HARTLEPOOL
BOROUGH COUNCIL

Smoking Needs Assessment 2023

Contents

1.0 Introduction

Smoking is one of the biggest causes of death and illness in the UK. There are still 7.3 million adult smokers in England and every year around 78,000 people in the England die from smoking, with many more living with debilitating smoking-related illnesses. Smoking increases your risk of developing more than 50 serious health conditions.

But whilst nationally there has been great progress to reduce smoking prevalence and smoking rates among young people and pregnant women have dramatically reduced, 8% of 15 year olds still smoke, risking a lifetime of ill health. Over 10% of pregnant women still smoke, with all the attendant risks of miscarriage, premature birth, still birth and neonatal complications.[1] Smoking in the home not only damages the health of children but increases their chance of becoming smokers 4-fold.[2]

Hartlepool's prevalence of smoking for those aged 15 and above has fallen from 23.9% in 2013/14 to 19.7% in 2020/21. Throughout this period Hartlepool has remained significantly worse than the England average, but has followed a similar pattern in its decreasing rate. In 2020/21 Hartlepool had the 8th highest smoking rate for those aged 15 and above in England, and the highest in the North East.

The cost of smoking to society

Of this cost the national strategy 'Towards a smoke-free generation: tobacco control plan for England' identified that smoking causes around 79,000 preventable deaths in England and is estimated to cost our economy in excess of £11 billion per year.

- £2.5 costs attributed to the NHS
- £5.3 billion attributed to employers through absence from work

Smoking-related ill health also leads to increased costs for the adult social care one study estimates that local councils face a demand pressure of £760 million a year on domiciliary (home) care services, as a result of smoking-related health conditions.[3]

Additional costs associated with smoking contributed to smoking include: related fires and tobacco litter, as well as the wider costs associated with illicit tobacco and organised crime.

Smoking remains an addiction which is largely taken up in childhood, with the majority of smokers starting as teenagers. 77% of smokers aged 16 to 24 in 2014 began smoking before the age of 18.[4] As a result many young people become addicted before they fully understand the health risks associated with smoking.

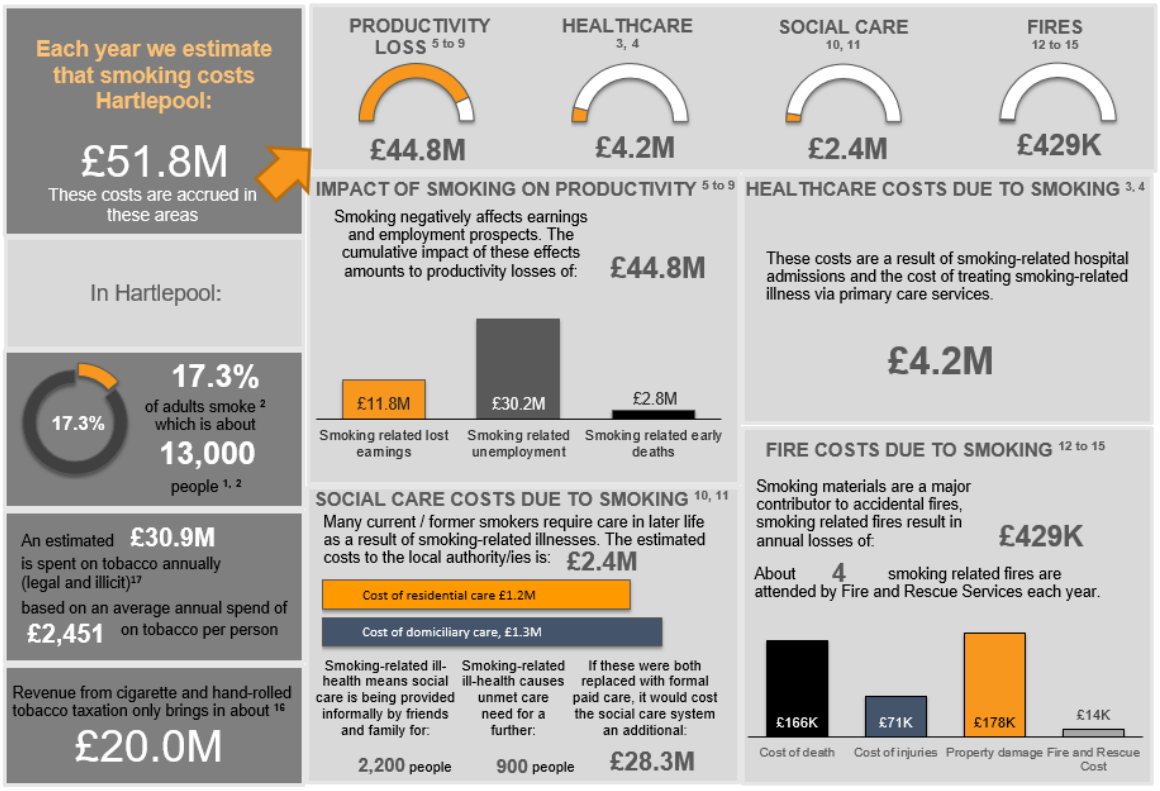
A new economic analysis of national data for **ASH**[5] in January 2023 found that the cost of smoking to society is significantly higher than previous estimates have shown. Commissioned by charity Action on Smoking and Health (ASH) the new

figures published showed the cost of smoking to society totals £17.04bn for England each year. This compares to £12.5bn under the previous estimate.

The higher estimate is a result of a new assessment of the impact of smoking on productivity. Smokers are more likely than non-smokers to become ill while of working age increasing the likelihood of being out of work and reducing the average wages of smokers. Smokers are also more likely to die while they are still of working age creating a further loss to the economy. Together this adds up to £13.2bn.

Smokers' need for health and social care at a younger age than non-smokers also creates costs, with smoking costing the NHS an additional £2.4bn and a further £1.2bn in social care costs. This includes the cost of care provided in the home and, for the first time, residential care costs. However, many of smokers' care needs are met informally by friends and family. It's estimated that to provide paid-for care to meet needs would cost society a further £14bn, this is not included in the overall £17bn figure but illustrates the wider burden of smoking beyond pounds and pence.

The costs of smoking in Hartlepool



Appendix 1

Area Name	Hartlepool
Smoking Statistics	
Smoking Prevalence % [1]	17.3%
Number of smokers [1]	13,000
Estimated average spend per smoker (legal and illicit) [7,11]	£2,451
Total costs due to smoking	**£51.8M**
Productivity costs [5]	**£44.8M**
Smoking related lost earnings	£11.8M
Smoking related unemployment	£30.2M
Smoking related early deaths	£2.8M
Healthcare costs	**£4.2M**
Social care costs [7]	**£2.4M**
Cost of domiciliary care	£1.3M
Cost of residential care [7]	£1.2M
Additional people receiving informal care needed due to smoking	2,200
Additional people with unmet care needs due to smoking	900
Estimated cost of formalising both of the above	£28.3M
Fire costs [8, 9, 10]	**£429K**
Approximate number of smoking attributable fires	4
Cost of deaths due to smoking attributable fires	£166K
Cost of injuries due to smoking attributable fires [8, 9, 10]	£71K

Cost of property damage due to smoking attributable fires [8, 9, 10]	£178K
Annual cost to fire and rescue services due to smoking attributable fires [8, 9, 10]	£14K
Estimated revenue from smoking taxation	**£20.0M**

The cost of smoking in Hartlepool. Source Fresh North East

The impact of COVID on smoking

Smoking damages the lungs and the immune system, increasing the incidence, duration and /or severity of respiratory infections caused by numerous types of viruses and bacteria, A review by the World Health Organisation stated that smoking is associated with more severe illnesses and an increased risk of death in people who need hospital treatment for COVID-19.[6]

A UK study published in January 2021 suggested that smokers who get COVID are twice as likely to attend hospital and tend to report more symptoms that non-smokers[7]. The analysis, by Imperial College London, Kings College London and ZOE (the health symptom tracking app) looked at data from 2.4milion people in the UK who self-reported symptoms and test results.

Building on this, in September 2021 a study in BMJ Thorax suggested that even light smokers (Smoke less than 9 cigarettes per day) are twice as likely to die from COVID-19. The study drew on primary care records, COVID -19 test results, hospital admission data and death certificates. Compared with non-smokers, non-smokers were 80% more likely to be admitted into hospital and significantly more likely to die.[8]

There is limited data on the impact of COVID -19 on smokers, however evidence has highlighted the negative impact of tobacco use on lung health and its causal association with a plethora of respiratory diseases, making smokers more vulnerable to infectious diseases.[9]

Use of e-cigarettes in young people

A survey of responses from the ASH Smokefree GB survey of 11-18 year olds 2013-2022, in the context of changes in tobacco use and the regulation of e-cigarettes.[10] The survey headlines showed:

<u>Use and awareness of e-cigarettes</u>

- A large majority of 11-17 year olds have never tried or are unaware of e-cigarettes (83.8%).
- In 2022, 15.8% of 11-17 year olds had tried vaping, compared to 11.2% in 2021 and 13.9% in 2020.

