ADULT SERVICES AND PUBLIC HEALTH COMMITTEE AGENDA



Thursday 6 November 2025

10.00am

in Council Chamber, Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES AND PUBLIC HEALTH COMMITTEE

Councillors Allen (C), Boddy, Cook, Doyle, Hall, Little and Roy (VCh)

PARISH COUNCIL REPRESENTATIVE(S):

S Gaiety (Headland Parish Council)

- 1. APOLOGIES FOR ABSENCE
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS
- 3. MINUTES
 - 3.1 To receive the Minutes and Decision Record in respect of the meeting held on 19 September 2025 (previously published and circulated).
- 4. BUDGET AND POLICY FRAMEWORK ITEMS

None.

5. **KEY DECISIONS**

- 5.1 Adoption of Food Active Healthy Weight Declaration *Executive Director of Adult Services and Public Health*
- 5.2 Hartlepool Inclusive Recovery City Executive Director of Adult Services and Public Health

CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE

In the event of a fire alarm or a bomb alarm, please leave by the nearest emergency exit as directed by Council Officers. A Fire Alarm is a continuous ringing. A Bomb Alarm is a continuous tone.

The Assembly Point for <u>everyone</u> is Victory Square by the Cenotaph. If the meeting has to be evacuated, please proceed to the Assembly Point so that you can be safely accounted for.

6. OTHER ITEMS REQUIRING DECISION

6.1 Director of Public Health Annual Report – Executive Director of Adult Services and Public Health

7. ITEMS FOR INFORMATION

- 7.1 Presentation Remit of Adult Services and Public Health Committee *Executive Director of Adult Services and Public Health*
- 7.2 Presentation Adult Social Care Continuous Improvement Update *Executive Director of Adult Services and Public Health*
- 7.3 Presentation Public Health Priorities *Executive Director of Adult Services and Public Health*

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION

Date of next meeting – Thursday 4 December 2025 at 10.00am at in the Civic Centre, Hartlepool



ADULT SERVICES AND PUBLIC HEALTH COMMITTEE

6 NOVEMBER 2025



Subject: ADOPTION OF FOOD ACTIVE HEALTHY WEIGHT

DECLARATION

Report of: Executive Director of Adult Services and Public Health

Decision Type: Key (CE100/25)

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:

- where people live healthier, safe and independent lives. (People)

2. PURPOSE OF REPORT

2.1 To seek approval for Hartlepool Borough Council to adopt the Healthy Weight Declaration, and for directorates to work in partnership to achieve this.

3. BACKGROUND

- 3.1 The Local Authority Declaration on Healthy Weight was first launched in 2015 by a third sector organisation Food Active, in conjunction with the North West Directors of Public Health, to form the 'North West Obesity Task Force'.
- 3.2 Food Active's work has developed from this and their core aim is to address the social, environmental, economic and legislative factors which influence people's lifestyle choices and behaviours, with a specific focus on healthy weight https://foodactive.org.uk/what-we-do/influence-policy/local-authority-declaration-on-healthy-weight/
- 3.3 The declaration is a statement which demonstrates a local authority's commitment at a strategic level to a collaborative approach to healthy weight promotion and actions to reduce unhealthy weight in the population, working across different directorates.
- 3.4 There is evidence of an obesogenic environment in Hartlepool: the 2023/24 Sport England Active Lives Survey data shows that Hartlepool has the largest

proportion of overweight adults and the 2nd largest proportion of obese adults in England: evidence indicates up to 71% of adults in Hartlepool are overweight. The data for younger residents reveals that many Hartlepool children are in an unhealthy weight range as the National Child Measurement Programme (NCMP) data for 2023/24 shows 27.9% of reception age children and 41.6% of year 6 children are in the unhealthy overweight range.

- 3.5 There is no single cause of obesity and overweight. The causes can be:
 - biological
 - physiological,
 - psycho-social,
 - behavioural
 - environmental

or a permutation of all of these.

As such, there is no single group or organisation that can tackle obesity on its own, either from a population view or at an individual level. A whole-systems approach is key to improving the health of our populations, and local authorities are in a strong position to provide strategic leadership on behalf of their communities.

4. PROPOSALS/OPTIONS FOR CONSIDERATION

- 4.1 The adoption of the Healthy Weight Declaration will support ongoing work with the Healthy Weight Group to foster interdepartmental cooperation and partnership as the programme supports action on targeted interventions, advocacy, research and strategic partnerships to drive forward policy.
- 4.2 Local Authority Declarations have three key aims:
 - <u>Strategic Leadership</u>: creating an opportunity for senior officers and politicians to affirm their commitment to an issue.
 - <u>Local Awareness</u>: shining a light on the importance of key activities internally and externally.
 - <u>Driving Activity</u>: a tool for staff to use to create opportunities for local working.
- 4.3 The Healthy Weight Declaration includes 16 standard commitments (**Appendix 1**) whereby Local Authorities pledge to achieve action on improving policy and healthy weight outcomes in relation to specific areas of the council's work.

Support is targeted at 5 key areas

- strategic/ system leadership
- commercial determinants
- health promoting infrastructure/ environments
- organisational change/ cultural shift
- monitoring and evaluation.

4.4 The adoption of the Healthy Weight Declaration can help focus on key areas of action to help reduce unhealthy weight in local population, protect the health and wellbeing of communities and citizens, and, to make an economic impact on health, social care and the local economy.

5. OTHER CONSIDERATIONS/IMPLICATIONS

RISK	None
IMPLICATIONS	None
FINANCIAL CONSIDERATIONS	The cost for a single local authority with a population of less than 250,000 is £3,000. This gives the local authority access to a wide range of resources including evaluation tools, learning events, briefings and communications guidelines. The costs will be met from the Public Health Grant
SUBSIDY CONTROL	None.
LEGAL CONSIDERATIONS	None.
SINGLE IMPACT ASSESSMENT	Appendix 2.
STAFF CONSIDERATIONS	There are no staffing considerations as the work will be addressed within existing staffing resources.
ASSET MANAGEMENT CONSIDERATIONS	None.
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	None.
CONSULTATION	This part of a larger piece of work involving consultation regarding factors which affect obesity.

