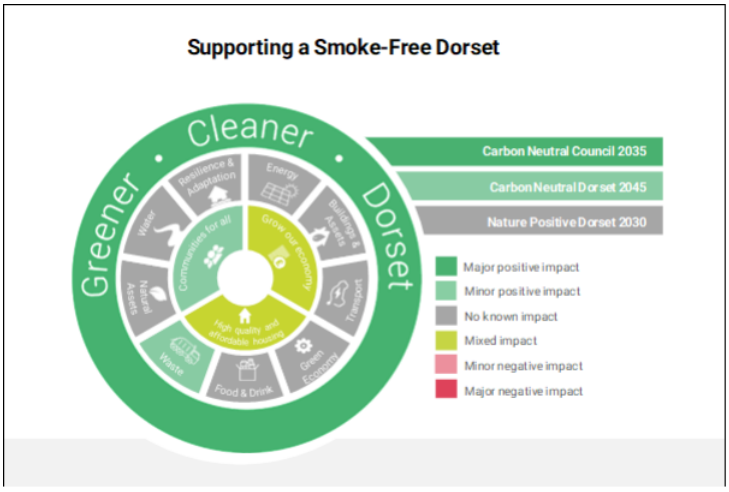
6.1 Dorset Council has statutory responsibilities for improving population health under the Health and Social Care Act 2012. Investment in smoking cessation contributes directly to these responsibilities and supports wider duties to reduce health inequalities.

## 7. Financial implications

7.1 Dorset receives £877,205 ringfenced smoking cessation funding in 2026/27 through the Public Health Grant. While reductions in smoking prevalence do not generate immediate cash-releasing savings, they can help avoid future costs by preventing smoking-related disease and disability. Over time, this can reduce growth in demand for healthcare, adult social care and unpaid care, supporting healthier ageing, greater independence and the long-term sustainability of public services

## 8. Natural environment, climate & ecology implications

8.1




Potential benefits include:

- Reduced cigarette litter.
- Reduced fire risk.
- Reduced environmental harms associated with tobacco consumption and waste.

## 9. Well-being and health implications

9.1 The proposal has significant positive implications for population health and wellbeing through:

- Reduced smoking prevalence.
- Reduced illness and premature mortality.
- Reduced health inequalities.
- Increased healthy life expectancy.
- Quitting smoking can also improve financial wellbeing by reducing household expenditure om tobacco products.

## 10. Other implications

10.1 The report supports integrated working across Dorset Council, NHS Dorset, NHS provider trusts, primary care, maternity services, pharmacies and voluntary sector partners.

## 11. Risk implications

11.1 HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

## 12. Equalities

12.1 Smoking is a significant contributor to health inequalities, with higher smoking rates among people experiencing deprivation, people with mental health conditions, routine and manual workers, and other groups who experience poorer health outcomes.

12.2 Equality Impact Assessments will be undertaken, where appropriate, as part of the development, implementation and evaluation of individual smoking cessation or tobacco control initiatives and service improvements. This includes interventions that have been introduced and tested through recent grant funding. Findings from these assessments will be used to inform decisions about which approaches should be incorporated into the longer-term smoke free programme and to ensure services remain accessible and responsive to the needs of Dorset residents.

## 13. Appendices

13.1 Appendix A: Costs of smoking to society in Dorset

13.2 Appendix B: The South West Tobacco & Smoking Cessation Framework Charter

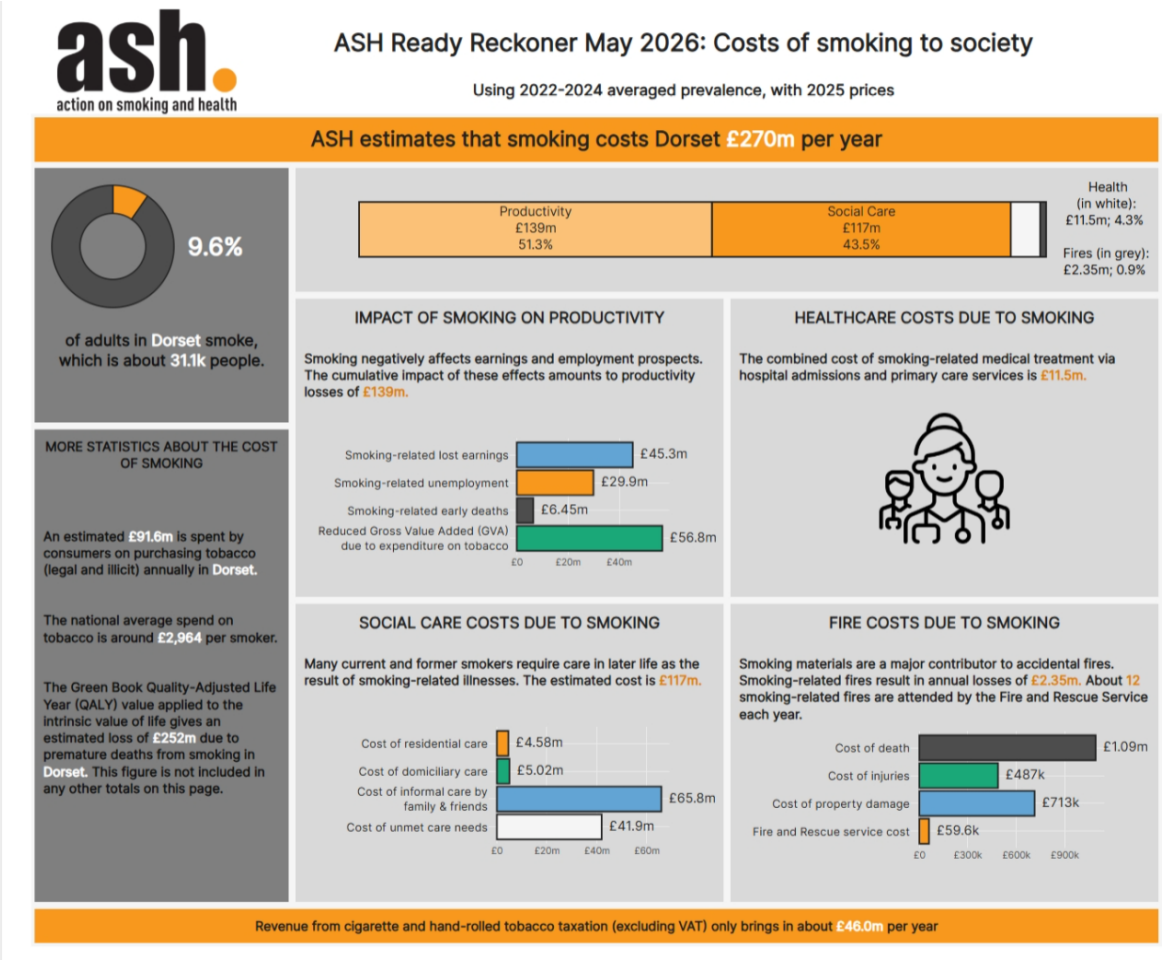
## 14. Background papers

14.1 None

## 15. Report sign-off

15.1 This report has been through the internal report clearance process and has been signed off by the Director for Legal and Democratic (Monitoring Officer), the Executive Director for Corporate Development (Section 151 Officer) and the appropriate Portfolio Holder(s)

## Appendix A: Costs of smoking to society in Dorset




Source: ASH Ready Reckoner - ASH, accessed 13 August 2026