- In 2022, 7.0% of 11-17 year olds were current users, compared to 3.3% in 2021 and 4.1% in 2020.
- Children under 16 are least likely to try e-cigarettes. 10.4% of 11-15 year olds have tried vaping, compared to 29.1% of 16-17 year olds. Among 18 year olds 40.8% report having tried an e-cigarette.
- Use among 11-17 year olds who have never smoked remains low and largely experimental, while 7.5% of never smokers have tried an e-cigarette in 2022 only 1.7% report at least monthly use.

Attitudes towards vaping

- Reasons for using e-cigarettes differ between children who smoke and those who haven't. While children who haven't smoked are significantly more likely to report their main reason for using one was 'just to give it a try' (65.4%) among those who smoke they are significantly more likely to report that they 'enjoy the experience' (17.5%) are 'trying to quit smoking' (10.7%) or are 'addicted to them' (10.3%).
- The misperception that e-cigarettes are more than or equally harmful as tobacco cigarettes rose from 2013 onwards and in 2022 was 40.9%, the same as in 2020. Only 42.1% of 11-17 year olds in 2022 believed that e-cigarettes were less harmful than cigarettes.

Main source and type of product used

- In 2022 for the first time the most frequently used product was a disposable vape (52.0% compared to7.7% in 2021), with the most popular brands by far being Elf Bar and Geek Bar.
- The main source for both cigarettes and e-cigarettes is shops. 51.9% of 11-17 year olds get their cigarettes from shops and 46.5% get their e-cigarettes from shops.

In conclusion, use of e-cigarettes has increased in 2022 compared to 2021. However, use among never smokers remains low and mostly experimental. Likelihood of trying or currently using e-cigarettes increases with age and smoking status. The big increase in the use of disposable products has happened concurrently with higher levels of youth use, although the survey is cross sectional and so does not prove this is causal in either direction. Continued surveillance is needed.

2.0 Purpose/Aim of the needs assessment

- Collate data and intelligence to understand the smoking population and the inequalities that exist
- Develop recommendations which will aid the development of the Hartlepool Tobacco Control Strategy
- Prioritise resource allocation for smoking cessation to ensure maximised outcomes in populations most at need

- Inform the public health evidence base for services and interventions to reduce smoking related harm

3.0 Methodology

This Needs Assessment is based on a range of desk research and data analysis. The main focus is to provide a baseline and understand any changes over the last five years. This needs assessment aims to further understand the needs of the population of Hartlepool in relation to smoking and to inform a partnership approach to addressing smoking rates and the development of a Tobacco Control strategy.

The core data used to support this needs assessment is sourced from the Public Health Outcomes Framework (PHOF) indicators.
Additional partnership data was gathered and analysed supporting the findings of this assessment, which include:

- Secondary care service data
- Licensing and Trading Standards data
- Data from commissioned services

4.0 National and local policy

4.1 National

Department of Health 'Towards a smoke-free generation: tobacco control plan for England'[11] In 2017 the Government set an objective for England to be Smoke free by 2030 meaning only 5% of the population would smoke by then. To provide access to stop smoking support for all with four ambitions

1. A smoke free pregnancy for all
2. Parity of esteem for those with mental health conditions
3. Backing evidence based innovations to support quitting
4. Backing evidence based innovations to support quitting

The Khan review: making smoking obsolete[12]

The Khan review (9 June 2022) found that England would miss the national target of 5% by at least 7 years with the poorest areas not meeting it until 2044. To have any change of hitting the smokefree target, nationally there is a need to accelerate the rate of decline. The review looked at best international evidence and current national policies and concluded that 15 national recommendations were required.

NHS long term plan[13] sets out new commitments to address the causes of ill health with more focus on prevention and a more systematic approach in addressing health inequalities and contribute to the government's ambition of five years of extra healthy life expectancy by 2035. The document sets out plans to target in relation to cutting smoking in pregnancy and people with long term mental health problems. Additionally through the NHS Long Term Plan commitment support is given to the NHS to ensure that every person admitted to hospital (both physical and mental health sites) who smokes will be offered NHS-funded tobacco dependency treatment by 2023/24. This includes all expectant mothers throughout their antenatal care.

4.2 Local

Hartlepool Joint Health and Wellbeing Strategy 2018-2025[14] states that Hartlepool Health and Wellbeing Board is committed to working together with the people of Hartlepool to improve the health and wellbeing of residents and will provide and enable environments that support people to take up and sustain a healthy lifestyle.

North East and North Cumbria ICP Better Health and Wellbeing for All an integrated care strategy [15] sets out The better health and wellbeing for all plan sets out how we will reduce inequalities, improve experiences of our health and care services and improve the health and wellbeing of people living and working in our region by 2030 and beyond.

Director of Public Health Annual Report 2022[16] noted in Hartlepool, more mothers smoke when their baby is born (14 in every one hundred mothers) and there are lower levels of breastfeeding (25 in every one hundred children at 6-8 weeks) than in the rest of England.

In an average Hartlepool street with one hundred adults, 16 people smoke, 45 are physically inactive, 73 are overweight or obese. These figures are worse than an average street in England and increase the risk of heart disease or other health problems.

In Hartlepool people are more likely to die from heart disease at a young age than people in England. Between 2018 and 2020, 325 people died of heart disease in Hartlepool, including 70 people under 65 years old.

People in Hartlepool are also more likely to die due to alcohol or drug use than people in England.

Many of the deaths due to heart disease and other causes are **preventable.**

Hartlepool Borough Council Plan 2021/22 – 2023/24[17] sets out a vision to for Hartlepool to be a place where people are enabled to live healthy, independent and prosperous lives. In particular the plan makes reference to:

- There are reduced levels of smoking, substance and alcohol misuse in the community;
- There is improved mental, emotional and social wellbeing;

5.0 Data

5.1 Hartlepool demographics

Hartlepool has a working aged population of 58% of the total population.

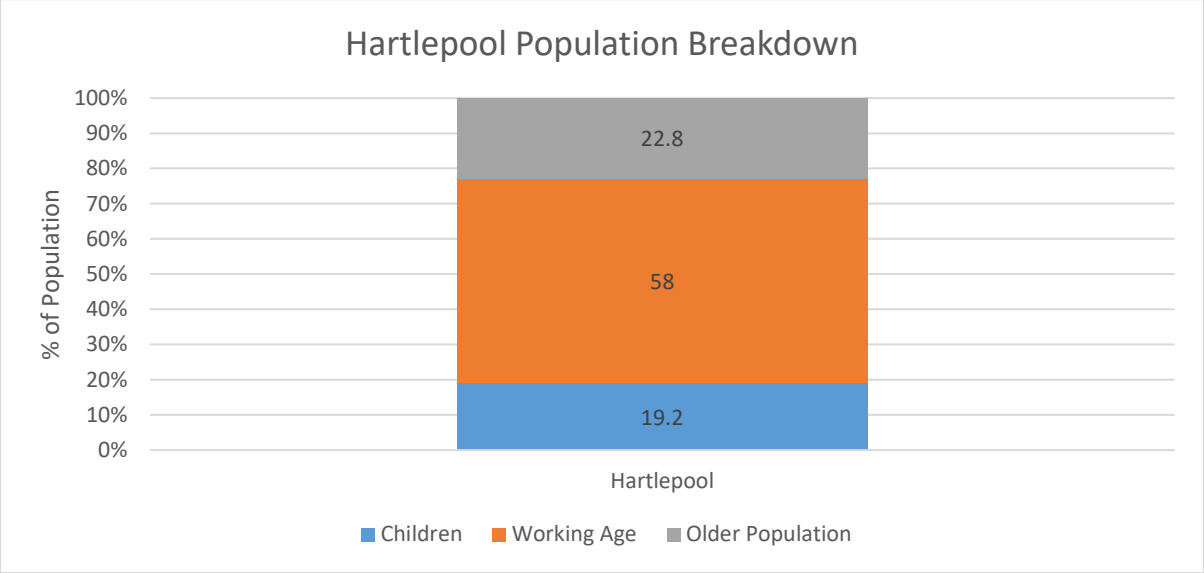


Figure 1: Hartlepool population breakdown
Source: ONS 2022 – 2020 Estimate

The remaining population is split with a slightly larger older population, 22.8% to 19.2% for children.

Within the individual wards in Hartlepool, Victoria has the largest proportion of working aged population, 63%, and Fens & Greatham the smallest, 51.1%.