6. RECOMMENDATIONS

6.1 It is recommended that Hartlepool Borough Council adopts the Healthy Weight Declaration and works collaboratively to achieve this.

7. REASONS FOR RECOMMENDATIONS

7.1 The adoption of the Healthy Weight Declaration offers an opportunity for the Local Authority to lead on local action and demonstrate good practice, in adopting a systems approach with all council departments and external partners to support a reduction in obesity rates across Hartlepool.

8. BACKGROUND PAPERS

8.1 None.

9. CONTACT OFFICERS

Claire Robinson
Public Health Principal
claire.robinson@hartlepool.gov.uk

Jill Harrison
Executive Director of Adult Services and Public Health
jill.harrison@hartlepool.gov.uk

Sign Off:-

Managing Director	Date:24.10.2025
Director of Finance, IT and Digital	Date:24.10.2025
Director of Legal, Governance and HR	Date:24.10.2025

Appendix 1

THE 16 COMMITMENTS OF THE HEALTHY WEIGHT DECLARATION

Strat	tegic/System Leadership	
1	Have a visible commitment to tackling obesity/achieving healthy weight	
2	Work with local partners to tackle obesity, with a focus on prevention	
3	Invest in the health literacy of local citizens to make informed healthier choices;	
	ensuring clear and comprehensive healthy eating and physical activity messages	
	are consistent with government guidelines	
4	Support action at national level to help local authorities promote healthy weight	
	and reduce health inequalities in our communities	
5	Review and strengthen (where necessary) the initial action plan, e.g. by	
	consulting Public Health England's, Whole Systems Approach to Obesity	
Com	mercial Determinants	
6	Protect our children from inappropriate marketing by the food and drink	
	industry such as advertising and marketing in close proximity to schools;	
	'giveaways' and promotions within schools; at events on local authority	
	controlled sites	
7	Engage with the local food and drink sector (retailers, manufacturers, caterers,	
	out of home settings) where appropriate to consider responsible retailing such	
	as, offering and promoting healthier food and drink options, and reformulating	
	and reducing the portion sizes of high fat, sugar and salt (HFSS) products	
8	Consider how commercial partnerships with the food and drink industry may	
	impact on the messages communicated around healthy weight to our local	
	communities.	
-	ronments and infrastructure to promote healthy eating and physical activity	
9	supplementary guidance for hot food takeaways, specifically in areas around	
	schools, parks and where access to healthier alternatives are limited	
10	Review how strategies, plans and infrastructures for regeneration and town	
	planning positively impact on physical activity, active travel, the food	
-	environment and food security	
11	Where Climate Emergency Declarations are in place, consider how the HWD can	
	support carbon reduction plans and strategies, address land use policy,	
	transport policy, circular economy waste policies, food procurement, air quality etc;	
Orac	nisational change/culture shift	
12	Review contracts and provision, in all public buildings, facilities and 'via'	
**	providers to make healthier foods and drinks more available, convenient and	
	affordable and limit access to high-calorie, low-nutrient foods and drinks	
13	Increase public access to fresh drinking water on local authority controlled sites	
14	Develop an organisational approach to enable and promote active travel for	
**	staff, patients and visitors, whilst providing staff with opportunities to be	
	physically active where possible	
15	physically active where possible Promote the health and well-being of local authority staff by creating a culture	
15	Promote the health and well-being of local authority staff by creating a culture	
15	Promote the health and well-being of local authority staff by creating a culture and ethos that promotes understanding of healthy weight, supporting staff to	
	Promote the health and well-being of local authority staff by creating a culture and ethos that promotes understanding of healthy weight, supporting staff to eat well and move more	
Mon	Promote the health and well-being of local authority staff by creating a culture and ethos that promotes understanding of healthy weight, supporting staff to eat well and move more litoring and evaluation	
	Promote the health and well-being of local authority staff by creating a culture and ethos that promotes understanding of healthy weight, supporting staff to eat well and move more	

Hartlepool Borough Council – Single Impact Assessment Form

APPENDIX 2

Guidance for completing this form is available in the "Single Impact Assessment: Toolkit for Officers", available from the Single Impact Assessment page on the intranet at https://hbcintranet/Pages/Single-Impact-Assessments.aspx.

Section 1 – Details of the proposed action being considered

1.1 Lead Department:	Adult Services and Public Health
1.2 Lead Division:	Public Health

1.3 Title of the proposed action:

Healthy Weight Declaration – adoption of the declaration by HBC

1.4 Brief description of the proposed action:

The Healthy Weight Declaration (HWD) is a statement which reinforces Hartlepool Borough Council's commitment to reduce the levels of unhealthy weight in the population at a strategic level. The programme of work to adopt this will support on going work across different directorates and help foster interdepartmental cooperation and partnership working. As the HWD programme supports action on targeted interventions, advocacy, research and strategic partnerships it can help to drive forward policy, to work and collaborate in a shared way, and to drive forward healthy weight promotion and actions for Hartlepool communities.

1.5 Who else is involved:

Healthy Weight Group - representation in the group from HBC directorates

Hartlepool Borough Council – Single Impact Assessment Form

1.6 Who will r	nake the final decision	about	the proposed action:				
proposal signe	d off by ELT - proposal to	o go to	committee - final decision made after thi	s.			
1.7 Which war	ds will be affected by t	he prop	oosed action? Tick all that apply				
All wards		Х	Hart		Seaton		
Burn Valley			Headland & Harbour		Throston		
De Bruce			Manor House		Victoria		
Fens & Greath	am		Rossmere		N/A - Internal council		
Foggy Furze			Rural West		activities		
1.8 Complete	d By:						
Name		Jo	Job Title Date Completed		Completed		
Bev Hall-Jones		Ad	Advanced Public Health Practitioner		26 06 2025		
1.9 Version	Author	Summary of Changes			Date		
							_

Hartlepool Borough Council – Single Impact Assessment Form Section 2 – Explaining the impact of the proposed action

APPENDIX 2

2.1 What data and evidence has informed this impact assessment?

The core aim of the Healthy Weight Declaration is to address the social, environment, economic and legislative factors which impact people's health behaviours and lifestyle influences with a specific focus on healthy weight. There is evidence of an obesogenic environment in Hartlepool: from the 23/24 Sport England Active Lives Survey, data shows that Hartlepool has the largest proportion of overweight adults and the 2nd largest proportion of obese adults in England. The evidence indicates up to 71% of adults in Hartlepool are overweight.