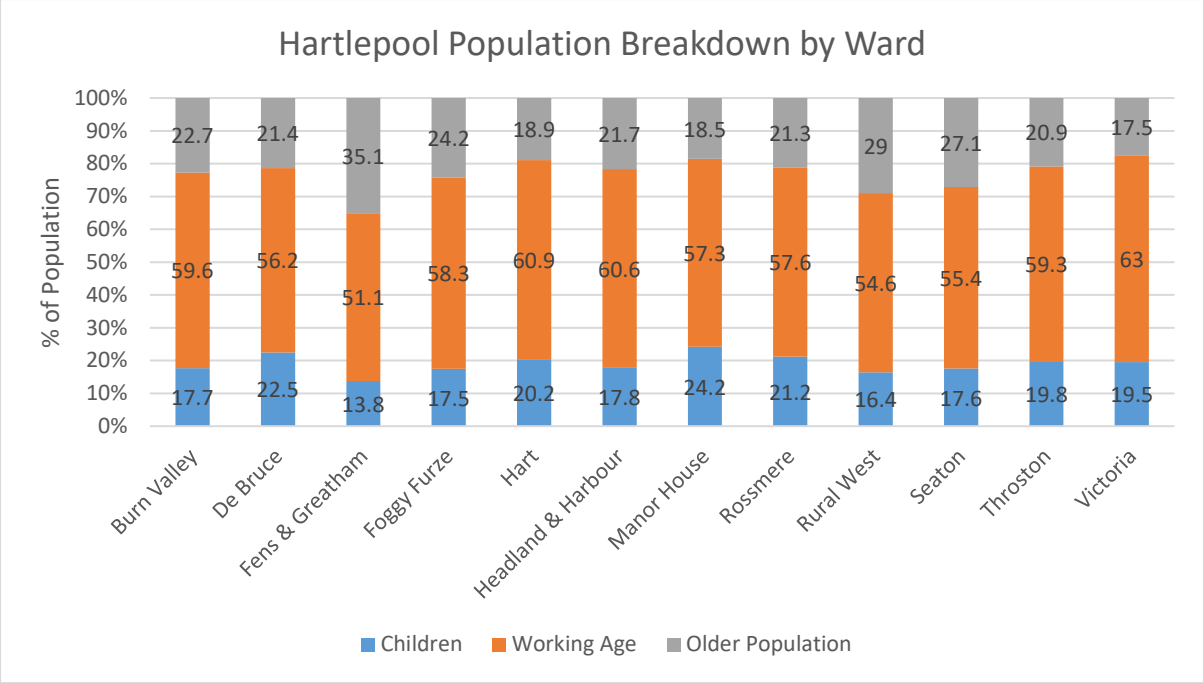


Figure 2: Hartlepool Population Breakdown by Ward
Source: ONS 2022 – 2020 Estimate

For the older population these two wards are reversed, with Fens & Greatham having the largest proportion, 35.1%, and Victoria the smallest, 17.5%.

Hartlepool's population is 51% female and 49% male in the latest population estimate.

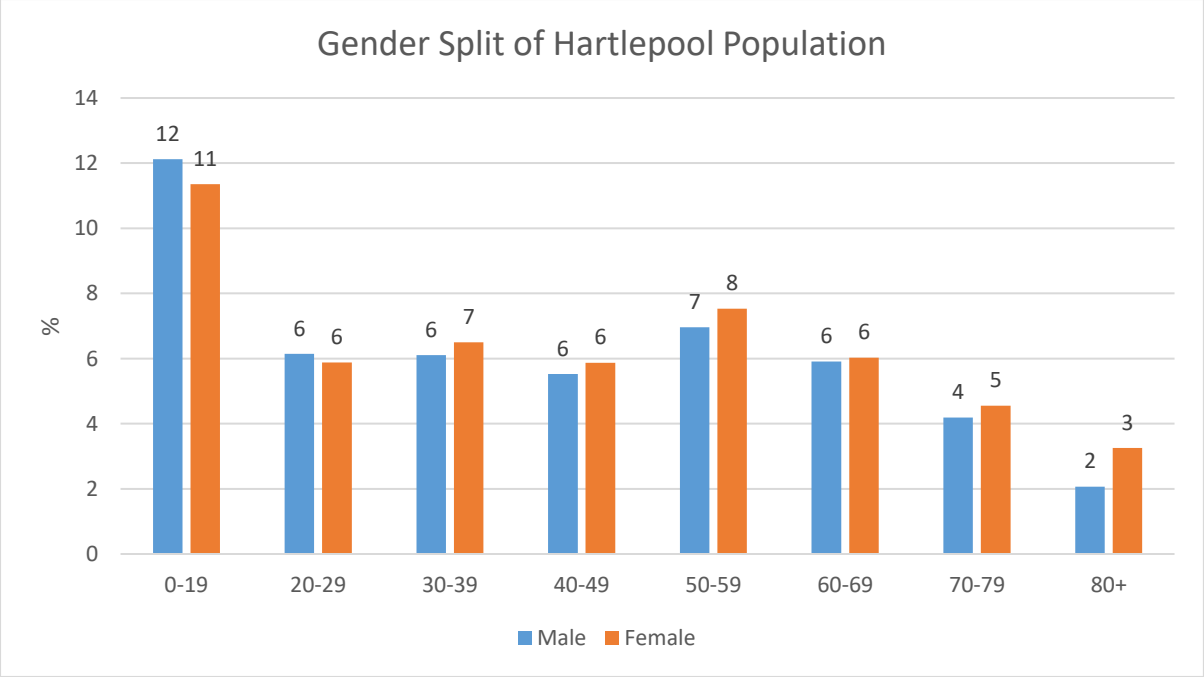


Figure 3: Gender Split of Hartlepool Population
Source: ONS 2022 – 2020 Estimate

The proportion for each gender is with 1% of each other for every age group.

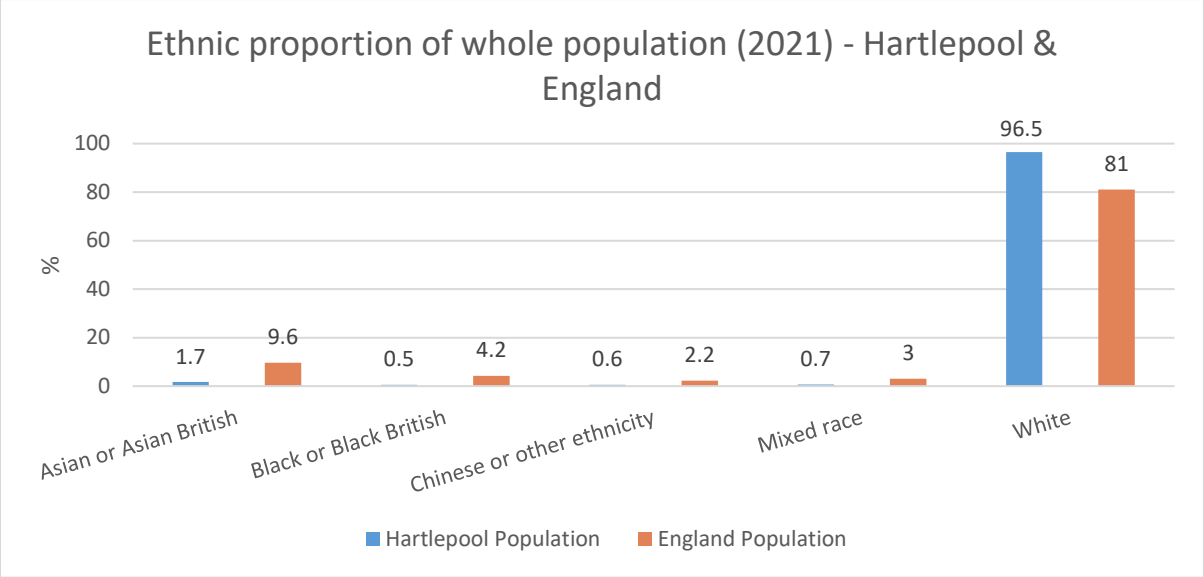


Figure 4: Ethnic proportion of whole population (2021) – Hartlepool & England.
Source: Census 2021

Hartlepool's population identifies as white to a very large majority. Of the 3.5% of Hartlepool's population who don't identify as white, almost half identify as Asian or Asian British, with no other ethnicity accounting for even 1% of the Hartlepool population. This is in contrast to the England population as a whole, where each of the non-white ethnic categories, Asian and Asian British, Black or Black British, Chinese or other ethnicity, and mixed race, account for at least 2.2%, and up to 9.6% for Asian and Asian British.

Hartlepool has almost 50% (49.3%) of its population employed in some form, full time, part time or self-employed.

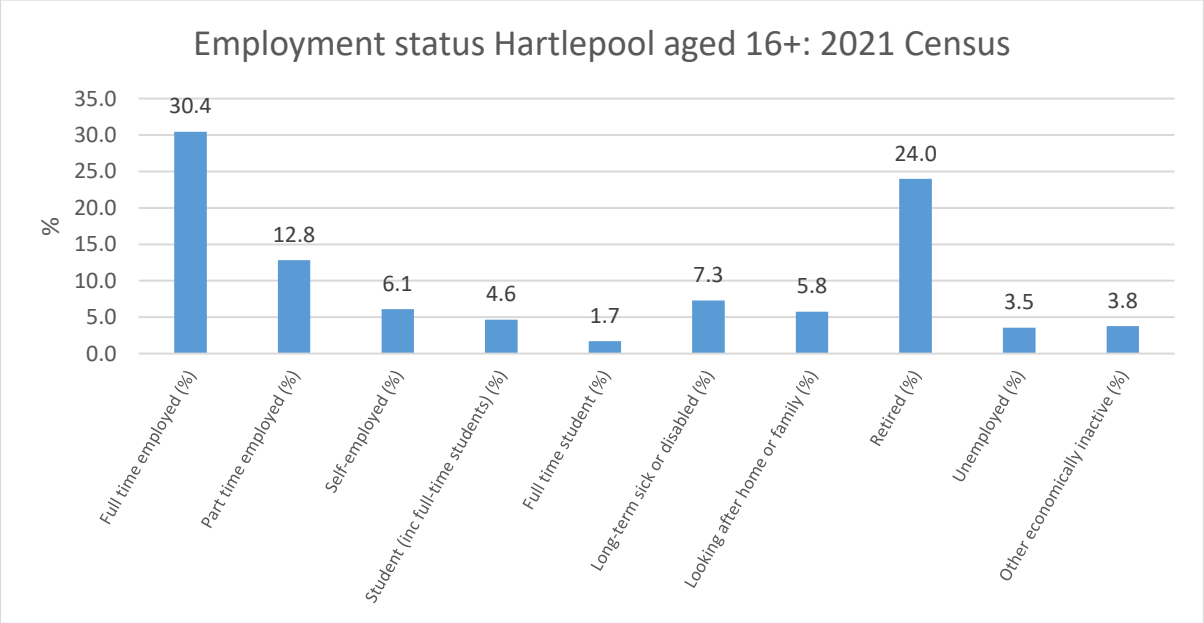


Figure 5: Employment status for Hartlepool aged 16 +:2021 Census
Source: Census 2021

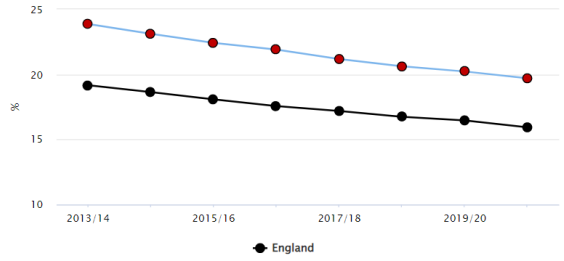
Almost a quarter of the population (24%) are retired, and almost 1 in 13 people (7.3) are long term sick or disabled. Unemployment and economic inactivity accounts for 7.2% of the population, which is again roughly 1 in 13 people.

5.2 Smoking prevalence (Adults)

Data from the Quality Outcomes Framework (QOF) shows that smoking rates within the population in Hartlepool have decreased year on year for the last seven years, and has done so at a similar rate to the England average.

Smoking prevalence in adults (15+) - current smokers (QOF)

Proportion - %



Recent trend: Decreasing & getting better

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2013/14		18,844	23.9%	23.6%	24.2%	20.9%	19.2%
2014/15		18,272	23.1%	22.8%	23.4%	20.1%	18.6%
2015/16		17,766	22.4%	22.1%	22.7%	19.4%	18.1%
2016/17		17,352	21.9%	21.6%	22.2%	18.7%	17.6%
2017/18		16,816	21.2%	20.9%	21.5%	18.1%	17.2%
2018/19		16,451	20.6%	20.3%	20.9%	17.5%	16.7%*
2019/20		16,171	20.2%	19.9%	20.5%	17.1%	16.5%
2020/21		15,810	19.7%	19.4%	20.0%	16.6%	15.9%

Source: Quality and Outcomes Framework (QOF), NHS Digital

Figure 6: Smoking prevalence in adults (15+) – current smokers (QOF)
Source: QOF 2022

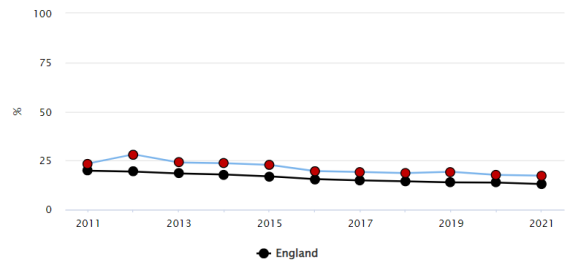
Hartlepool's prevalence of smoking for those aged 15 and above has fallen from 23.9% in 2013/14 to 19.7% in 2020/21. Throughout this period Hartlepool has remained significantly worse than the England average, but has followed a similar pattern in its decreasing rate. In 2020/21 Hartlepool had the 8th highest smoking rate for those aged 15 and above in England, and the highest in the North East.

However data from the 2020/21 GP Patient Survey (GPPS) and the 2021 Annual Population Survey (APS), looks at the smoking population for those aged 18+. These two surveys however show different pictures to each other.

The 2021 APS has Hartlepool with an 18+ smoking rate of 17.3%, which places Hartlepool as the 2nd highest rate in the north east and the 11th highest in England.

Smoking Prevalence in adults (18+) - current smokers (APS)

Proportion - %



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2011		-	23.5%	20.6%	26.3%	21.3%	19.8%
2012		-	28.1%	25.4%	30.9%	22.0%	19.3%
2013		-	24.0%	21.5%	26.5%	21.2%	18.4%
2014		-	23.6%	20.9%	26.3%	19.8%	17.8%
2015		-	22.8%	20.2%	25.3%	18.7%	16.9%
2016		-	19.6%	16.8%	22.4%	17.2%	15.5%
2017		-	19.2%	16.6%	21.8%	16.2%	14.9%
2018		-	18.6%	16.1%	21.2%	16.0%	14.4%
2019		-	19.3%	16.6%	22.0%	15.3%	13.9%
2020		-	17.7%	14.3%	21.0%	15.7%	13.8%
2021		-	17.3%	14.1%	20.5%	14.8%	13.0%

Source: Annual Population Survey (APS)

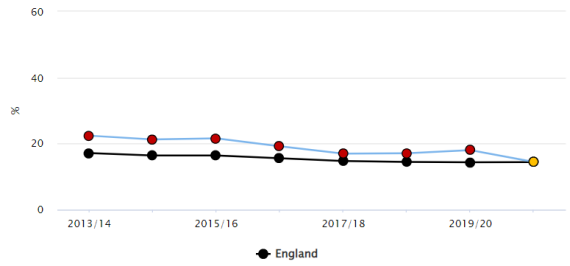
Figure 7: Smoking Prevalence in adults (18+) – current smokers (APS)
Source: APS 2022

This is similar to the QOF findings, and both show the England and Hartlepool rates reducing in a similar way across the reporting period, although the APS data has Hartlepool roughly a third higher than the England rate, compared with roughly a fifth for the QOF data.

However the 2020/21 GPPS data shows that Hartlepool has closed the gap with England, and has the same prevalence rate in 2020/21. The GPPS data also shows Hartlepool as having a rate of 14.4%, which places Hartlepool in the top performing 50% of local authorities. This is in somewhat of a contrast to the QOF and APS findings.

Smoking prevalence in adults (18+) - current smokers (GPPS)

Proportion - %



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2013/14		-	22.4%	20.4%	24.6%	18.7%	17.1%
2014/15		-	21.3%	19.3%	23.5%	17.3%	16.4%
2015/16		-	21.6%	19.5%	23.8%	16.9%	16.4%
2016/17		-	19.2%	17.1%	21.3%	15.8%	15.6%
2017/18		-	17.0%	14.8%	19.1%	15.1%	14.7%
2018/19		-	17.1%	15.0%	19.2%	14.1%	14.5%
2019/20		-	18.0%	15.9%	20.2%	14.9%	14.3%
2020/21		-	14.4%	12.6%	16.3%	14.3%	14.4%

Source: GP Patient Survey (GPPS)

Figure 8: Smoking prevalence adults (18+) –current smokers (GPPS)
Source: GPPS 2021

Both the GPPS and the APS split the population into current smokers, ex-smokers and never smoked. If current and ex-smokers are combined, this gives the population who have smoked at any point in their life, and there are to some degree susceptible to the negative health outcomes related to smoking.

While the GPPS for Hartlepool had the smaller proportion of current smokers, it had a larger proportion of ex-smokers, to give a larger overall combined current or historic smoking population.