The National Child Measurement Programme (NCMP) collect data annually on all Reception and year 6 pupils. In the academic year 2023 to 2024, 97.1% and 96.4% respectively of Hartlepool pupils were measured in these two groups. The data reveals that many Hartlepool children are in an unhealthy weight range: it shows 27.9% of Reception children and 41.6% of year 6 children are in the unhealthy overweight range - these data demonstrate figures greater than the national average. For Reception children across all measured categories, this is a 2% increase from the previous academic year (2022 to 2023) of 25.9%. Data from the last NCMP collection shows the prevalence of obesity, including severe obesity, for Reception age children is the worst in England at 13.9%.

There is no single cause of obesity and overweight: the causes can include biological, physiological, psychosocial, behavioural or environmental factors. As such, there is no single group or organisation that can tackle obesity on its own, either from a population view or at an individual level. A whole-systems approach is key to improving the health of our population, and adoption of the Healthy Weight Declaration by the Local Authority creates a strong position to provide strategic leadership on behalf of our communities to help create a healthier weight environment for Hartlepool residents.

2.2 If there are gaps in evidence or not enough information to assess the impact, how have you addressed this or how will you address it?

Gap(s) Identified	How it / they have or will be addressed
the work is part of ongoing work to address healthy weight in	Information and key data will be generated from the adoption of
the population - any gaps identified at present are due to lack	the HWD - data generated by HBC departments can add to the
of data/specific data.	knowledge base i.e. Ripple Mapping Effect method.

Hartlepool Borough Council – Single Impact Assessment Form 2.3 Risk Score

Impact	Negative Impact Score	Explanation – what is the impact?
Age		
X Positive Impact Negative Impact No Impact	Likelihood score: 1 e.g. Almost certain 4 Impact score: 1 e.g. Major 3 Overall score: G2 e.g. Red 12	adoption of the healthy weight declaration will include all age groups and impact all populations
Disability		
X Positive Impact □ Negative Impact □ No Impact	Likelihood score: 1 Impact score:1 Overall score: G2	adoption of the healthy weight declaration will include all groups and residents and impact all populations
Gender Reass	ignment	
X Positive Impact □ Negative Impact □ No Impact	Likelihood score: 1 Impact score:2 Overall score: G2	adoption of the healthy weight declaration will include all groups and residents and impact all populations
Marriage and	Civil Partnership	
X Positive Impact Negative Impact	Likelihood score: 1 Impact score:1 Overall score: G2	adoption of the healthy weight declaration will include all residents and impact all populations

Hartlepool Borough Council – Single Impact Assessment Form

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Impact	Negative Impact Score	Explanation – what is the impact?
☐ No Impact		
Impact	Negative Impact Score	Explanation – what is the impact?
Pregnancy an	d Maternity	
X Positive Impact □ Negative Impact □ No Impact	Likelihood score: 1 Impact score:1 Overall score: G2	Adoption of the healthy weight declaration will impact all populations overweight/obesity in the antenatal period can increase risks of complications in pregnancy. Women are encouraged to maintain healthy weight before during and after pregnancy as this will result in better birth outcomes for both mother and baby in the perinatal period.
Race (Ethnicit	ty)	
X Positive Impact Negative Impact No Impact	Likelihood score: 1 Impact score:1 Overall score: G2	adoption of the healthy weight declaration will include all residents and impact all populations
Religion or Be	elief	
X Positive Impact □ Negative Impact □ No Impact	Likelihood score: 1 Impact score:1 Overall score: G2	adoption of the healthy weight declaration will include all residents and impact all populations
Sex		
X Positive Impact □ Negative Impact □ No Impact	Likelihood score: 1 Impact score:1 Overall score: G2	adoption of the healthy weight declaration will include all residents and impact all populations

Hartlepool Borough Council – Single Impact Assessment Form

•		
Impact	Negative Impact Score	Explanation – what is the impact?
Impact	Negative Impact Score	Explanation – what is the impact?
Sexual Orienta	ation	
X Positive Impact □ Negative Impact □ No Impact	Likelihood score: 1 Impact score: 1 Overall score: G2	adoption of the healthy weight declaration will include all residents and impact all populations
Care Leavers	(Local)	
X Positive Impact □ Negative Impact □ No Impact	Likelihood score: 1 Impact score:1 Overall score: G2	adoption of the healthy weight declaration will include all residents and impact all populations
Armed Forces	(Local)	
X Positive Impact □ Negative Impact □ No Impact	Likelihood score:1 Impact score: 1 Overall score: G2	adoption of the healthy weight declaration will include all residents and impact all populations
Poverty and D	isadvantage (Local)	
X Positive Impact □ Negative Impact □ No Impact	Likelihood score:1 Impact score: 1 Overall score: G2	adoption of the healthy weight declaration will include all residents and impact all populations

Hartlepool Borough Council – Single Impact Assessment Form Section 3 - Mitigation Action Plan or Justification

APPENDIX 2

Group(s) impacted	Proposed mitigation	How this mitigation will make a difference	By when	Responsible Officer

Justification If you need to justify your proposed action explain this here	

Section 4 - Sign Off

Respons	ible Officer sign off:
Name	Claire Robinson
	l h
Job title	Public Health Principal

Hartlepool Borough Council – Single Impact Assessment Form

APPENDIX 2

Assistan	Assistant Director / Director sign off:		
Name	Jill Harrison		
	Ju		
	THanson		
Job title	Executive Director Adult Services and Public Health		

Once the Single Impact Assessment is completed please send to impactassessments@hartlepool.gov.uk.