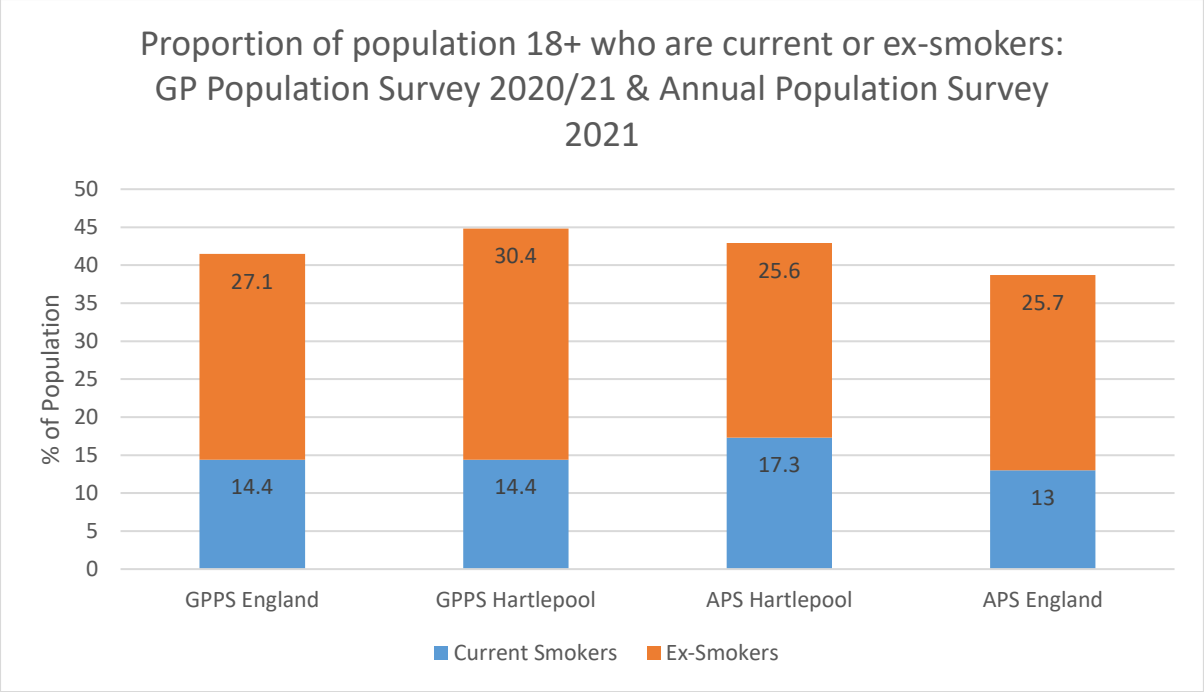
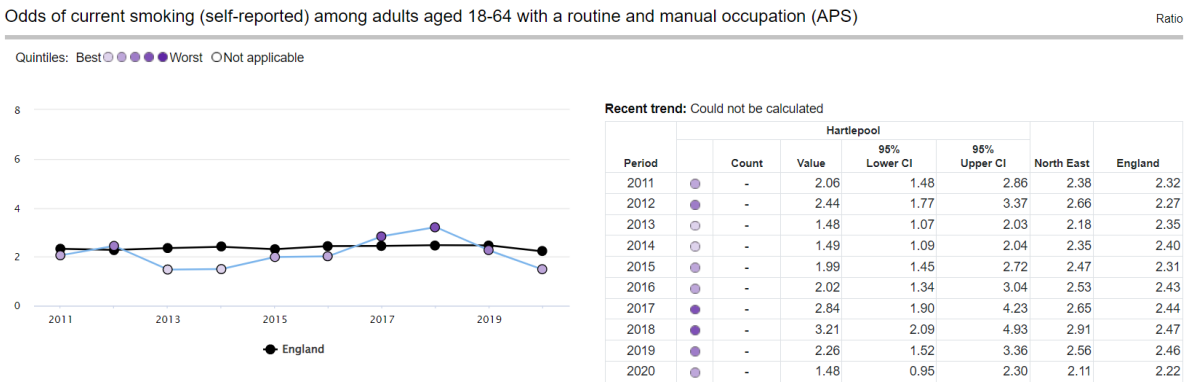


Figure 9: Proportion of population 18+ who are current smokers or ex- smokers: GP Population Survey2020/21 & annual population survey 2021.
Source: GPPS 2021 & APS 2021

The differences in the figures between the GPPS and the APS highlight the difficulties in finding a consensus on smoking numbers within an authority population. The survey numbers are self-reported and the QOF figure relies on accurate information being maintained by an individual's GP practice.

One of the main targets in the government's tobacco control plan of July 2017 is to "reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population"[18] For Hartlepool those in routine and manual occupations are almost 1.5 times more likely to smoke than those employed in other occupations. This figure has fallen for each of the last two years.



Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2011		-	2.06	1.48	2.86	2.38	2.32
2012		-	2.44	1.77	3.37	2.66	2.27
2013		-	1.48	1.07	2.03	2.18	2.35
2014		-	1.49	1.09	2.04	2.35	2.40
2015		-	1.99	1.45	2.72	2.47	2.31
2016		-	2.02	1.34	3.04	2.53	2.43
2017		-	2.84	1.90	4.23	2.65	2.44
2018		-	3.21	2.09	4.93	2.91	2.47
2019		-	2.26	1.52	3.36	2.56	2.46
2020		-	1.48	0.95	2.30	2.11	2.22

Source: Annual Population Survey (ONS)

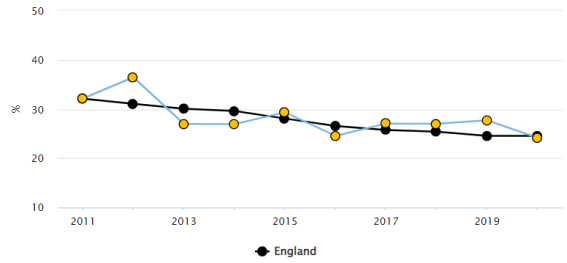
Figure 10: Odds of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS)
Source: APS 2021

However this is below the England average, though not to a degree that is statistically significant, and the 3rd best figure in the north east. The proportion in

Hartlepool of those in routine and manual occupations who are current smokers has declined at an almost identical rate to England over the last nine years, and has remained statistically similar to the England rate throughout this period.

Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)

Proportion - %



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2011		-	32.1%	26.8%	37.4%	30.8%	32.1%
2012		-	36.5%	31.0%	41.9%	32.9%	31.1%
2013		-	27.0%	22.3%	31.7%	29.4%	30.1%
2014		-	26.9%	22.0%	31.9%	28.8%	29.6%
2015		-	29.3%	24.2%	34.4%	28.2%	28.1%
2016		-	24.6%	18.8%	30.3%	26.5%	26.5%
2017		-	27.0%	21.9%	32.2%	26.1%	25.7%
2018		-	27.0%	21.1%	32.9%	26.3%	25.4%
2019		-	27.7%	22.0%	33.5%	24.3%	24.5%
2020		-	24.2%	16.8%	31.5%	26.1%	24.5%

Source: Annual Population Survey (APS)

Figure 11: Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)
Source: APS 2021

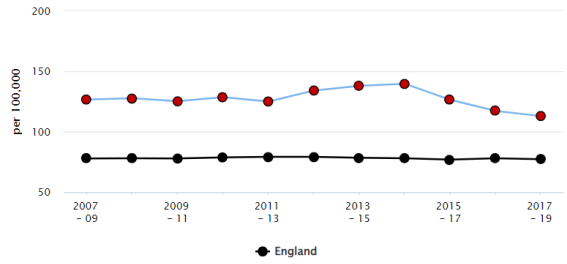
Hartlepool's rate in 2020 is the fifth best in the north east.

5.3 Smoking related conditions (Adults)

Looking more specifically at smoking related health conditions, Hartlepool has consistently been significantly worse than the England average for lung cancer registration for the last 11 years of reporting.

Lung cancer registrations

Directly standardised rate - per 100,000



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2007 - 09		298	126.4	112.3	141.7	116.7	77.7
2008 - 10		304	127.6	113.4	143.1	114.5	77.8
2009 - 11		304	125.1	111.3	140.2	113.4	77.7
2010 - 12		315	128.4	114.4	143.6	112.9	78.6
2011 - 13		313	124.9	111.3	139.6	112.9	79.1
2012 - 14		337	134.0	119.7	149.4	113.1	79.1
2013 - 15		353	137.9	123.6	153.3	112.3	78.3
2014 - 16		364	139.6	125.4	154.8	111.6	77.8
2015 - 17		336	126.3	113.1	140.5	109.5	76.8
2016 - 18		315	117.2	104.4	131.1	106.7	77.9
2017 - 19		306	112.8	100.3	126.4	104.7	77.1

Source: National Cancer Registration and Analysis Service retrieved from the Cancer Analysis System (CAS), NHS Digital

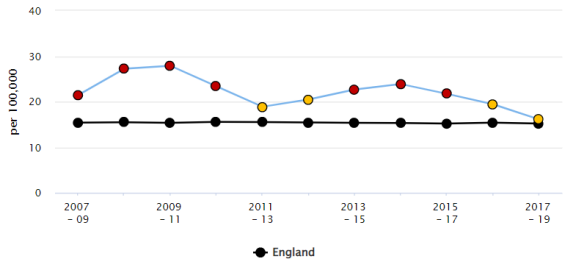
Figure 12: Lung cancer registrations
Source: National Cancer Registration and Analysis Service retrieved from the Cancer Analysis System (CAS), NHS Digital 2022

However the gap between Hartlepool and England in 2017/19 is closer than at any point in the 11 year reporting period. Hartlepool's 2017/19 rate of 112.8 is 46% higher than the England average, however in 2007/08 there was a 68% difference, and in 2014/15 the difference peaked at 79%.