Section 5 - Review (To be completed after implementation)

5.1 Review completed by:		
Name Lion Little		Date review completed

5.2 Did the impact turned out as expected?	

Hartlepool Borough Council – Single Impact Assessment Form	APPENDIX 2
5.3 Were the proposed mitigations the correct ones and were they successful any negative impacts?	in reducing
5.4 Were there any unexpected outcomes?	
5.5 Following the review please identify next steps here (Select one)	
Additional mitigation required (give details below - 5.6)	
Original proposed course of action needs to be revisited	
No further action required	

5.6 Additional mitigation(s) or justification

Group(s) impacted	Proposed mitigation	How this mitigation will make a difference	By when	Responsible Officer

Hartlepool I	Borough Council – Si	ngle Impact Assessment For	m	APPENDIX 2
Justification If you need to justify your proposed action explain this here				

Submit form with completed review to impactassessments@hartlepool.gov.uk

ADULT SERVICES AND PUBLIC HEALTH COMMITTEE

6 NOVEMBER 2025



Subject: HARTLEPOOL INCLUSIVE RECOVERY CITY

Report of: Executive Director of Adult Services and Public Health

Decision Type: Key (CE101/25)

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:

- where people live healthier, safe and independent lives. (People)
- that is welcoming with an inclusive and growing economy providing opportunities for all. (Potential)

2. PURPOSE OF REPORT

2.1 To seek approval for Hartlepool Borough Council to sign up to the recovery cities pledge to become an Inclusive Recovery City.

3. BACKGROUND

- 3.1 "The central idea of an Inclusive Recovery City is that no one should walk the recovery path alone" https://www.inclusivecities.info/. Although Hartlepool is not a city, the Inclusive Recovery City pledge is the term used to represent the concept of bringing people together whether that be a town or a city in recovery with the main aims to make recovery visible and celebrate successful recovery. Research suggests people discriminate more often when they are not familiar with the topic. By increasing visibility of recovery, we can continue to reduce stigma. Celebrating recovery not only brings people together, but fosters social bonding, strengthens solidarity and social cohesion, and spreads the possibility of recovery amongst those who need it most.
- 3.2 A primary method of reducing discrimination is by increasing contact between the public and people in recovery, regardless of their recovery stage. Inclusive recovery cities facilitate this interaction through celebratory events like dry

- dance nights, festivals, Christmas markets, recovery walks, and running clubs, fostering a sense of wellbeing and fun for people from all backgrounds.
- 3.3 These initiatives aim to build bonding social capital by creating new social support networks among people in recovery. They also foster bridging social capital by connecting diverse groups, thereby dispelling myths and prejudices about addiction and recovery.
- 3.4 The drug and alcohol needs assessment and associated strategy have recently been refreshed and one of the recommendations that arose from this is the importance of continuing to reduce stigma and increase visible recovery communities across Hartlepool.
- 3.5 A lead organisation supporting the recovery cities work is Recovery Connections. Public Health have recently commissioned Recovery Connections, to lead the recovery work in Hartlepool with START therefore Hartlepool is already in a good position to meet the requirements of a Recovery City.

4. PROPOSALS/OPTIONS FOR CONSIDERATION

4.1 It is proposed that Hartlepool Borough Council sign up to the recovery cities pledge (**Appendix A**), meaning Hartlepool will receive a 'recovery city' status. Work has already begun to make the Northeast a 'recovery region', with both Middlesbrough and Newcastle already having 'recovery city' status.

Steps to become a Recovery City

- 1. <u>Signing the inclusive Recovery Cities Charter</u>: This involves a commitment to uphold the principles of inclusion, recovery and reintegration.
- 2. <u>Hosting Public Recovery Events</u>: organise at least four annual events that are inclusive, enjoyable, celebrate recovery and contribute to civic life.
- 3. <u>Establishing an inclusive Recovery Cities Board</u>: this board should include grassroots recovery and community organisations, specialist addiction treatment services and representatives from the city or borough.
- 4. <u>Participating in the inclusive recovery cities movement</u>: engage in exchanging ideas and innovations at both national and international level.

It is proposed that a 'launch event' is held to mark the signing of the recovery cities pledge, which could be partnered with the opening of the new drug and alcohol treatment centre.

5. OTHER CONSIDERATIONS/IMPLICATIONS

RISK IMPLICATIONS	None.
FINANCIAL CONSIDERATIONS	The substance misuse budget within the Public Health Grant will be used to meet the costs of any recovery events and already funds the commissioned Recovery Communities service.
SUBSIDY CONTROL	None.
LEGAL CONSIDERATIONS	None.
SINGLE IMPACT ASSESSMENT	A single impact assessment was completed as part of the strategy development
STAFF CONSIDERATIONS	None.
ASSET MANAGEMENT CONSIDERATIONS	None.
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	None.
CONSULTATION	Public consultation has been undertaken through an online survey, questionnaires and focus groups and there is ongoing consultation with people using services through the Recovery Group.

6. RECOMMENDATIONS

6.1 It is recommended that Hartlepool Borough Council signs up to the recovery cities pledge to become an Inclusive Recovery City.

7. REASONS FOR RECOMMENDATIONS

7.1 To ensure that recovery is visible in Hartlepool, to celebrate successful recovery and reduce stigma.

8. BACKGROUND PAPERS

8.1 None.

9. CONTACT OFFICERS

Claire Robinson
Public Health Principal
claire.robinson@hartlepool.gov.uk

Jill Harrison
Executive Director of Adult Services and Public Health
jill.harrison@hartlepool.gov.uk

Sign Off:-

Managing Director	Date:27.10.2025
Director of Finance, IT and Digital	Date:24.10.2025
Director of Legal, Governance and HR	Date:24.10.2025

Appendix A

STAGE	ACTIVITY	COMPLETED	COMPLETION
		(YES/NO/PARTIAL)	DATE
Getting started	Raise awareness and engage		
	recovery organisations,		
	treatment services and civic		
	leaders in preliminary		
	discussions		
	Establish an IRC council that is		
	led by lived experience		
	organisations		
	Initial meeting to agree on a. Mission and vision		
	b. Recruitment and		
	coordination		
	c. Communication		
	d. Establish goals and		
	evaluation mechanisms		
Launch	Set a launch event		
Ladrion	Agree three further public-		
	facing recovery events for the		
	year		
	IRC charter signed by civic		
	leader		
	Monitor attendance,		
	engagement and satisfaction		
Building infra-	Asset Based Community		
structure	Development as an ongoing		
	process		
	Recruit and train Community		
	Connectors		
	Establish process of engaging		
	community		
	Review and evaluate		
Undertaking	Identify venues		
events 2-4			
	Create diversity of partners		
	Establish effective community		
	engagement Provide opportunities for		
	• •		
	volunteering Ensure adequate community		
	engagement		
	Build allies and connectors		
	through event planning		
	Review and evaluate		
Assessing first	Evaluation		
year impact			
,	Satisfaction and engagement		
	with key populations		
	Awareness and impact on		
	community		

ADULT SERVICES AND PUBLIC HEALTH COMMITTEE

6 NOVEMBER 2025



Subject: DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Report of: Executive Director of Adult Services and Public Health

Decision Type: Non-Key

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:

- Where people live healthier, safe and independent lives. (People)

2. PURPOSE OF REPORT

2.1 To approve the 2025 Director of Public Health (DPH) Annual Report.

3. BACKGROUND

- 3.1 The DPH Annual Report is an important vehicle for providing advice and recommendations on population health to both professionals and the public providing added value over and above intelligence and information routinely available.
- 3.2 The requirement for the Director of Public Health to write an Annual Report on the health status of the town, and the Local Authority duty to publish it, is specified in the Health and Social Care Act 2012.

4. PROPOSALS/OPTIONS FOR CONSIDERATION

4.1 The 2025 report focuses on the challenges we face from smoking, which is still a significant cause of ill health in our communities and a major driver of ill health and health inequalities in Hartlepool. Around 1 in 7 adults still smoke in Hartlepool today and too many people are dying from preventable smoking related diseases. The report outlines work that has already been undertaken to address this issue and how we are working in partnership with a range of stakeholders to continue to reduce smoking in Hartlepool.

- 4.2 The report takes a similar format to the previous two reports that have focused on work, skills and health (2023) and giving children the best start in life (2024) and includes a range of videos, data and intelligence.
- 4.3 The report is attached as **Appendix 1**. This will be shared with the Health & Wellbeing Board in December and will be published following approval by Full Council.

5. OTHER CONSIDERATIONS/IMPLICATIONS

RISK IMPLICATIONS	None.
FINANCIAL CONSIDERATIONS	None.
SUBSIDY CONTROL	None.
LEGAL CONSIDERATIONS	The council is required to publish the DPH report annually as set out in 3.2.
SINGLE IMPACT ASSESSMENT	None.
STAFF CONSIDERATIONS	None.
ASSET MANAGEMENT CONSIDERATIONS	None.
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	None.
CONSULTATION	None.

6. **RECOMMENDATIONS**

6.1 It is recommended that the Committee approves the DPH Annual Report 2025.

7. REASON FOR RECOMMENDATIONS

7.1 To ensure compliance with the statutory duties under the Health and Social Care Act 2012 for the Director of Public Health to produce a report and the Local Authority to publish it.

8. BACKGROUND PAPERS

8.1 None.

9. CONTACT OFFICERS

Claire Robinson
Public Health Principal
claire.robinson@hartlepool.gov.uk

Jill Harrison
Executive Director of Adult Services and Public Health
jill.harrison@hartlepool.gov.uk

Sign Off:-

Managing Director	Date:27.10.25
Director of Finance, IT and Digital	Date:27.10.2025
Director of Legal, Governance and HR	Date:27.10.2025





Introduction by Craig Blundred

Director of Public Health for Hartlepool



For my annual report this year I am focusing on the challenges we face from what is still a significant cause of ill health in our communities. Smoking is still a major driver of ill health and health inequalities in Hartlepool. We have made significant progress in the last few decades, but we still have further to go. Many of us still remember what public spaces were like when smoking was allowed and we now have clean air in our pubs, restaurants and on public transport. But this doesn't mean that smoking and the effects of smoking have gone away.

Around 1 in 7 adults still smoke in Hartlepool today and that is too many. Ill health resulting from smoking not only impacts on the person themselves but their families as well. People are still dying from preventable smoking related diseases. There are also huge costs, still, to our health and social care services as well.

So we still have a long way to go – but I am optimistic. As you will see in this report, we have increased the stop smoking support available to Hartlepool residents and we are also cracking down on illicit tobacco which has a damaging effect in terms of encouraging young people to smoke. The report also outlines how we are working in partnership with a range of stakeholders to continue to reduce smoking in Hartlepool.

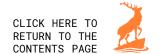














Reducing exposure to tobacco smoke

Second hand smoke (SHS) continues to pose a significant global health risk. It is estimated that 33% of male non-smokers, 35% of female non-smokers, and 40% of children worldwide are regularly exposed to SHS. The immediate health effects of exposure include eye irritation, headaches, coughing, sore throat, dizziness and nausea. Over the long term, SHS is associated with an increased risk of serious conditions such as heart disease, various forms of cancer, stroke, and dementia.