Registrations for oesophageal cancer in Hartlepool have fluctuated much more than the England average over the 11 year reporting period.

Oesophageal cancer registrations

Directly standardised rate - per 100,000



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2007 - 09	●	48	21.4	15.5	28.8	15.1	15.4
2008 - 10	●	59	27.2	20.3	35.7	16.1	15.5
2009 - 11	●	59	27.9	20.8	36.6	15.8	15.3
2010 - 12	●	53	23.4	17.3	30.8	16.2	15.5
2011 - 13	●	46	18.9	13.8	25.3	15.9	15.5
2012 - 14	●	51	20.5	15.2	26.9	16.6	15.4
2013 - 15	●	56	22.7	17.1	29.5	16.4	15.4
2014 - 16	●	60	23.9	18.2	30.7	16.1	15.3
2015 - 17	●	57	21.7	16.5	28.1	15.3	15.2
2016 - 18	●	53	19.4	14.5	25.5	15.0	15.4
2017 - 19	●	44	16.1	11.6	21.6	14.7	15.2

Source: National Cancer Registration and Analysis Service retrieved from the Cancer Analysis System (CAS), NHS Digital

Figure 13: Oesophageal cancer registrations

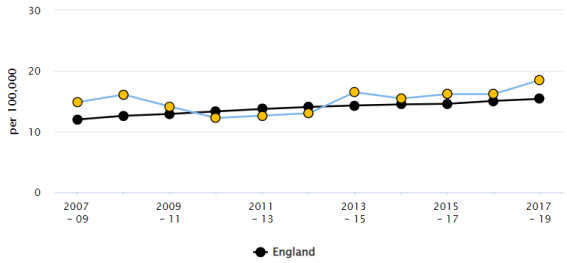
Source: National Cancer Registration and Analysis Service retrieved from the Cancer Analysis System (CAS), NHS Digital 2022

In 2017/19 Hartlepool was similar to the England average, 16.1 registrations per 100,000 population compared with England's 15.2 per 100,000. This is a result of three consecutive years of declining rate for Hartlepool. Across the 11 years, Hartlepool's rate increased from 21.4 per 100,000 in 2007/08 to a peak of 27.9 in 2009/11 and is currently at the lowest rate of the reporting period, a range of 13.8, compared with England which has seen a range of just 0.3 across the 11 years of reporting.

Unlike both lung and oesophageal cancer registrations, oral cancer registration has followed a similar pattern to the England average across the reporting period.

Oral cancer registrations

Directly standardised rate - per 100,000



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2007 - 09	●	37	14.9	10.6	20.4	14.2	12.0
2008 - 10	●	40	16.1	11.6	21.8	14.4	12.6
2009 - 11	●	36	14.1	10.0	19.4	14.3	12.9
2010 - 12	●	32	12.2	8.5	17.1	15.1	13.3
2011 - 13	●	33	12.6	8.8	17.6	15.8	13.7
2012 - 14	●	34	13.0	9.1	18.1	16.4	14.1
2013 - 15	●	43	16.5	12.0	22.1	16.3	14.3
2014 - 16	●	41	15.5	11.2	20.9	17.1	14.5
2015 - 17	●	44	16.2	11.8	21.6	17.3	14.6
2016 - 18	●	45	16.2	11.8	21.7	17.9	15.0
2017 - 19	●	52	18.5	13.8	24.3	18.2	15.4

Source: National Cancer Registration and Analysis Service retrieved from the Cancer Analysis System (CAS), NHS Digital

Figure 14: Oral cancer registrations

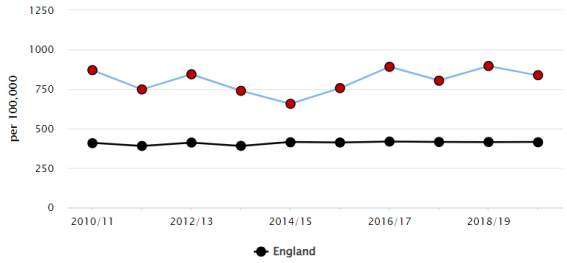
Source: National Cancer Registration and Analysis Service retrieved from the Cancer Analysis System (CAS), NHS Digital 2022

Hartlepool's oral cancer registration rate has remained similar to the England average throughout the 11 year reporting period, though Hartlepool's rate has increased from 14.9 per 100,000 population in 2007/09 to 18.5 per 100,000 in 2017/19. This amounts to an increase of 24%, which is again comparable to the England average of 28% in the same period.

Emergency hospital admission for COPD in Hartlepool have been significantly higher than the England average for the last 10 years of reporting.

Emergency hospital admissions for COPD

Directly standardised rate - per 100,000



Recent trend: No significant change

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2010/11		431	869	788	956	685	410
2011/12		381	747	674	826	644	389
2012/13		433	843	765	927	663	411
2013/14		387	739	667	817	594	390
2014/15		349	656	589	729	646	415
2015/16		405	755	683	833	634	411
2016/17		481	890	812	974	673	417
2017/18		443	805	731	884	643	415
2018/19		500	895	818	978	655	414
2019/20		470	835	761	915	638	415

Source: Hospital Episode Statistics (HES)

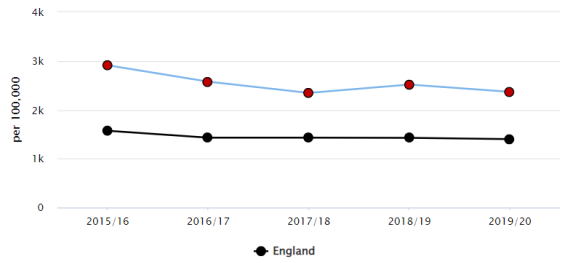
Figure 15: Emergency hospital admissions for COPD
Source: Hospital Episodes Statistics 2021

Hartlepool's COPD hospitalisation rate has fluctuated across the reporting period, but has remained significantly worse than England throughout. Hartlepool's rate has not seen more than 2 consecutive years of reduction. While Hartlepool's rate fell by 22% in the two years from 2012/13 to 2014/15, 843 per 100,000 population to 656 per 100,000, this was followed by an increase 36%, 656 per 100,000 to 890 per 100,000. Hartlepool's rate is marked by a lack of consistency, though the first five years of the reporting period show a general reduction, this is mirrored in the subsequent years with a similar level of increase.

Smoking attributable hospital admissions in Hartlepool have been significantly worse than the England average throughout 2015/16 to 2019/20. Though the recent trend in Hartlepool is decreasing.

Smoking attributable hospital admissions (new method)

Directly standardised rate - per 100,000



Recent trend: Decreasing & getting better

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2015/16		1,567	2,911	2,767	3,059	2,366	1,572
2016/17		1,402	2,574	2,440	2,713	2,096	1,428
2017/18		1,283	2,343	2,215	2,475	2,119	1,428
2018/19		1,386	2,515	2,384	2,652	2,099	1,426
2019/20		1,336	2,365	2,239	2,496	2,050	1,398

Source: Admissions data from Hospital Episode Statistics (HES); Office for National Statistics (ONS) - mid-year population estimates; Smoking prevalence data from Annual Population Survey; and . and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'

Figure 16 : Smoking attributable hospital admissions(new method)
Source: Admissions data from Hospital Episode Statistics (HES); Office for National Statistics (ONS) - mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight' 2021

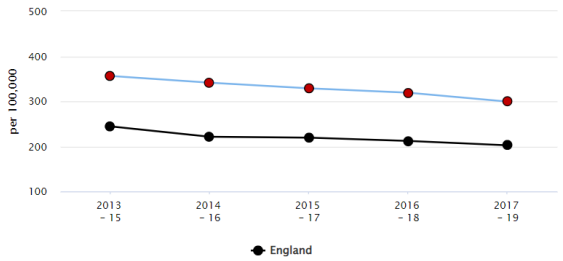
There has been a general decline for smoking attributable hospital admissions in Hartlepool across the reporting period, with the gap between Hartlepool's rate and the England rate smaller in 2019/20 than in 2015/16, Hartlepool was 85% larger in 2015/16 and only 69% larger in 2019/20.

5.4 Smoking and mortality (Adults)

Smoking attributed mortality in Hartlepool has remained statistically worse than England throughout the five year reporting period.

Smoking attributable mortality (new method)

Directly standardised rate - per 100,000



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2013 - 15		560	356.2	327.0	387.2	317.9	244.2
2014 - 16		544	341.0	312.8	371.1	289.7	221.4
2015 - 17		531	328.8	301.2	358.2	289.3	219.1
2016 - 18		522	319.0	292.0	347.8	279.9	211.8
2017 - 19		496	299.1	273.1	326.7	270.5	202.2

Source: Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'.

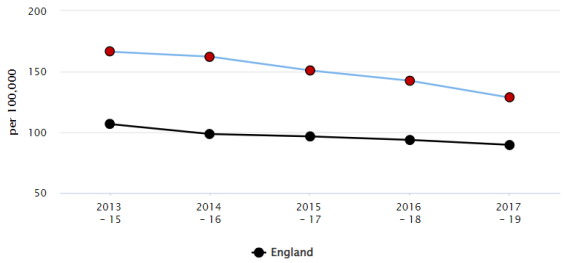
Figure 17 : Smoking attributable mortality (new method)
Source: Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'. 2021

Hartlepool's smoking attributable mortality rate per 100,000 people has fallen from 356.2 in 2013/15 to 299.1 in 2017/19. This is a decline of 16%, which is comparable to the England decline of 17% during the same period. However, the gap between Hartlepool and England has also remained largely the same throughout this period.

Looking specifically at smoking attributable mortality from cancer, Hartlepool has again been statistically worse than England throughout the five year reporting period.

Smoking attributable deaths from cancer (new method)

Directly standardised rate - per 100,000



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2013 - 15		264	166.3	146.8	187.8	142.7	106.7
2014 - 16		261	162.2	143.0	183.3	131.7	98.5
2015 - 17		246	150.9	132.5	171.1	129.2	96.5
2016 - 18		234	142.4	124.6	162.0	125.0	93.6
2017 - 19		214	128.5	111.8	147.0	120.9	89.6

Source: Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'.

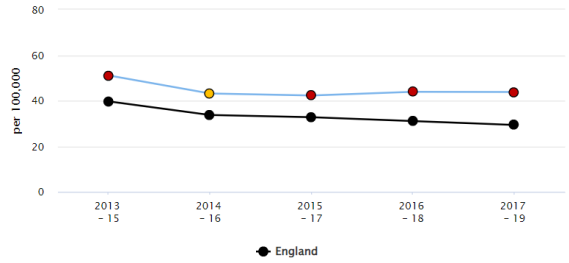
Figure 18: Smoking attributable deaths from cancer (new method)
Source: Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'. 2021

Unlike the figures for all smoking attributable mortality, the specific cancer rate has declined in Hartlepool at a faster rate than the England average, shortening the gap between Hartlepool and England. In 2013-15 Hartlepool's rate was 56% larger than the England rate, but by 2017/19 this had fallen to 43% larger.

For heart disease the smoking attributable mortality rate in Hartlepool, unlike that of England, has not decreased every year across the five year reporting period.

Smoking attributable deaths from heart disease (new method)

Directly standardised rate - per 100,000



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2013 - 15	●	81	51.1	40.5	63.6	46.4	39.7
2014 - 16	●	69	43.1	33.5	54.6	40.0	33.7
2015 - 17	●	69	42.2	32.8	53.6	39.1	32.7
2016 - 18	●	72	43.9	34.3	55.4	37.4	31.0
2017 - 19	●	73	43.8	34.3	55.1	36.4	29.3

Source: Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'.

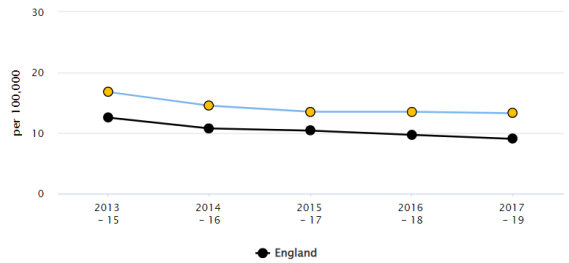
Figure 19 : Smoking attributable deaths from heart disease (new method)
Source: Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'. 2021

Hartlepool's mortality rate in was 11.4 per 100,000 larger than England in 2013/15, this had increased to 14.5 per 100,000 larger in 2017/18. In percentage terms this increased moved Hartlepool from 29% larger in 2013/15 to 49% larger in 2017/19.

For smoking attributable mortality from stroke, Hartlepool has remained statistically similar to England throughout the reporting period. This is the only smoking attributable mortality indicator where Hartlepool has consistently been at a similar level to England.

Smoking attributable deaths from stroke (new method)

Directly standardised rate - per 100,000



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2013 - 15	●	25	16.8	10.8	24.8	14.5	12.5
2014 - 16	●	23	14.5	9.1	21.9	12.6	10.7
2015 - 17	●	21	13.5	8.4	20.6	12.6	10.4
2016 - 18	●	22	13.5	8.4	20.6	12.2	9.7
2017 - 19	●	22	13.3	8.2	20.2	11.5	9.0

Source: Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'.

Figure 20 : Smoking attributable deaths from stroke (new method)
Source: Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'. 2021

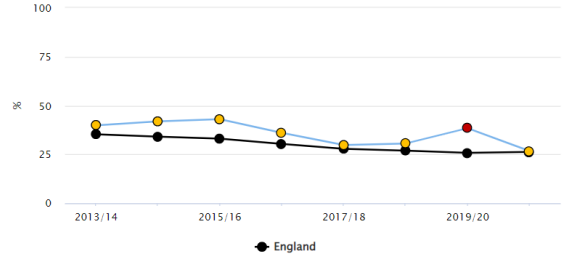
Hartlepool's rate per 100,000 has fallen from 16.8 per 100,000 in 2013/15 to 13.3 per 100,000 in 2017/19. However during this period Hartlepool's rate per 100,000 has moved from 34% larger than England's rate to 48% larger.

5.5 Long Term Health conditions (Adults)

The prevalence of smoking within those with a long term mental health condition in Hartlepool has been similar to the England average for the majority of the last eight years.

Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)

Proportion - %



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2013/14		-	39.9%	28.8%	50.9%	41.9%	35.3%
2014/15		-	41.8%	30.3%	53.4%	37.0%	34.0%
2015/16		-	42.9%	31.6%	54.3%	33.9%	33.0%
2016/17		-	36.0%	24.9%	47.1%	28.3%	30.3%
2017/18		-	29.7%	20.7%	38.7%	29.1%	27.8%
2018/19		-	30.5%	21.4%	39.7%	25.4%	26.8%
2019/20		-	38.4%	29.0%	47.7%	27.0%	25.8%
2020/21		-	26.7%	19.1%	34.3%	26.5%	26.3%

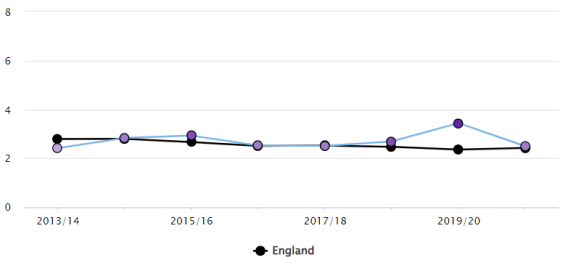
Source: GP Patient Survey (GPPS)

Figure 21: Smoking prevalence in adults with a long term mental health condition (18+) – current smokers (GPPS)
Source: GPPS 2022

Hartlepool's latest rate, 2020/21, of 26.7% is similar to the England rate of 26.3%. This is a return to a position of statistical similarity after the 2019/20 rate was statistically worse than England, 38.4% compared to 25.8% for England. The 2020/21 rate is a 30% reduction on the 2019/20 rate. Across the same period the odds of those with a long term mental health condition being a smoker has been at least 2.4 times as likely as for those without a long term mental health condition, rising as high as 3.4 times as likely in 2019/20.

Odds of current smoking (self-reported) among adults aged 18+ diagnosed with a long-term mental health condition

Ratio



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2013/14		-	2.4	1.5	3.9	3.3	2.8
2014/15		-	2.8	1.7	4.8	3.0	2.8
2015/16		-	2.9	1.8	4.8	2.7	2.7
2016/17		-	2.5	1.5	4.3	2.2	2.5
2017/18		-	2.5	1.3	4.7	2.7	2.5
2018/19		-	2.7	1.7	4.3	2.5	2.5
2019/20		-	3.4	2.2	5.5	2.5	2.4
2020/21		-	2.5	1.6	3.9	2.5	2.4

Source: GP Patient Survey (GPPS)

Figure 22: Odds of current smoking (self-reported) among adults aged 18+ diagnosed with a mental health condition
Source: GPPS 2022

The pattern of similarity to England has remained the same as that of the rate.

5.6 Smoking in Pregnancy

The Maternity Services Dataset (MSDS) looked at smoking in early pregnancy in 2018/19, and Hartlepool had the highest rate in the north east and the 3rd highest in England.