The 2022 independent Khan Review recommended key actions to make smoking obsolete in England. Its main proposal was to gradually raise the legal age for buying tobacco. Other suggestions included expanding smoke-free areas to protect young people and de-normalise smoking, as well as introducing a licensing system for tobacco retailers. While England has already ruled out smoking bans in hospitality settings, future expansions of smoke free environments under the Tobacco and Vapes Bill are expected to include public parks, school grounds, and hospital premises. These measures also aim to reduce second-hand smoke exposure and related health risks.

Children are particularly vulnerable to the harmful effects of SHS due to their developing lungs and faster breathing, which increases their intake of harmful substances. Around 85% of second-hand smoke is invisible and odourless, meaning it can linger and remain dangerous even after the smoke disappears.

Each cigarette releases over 5,000 harmful chemicals and exposure during childhood has been linked to a heightened risk of sudden infant death syndrome (SIDS), glue ear, asthma, and other chronic respiratory illnesses, including emphysema in later life. This highlights the need to protect young people from exposure in all settings, including homes, cars and public places.

Evidence shows that children living in households where parents or siblings smoke are up to three times more likely to become smokers themselves. Furthermore, a study conducted by Imperial College London found that children whose caregivers smoke are four times more likely to become regular smokers compared to those whose caregivers are non-smokers.

Hartlepool is committed to reducing tobacco smoke exposure in homes and public spaces as reducing SHS exposure is essential for safeguarding the health of current and future generations. A comprehensive approach including public education, smoke-free environments, and support for cessation remains critical in addressing this preventable risk.

The infographic below shows the health impacts of second hand smoke (babies and children)



20-50% lower respiratory tract infections increase



30-70% increased risk of incidents of wheeze and 21-85% increased risk of asthma in children



60% increase of middle ear infections



x3 fold increased risk of bacterial meningitis



x3 fold increased sudden infant death





The picture in Hartlepool

According to the latest Annual Population Survey (APS, 2023)

- Approximately 1 in 7 adults in Hartlepool are current smokers, this compares with roughly 1 in 11 for England and the North East.
- The proportion of adult smokers in Hartlepool has reached its lowest level in 13 years, indicating progress in reducing smoking rates.
- Nearly 1 in 3 adults in Hartlepool are now classified as ex-smokers and just over 1 in 5 workers in routine and manual occupations in Hartlepool, continue to smoke.

Local Smoking in Pregnancy Data (2023/24)

• Around 15% of pregnant women in Hartlepool were smokers in the early stages of their pregnancy in 2023/2024, but this fell to around 10% at time of delivery, which is worse than the national average of 7.4%, however lower than the North East average of 10.2%.

This indicates a continued need for focused smoking cessation support for pregnant women and families with young children across Hartlepool.

- For further data click here Living Well | Joint Strategic Needs Assessment | Hartlepool Borough Council.
- Link Smoking Needs Assessment 2023 | Hartlepool Borough Council







What are we doing?



Commissioned by Hartlepool Borough Council, FRESH delivers a comprehensive eight-strand programme designed to reduce smoking prevalence by implementing the most effective, evidence-based tobacco control interventions. A key part of the programme is national advocacy, making sure the North East stays strongly and consistently involved in discussions and policies about tobacco issues. This involves making sure the regions needs and experiences are considered when national tobacco policies are discussed.

FRESH leads high-quality public health campaigns and maintains ongoing media engagement throughout the year. These efforts aim to encourage smoking cessation support and keep the issue of tobacco harm prominently on the public and political agenda. One of the Smoking Survivors Campaigns in 2025 featured a Hartlepool family, which highlighted the issues locally for our community.

The programme is underpinned by the latest research and evidence, which informs all activities. FRESH focuses on increasing public awareness of health risks associated with smoking and the benefits of quitting, working closely with the North East population to support behaviour change and promote a smoke free future.



Smoking Survivors | Fresh Quit









0-19 Service – Tobacco Control and Infant Health

Hartlepool Borough Council's 0-19 team comprises a range of qualified and experienced professionals, including Health Visitors, School Nurses, Specialist Public Health Nurses, Staff Nurses, Nursery Nurses, Family Support Workers, Family Hubs Staff and Parenting Support Workers.

The multidisciplinary team works closely with local families to deliver key mandated health and development reviews, including antenatal visits, new birth assessments, and child development reviews at 9-12 months and 2-2.5

years. As part of these contacts, carbon monoxide (CO) screening is routinely carried out. This non-invasive test helps identify active smoking or exposure to harmful levels of CO, such as from faulty gas appliances, supporting early intervention.

Team members provide evidence-based advice on the risks of second-hand smoke and offer practical guidance on reducing children's exposure in the home and other environments. Where appropriate, families are supported with referrals to local stop smoking services.





Family Hubs in Hartlepool





Supporting smokers to stop and stay stopped and also to reduce harm

Smoking remains the leading cause of early death and preventable illness in the UK. Approximately 50% of smokers will die prematurely as a direct result of smoking-related conditions, with life expectancy reduced by an average of 10 years compared to non-smokers. For every individual who dies due to smoking, it is estimated that around 30 others are living with smoking-related illnesses.

In England during 2019-2020, smoking was associated with approximately 506,100 hospital admissions among adults aged 35 and over. These admissions represented around 4% of all hospital admissions in this age group. The financial cost to the NHS in England is substantial, with smoking related care estimated to cost £1.9 billion per year.

Data from the Global Burden of Disease Study (2021), highlights the scale of smoking's impact, attributing 10.7% of all deaths in the UK to smoking – more than any other preventable cause. By comparison, other major preventable risk factors contributed to a significantly lower proportion of deaths:

• High body mass index: 5.8%

Alcohol use: 2.9%Drug use: 1.0%

The majority of smoking-related deaths are attributed to three primary conditions:

- Lung Cancer
- Chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis
- Coronary heart disease (CHD)

These findings underline the need to continue investment in tobacco control, prevention, and cessation services to reduce the health impacts and financial costs of smoking.







The picture in Hartlepool

Smoking is a major contributor to avoidable health inequalities in Hartlepool. The Government has set a target for a Smokefree England by 2030, defined as reducing adult smoking prevalence to 5% or below.

- An estimated 46% of the Hartlepool population, including both current and ex smokers, are at a greater risk of smoking related harms, compared with 37% for England and 38% for the North East region.
- Smoking attributable mortality in Hartlepool continues to fall, down 16% over a five year period
- Smoking attributable deaths from cancer in Hartlepool also continue to fall, down 19% over the same five year period
- Despite these improvements, both smoking attributable mortality and cancer death rates remain significantly higher than the national average
- Latest 24/25 figures show that 41% of people that engaged with Hartlepool's stop smoking service, successfully guit.
- Based on the current trends, Hartlepool is not projected to meet the 5% smokefree target

While there have been notable improvements in smoking related mortality and cessation support, smoking continues to place a significant burden on health in Hartlepool. Sustained efforts will be essential to close the gap and accelerate progress toward the national Smokefree by 2030 target.



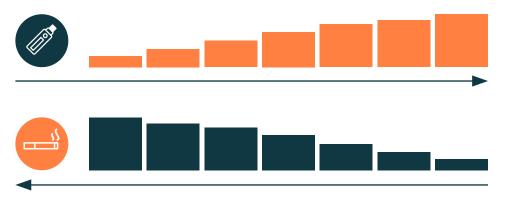




Vaping trends

Due to the absence of local-level data on vaping in Hartlepool, national survey findings are used to provide estimates. Nationally, approximately 5.9% of people aged 16 and over report daily e-cigarette use. Based on this, it is estimated that around 4,500 adults in Hartlepool may be daily users of e-cigarettes. In addition, around 3.9% of adults (approximately 27,000 people nationally) use e-cigarettes occasionally. For Hartlepool this proportion would be around 3,000 people using e-cigarettes occasionally.

Evidence continues to show that while smoking rates are declining, e-cigarette use is increasing, particularly among certain groups. However, disposable vape use peaked in 2023 and is now in decline. Current smokers and ex-smokers are the most likely to vape, although usage is also rising among those who have never smoked, currently estimated at 2.8% of the adult population. Extrapolated to local populations, this would suggest that a proportion of Hartlepool residents who have never smoked, may now be using e-cigarettes.



Youth Vaping

The 2025 ASH Smokefree Youth Survey provides an updated overview of vaping and smoking behaviours among 11-17 year olds in Great Britain. Key findings include:

- 20% of 11-17 year olds have tried vaping (an estimated 1.1 million young people), consistent with 2023 levels
- 7% currently vape (approximately 400,000), with 40% of current users vaping daily
- Ever smoking among young people has increased significantly, rising from 14% in 2023 to 21% in 2025
- 63% of young people believe vaping is as harmful or more harmful than smoking, indicating an increase in perceived risk

While vaping is substantially less harmful than smoking, it still exposes users to toxins that can affect lung health. This is particularly concerning for young people, whose lungs are still developing. Furthermore, nicotine – the addictive substance found in most vapes – can negatively impact brain development, concentration and learning in school-aged children.

Although there is currently no strong evidence that vaping leads directly to smoking, the likelihood of trying vapes increases with age and is higher among young people who already smoke. In the UK, vapes containing nicotine are regulated, and it is illegal to sell them to anyone under the age of 18 or for adults to purchase them on behalf of minors.

For further data click here - Living Well | Joint Strategic Needs Assessment | Hartlepool Borough Council.

Smoking Needs Assessment 2023 | Hartlepool Borough Council





What are we doing?

Local Support in Hartlepool: Swap to Stop Initiative

In Hartlepool, residents can access support to stop smoking through the Swap to Stop initiative, delivered by the Community Navigators, Start, Housing, Thirteen Group and a Primary Care Network (PCN), in partnership with the specialist smoking service.

The Swap to Stop programme offers:

- 12 weeks of tailored behavioural support, provided by trained staff within the community.
- A free 12-week vape bundle, designed to support a switch from tobacco to e-cigarettes as a harm reduction approach.
- Flexible support options including face to face, telephone, or blended appointments, depending on individual needs.

The programme is delivered in collaboration with key partners and staff within these organisations have been trained to deliver the offer, helping to broaden access to smoking cessation support across different community settings.







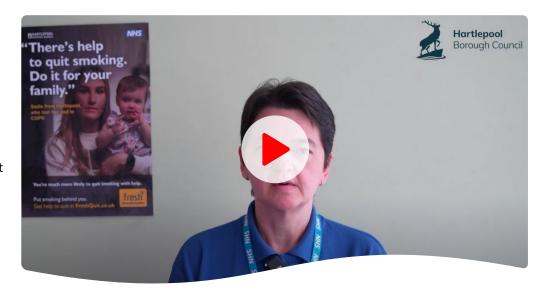
Specialist Stop Smoking Service

The National Institute for Health and Care Excellence (NICE) highlights the significant health benefits associated with quitting smoking at any age. Evidence shows that cessation leads to substantial reductions in the risk of premature death and smoking related disease, particularly when individuals quit earlier in life. Individuals who access stop smoking services in England are three times more likely to quit than those who attempt to stop unaided.

Local data has been used to identify several priority groups who would benefit most from targeted smoking cessation support. These include:

- Routine and manual workers
- Individuals with a diagnosed mental health condition
- Pregnant women and new mothers
- People with a diagnosed long-term health conditions
- Individuals who use drugs and/or alcohol
- People with a planned hospital admission
- Those identified through NHS Health Checks
- Individuals accessing housing or homelessness support services

These groups are at increased risk of tobacco-related harm and often face additional barriers to quitting. Tailored, accessible interventions are essential to reducing smoking prevalence and associated health inequalities within these populations.







Hartlepool's Specialist Stop Smoking Service provides a comprehensive and flexible 12-week programme to support individuals in their quit attempts. The offer includes:

- Access to nicotine replacement therapies (NRT), pharmacotherapy, and/or e-cigarettes
- Face to face clinics held at various community locations
- Telephone-based consultations for convenience and accessibility
- Home visits for housebound individuals
- Workplace clinics to engage working populations

Both the specialist service and the wider community-based offer encourage individuals to return for additional quit attempts, recognising that successful cessation often requires multiple efforts.

This approach ensures that support is inclusive, evidence-based, and responsive to the needs of Hartlepool's diverse population.











Local Support and Prevention Services

In Hartlepool, the School Nursing Team works in partnership with the Young Persons Team within Start (Substance Misuse Service) to provide comprehensive support for young people in relation to smoking and vaping.

Their work includes:

- Preventative education delivered in school settings, focused on discouraging the uptake of smoking and vaping
- Tailored one to one interventions, offering evidence-based advice on the health risks associated with tobacco and vape use
- Cessation support, assisting young people who wish to quit smoking or vaping through structured, youth-appropriate interventions

These services aim to reduce harm, raise awareness, and build resilience among young people to prevent nicotine dependence and long-term health consequences.







Raise price and reduce illicit trade

Illegal tobacco refers to tobacco products that are smuggled into the UK without duty being paid, sold under the guise of duty-free, or counterfeit. While illegal tobacco remains prevalent in communities across the North of England, public sentiment is strongly against its presence – 79% of the public support tougher enforcement and crackdowns on its sale and distribution.

The availability and use of illicit tobacco present serious threats to public health and community safety. As the price of legal tobacco products continues to rise through taxation, the black market becomes increasingly attractive to smokers seeking cheaper alternatives. This demand sustains and fuels the illegal tobacco trade.



Harms of illicit tobacco

Illicit tobacco has wide-ranging negative impacts on individuals, communities, and public services:

- Undermines legitimate businesses by offering tobacco at significantly reduced prices.
- Supports wider criminal activity, including the sale of drugs and counterfeit goods.
- Facilitates youth smoking initiation, with unregulated products often more accessible to underage individuals.
- Discourages cessation efforts, making quitting tobacco use less likely.
- Increases the risk of house fires, as illegal cigarettes do not meet UK fire safety standards.
- Places a financial burden on the NHS, which spends billions annually treating smoking-related illnesses.
- Funds organised crime, contributing to broader issues of lawlessness and violence in local areas.





The Picture in Hartlepool

Since 2013 there have been 17 complaints for underage cigarette sales. In the same period there have been 28 complaints for underage vape sales, these complaints have resulted in 4 closure orders.

Tobacco and Vapes Bill

The Tobacco and Vapes Bill is a proposed piece of legislation in the UK aimed at supporting the path to a smokefree generation. It includes the following proposals:

- Phased ban on tobacco sales to future generations: The sale of tobacco products would be prohibited to individuals born on or after 1 January 2009, effectively phasing out tobacco use over time.
- Comprehensive regulatory powers: Authorities would be granted enhanced powers to regulate all tobacco and nicotine-containing products, including vapes and nicotine pouches, ensuring consistent standards across all forms of nicotine delivery
- Ban on vape advertising and vending machines: To reduce youth appeal and accessibility, a complete ban on advertising for vapes and the use of vending machines for vape products would be introduced
- Retail licensing powers: New powers would allow for the introduction of a tobacco and vape retail licensing system, providing greater oversight and control over where and how nicotine products are sold
- **Fixed penalty notices**: The legislation would include new fixed penalties for breaches of tobacco and nicotine regulations, enabling swift enforcement action
- Extension of smokefree legislation: Additional powers would allow for the extension of existing smokefree laws to further protect the public from exposure to second hand smoke in a wider range of settings

These proposed measures form part of a broader strategy to reduce tobaccorelated harm, prevent youth uptake, and protect future generations from the health risks of nicotine addiction.

For further data click here - Living Well | Joint Strategic Needs Assessment | Hartlepool Borough Council.

Link - Smoking Needs Assessment 2023 | Hartlepool Borough Council







What are we doing?

Hartlepool Borough Council and partners continue to drive forward efforts to reduce smoking prevalence and address the emerging challenges associated with vaping through the implementation of the Hartlepool Tobacco Control Strategy and Action Plan. This work is coordinated by the Hartlepool Smoking Alliance, which brings together local stakeholders to take a whole-system approach to tobacco harm reduction.

Key areas of focus:

- Training frontline staff: local organisations are being supported to train staff to have effective health conversations, including evidence-based techniques to support smoking cessation
- Promotion of vaping as a quit aid: Public Health will continue to run media campaigns promoting switching from smoking to vaping as a harm reduction strategy
- Youth-focused Engagement: Public Health will work with education settings to promote responsible messaging on smoking and vaping. This includes developing insight-led interventions to respond to rising vaping use amongst never-smokers
- Illicit Tobacco and Vapes and retailer engagement: Trading Standards and Public Health will continue enforcement against illegal vape sales, raise awareness of associated risks
- Development of a digital offer: Public Health will look to provide a digital smoking cessation offer to support those who do not want to access a smoking cessation service

Enforcement and reporting

Trading Standards actively investigate reports relating to the manufacture, importation, distribution, or sale of illegal tobacco products. Legal action, including prosecution, will be pursued against individuals and businesses found to be operating unlawfully.

Members of the public can report suspicions or information anonymously via:

- Illegal Tobacco Helpline: 0300 999 0000
- Online: Illegal **Tobacco: Keep it out website**.

Ongoing community vigilance and partnership working are essential in tackling the illegal tobacco trade and protecting public health.







Conclusion



My report has outlined how we are working to reduce the harm caused by tobacco in Hartlepool. We are committed to working towards the goal of a smoke free generation and to make smoking history in Hartlepool and we all have a role to play in making Hartlepool smoke free. This is my final annual report for Hartlepool and I would like to thank all of the Public Health team, council staff, partners and stakeholders for working together over the last few years to tackle the health related challenges Hartlepool has faced.





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Reducing exposure to tobacco smoke

Supporting smokers to stop

Raise the price and reduce illicit trade

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