Smoking in early pregnancy — Proportion - %

Better 95% | Similar | Worse 95% | Not compared

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	12.8	12.7	12.9
North East region	–	-	18.6	18.1	19.1
Hartlepool	–	-	27.3	24.5	30.1
Sunderland	–	-	25.7	23.7	27.7
County Durham	–	-	21.4	20.2	22.5
Middlesbrough	–	-	20.0	18.2	21.7
Redcar and Cleveland	–	-	20.0	17.9	22.0
Darlington	–	-	19.8	17.4	22.2
South Tyneside	–	-	17.9	16.0	19.9
Gateshead	–	-	17.2	15.6	18.8
Stockton-on-Tees	–	-	16.1	14.5	17.6
Northumberland	–	-	15.7	14.3	17.0
Newcastle upon Tyne	–	-	13.9	12.7	15.1
North Tyneside	–	-	12.6	11.2	13.9

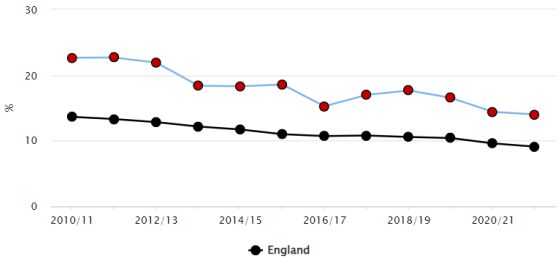
Source: Maternity Services Dataset (MSDS) v1.5

Figure 23: Smoking in early pregnancy
Source: MSDS 2019

Hartlepool's rate of 27.3% is more than twice the England rate of 12.8% and almost 1.5 times the north east rate of 18.6%.

Hartlepool's rate of mothers who are smokers at the time of delivery of their baby has remained significantly worse than the England average throughout the last 12 years.

Smoking status at time of delivery — Proportion - %



Recent trend: No significant change

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2010/11	●	254	22.7%	20.3%	25.2%	21.1%	13.6%
2011/12	●	259	22.7%	20.4%	25.2%	20.7%	13.3%
2012/13	●	234	21.9%	19.5%	24.5%	19.7%	12.8%
2013/14	●	181	18.4%	16.1%	20.9%	18.9%	12.2%
2014/15	●	185	18.3%	16.0%	20.8%	18.0%	11.7%
2015/16	●	188	18.6%	16.3%	21.1%	16.8%	11.0%
2016/17	●	150	15.3%	13.1%	17.6%	16.1%	10.7%
2017/18	●	151	17.0%	14.7%	19.6%	16.3%	10.8%
2018/19	●	167	17.7%	15.4%	20.2%	15.7%*	10.6%
2019/20	●	146	16.5%	14.2%	19.1%	15.2%*	10.4%
2020/21	●	122	14.4%	12.2%	17.0%	13.3%	9.6%
2021/22	●	124	14.0%	11.9%	16.5%	12.6%	9.1%

Source: Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD)

Figure 24: Smoking status at time of delivery
Source: PHE & NHS Digital 2022

The rate for Hartlepool has fallen by 39% from 2010/11 to 2021/22, compared with a 33% decline for the England rate in the same period. Looking at the smoking status at time of delivery at a Middle Super Output Area (MSOA) level in Hartlepool from 2019/20 to 2021/22, every MSOA has reduced by at least 5.9%, though the largest reduction is Harbour, Victoria & Wooler Road, which has reduced by 79.4%.

Smoking at Time of Delivery – Hartlepool MSOA 2019/20 to 2021/22

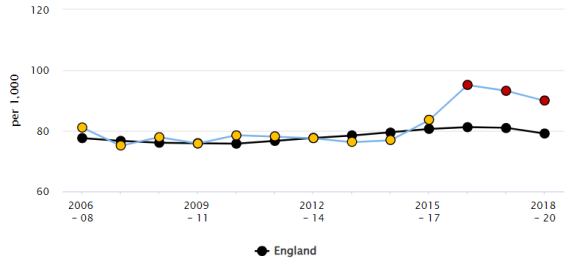
	2019/20	2020/21	2021/22	% Decrease from 2019/20 to 2021/22
Clavering	10.2	8.4	3.0	71.0
Headland & West View	38.3	22.0	19.2	49.8
Jesmond	34.3	35.2	19.5	43.2
Old Town & Grange	27.0	24.0	6.4	76.2
Foggy Furze	29.0	32.6	23.3	19.7
Rift House & Summerhill	41.2	22.1	9.2	77.7
Rossmere & Mill	11.1	11.3	10.5	5.9
Seaton Carew	1.5	1.7	0.8	46.1
Owton Manor	21.7	35.4	19.1	11.9
The Fens, Elwick & Hart	2.7	2.5	1.8	34.4
Harbour, Victoria & Wooler Road	24.6	20.7	5.1	79.4

Figure 25: Smoking at Time of Delivery – Hartlepool MSOA 2019/20 to 2021/22
Source: NHS FT 2023

The rate for premature births in Hartlepool has recently moved from a position of statistical similarity with England, to significantly worse than England.

Premature births (less than 37 weeks gestation)

Crude rate - per 1,000



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2006 - 08		285	81.1	71.9	91.1	78.9	77.6
2007 - 09		263	75.1	66.3	84.7	77.6	76.7
2008 - 10		269	77.9	68.9	87.8	78.1	76.0
2009 - 11		264	75.8	66.9	85.5	78.8	75.9
2010 - 12		271	78.6	69.5	88.5	79.5	75.7
2011 - 13		262	78.0	68.9	88.1	81.9	76.7
2012 - 14		249	77.5	68.2	87.7	82.2	77.6
2013 - 15		241	76.3	66.9	86.5	81.6	78.4
2014 - 16		245	76.9	67.5	87.1	83.1	79.5
2015 - 17		263	83.5	73.7	94.2	82.4	80.6
2016 - 18		295	95.1	84.6	106.6	84.0	81.2
2017 - 19		279	93.2	82.6	104.9	81.7	81.0
2018 - 20		262	89.9	79.4	101.5	81.4	79.1

Source: Office for National Statistics adhoc table request

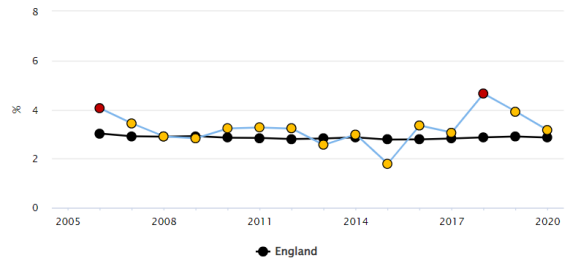
Figure 26: Premature births (less than 37 weeks gestation)
Source: ONS 2022

After a period of 10 consecutive years of similarity with the England rate, Hartlepool has, since 2016/18, had a rate of premature births that is significantly worse than the England rate. The gap between Hartlepool and England has close during the three year period of significant difference. In 2016/18 Hartlepool was 17% higher than England, but by 2018/20 this had fallen to 14%.

For low birth weight for full term babies, Hartlepool has followed a similar pattern to premature births, but has regained its statistical similarity to England after one year.

Low birth weight of term babies

Proportion - %



Recent trend: No significant change

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2006		44	4.1%	3.0%	5.4%	3.1%	3.0%
2007		37	3.4%	2.5%	4.7%	2.8%	2.9%
2008		31	2.9%	2.1%	4.1%	2.9%	2.9%
2009		31	2.8%	2.0%	4.0%	2.6%	2.9%
2010		33	3.2%	2.3%	4.5%	2.8%	2.9%
2011		36	3.3%	2.4%	4.5%	2.7%	2.8%
2012		34	3.2%	2.3%	4.5%	2.7%	2.8%
2013		24	2.6%	1.7%	3.8%	3.0%	2.8%
2014		29	3.0%	2.1%	4.3%	3.0%	2.9%
2015		18	1.8%	1.1%	2.8%	2.8%	2.8%
2016		32	3.4%	2.4%	4.7%	3.0%	2.8%
2017		28	3.1%	2.1%	4.4%	3.1%	2.8%
2018		43	4.6%	3.5%	6.2%	3.3%	2.9%
2019		34	3.9%	2.8%	5.4%	3.1%	2.9%
2020		27	3.2%	2.2%	4.6%	3.2%	2.9%

Source: Office for National Statistics

Figure 27: Low birth weight of term babies
Source: ONS 2023

Hartlepool again had a sustained period of statistical similarity with England, 2006-2017, before an increase in rate in 2018 moved Hartlepool to significantly worse than the England rate. However unlike premature births, the rate for low birth weight babies regained its position of statistical similarity to England in 2019, and maintained this in 2020.

6.0 Young People

In 2021 the NHS England conducted a survey looking at smoking, drinking and drug use in young people. The survey dealt with 11-15 year olds and the results were published regionally, the North East rates for smoking status are shown below:

Smoking Status	**%**
Not answered	0.8
Don't know	0.2
I have never smoked	83.6
I have only ever tried smoking once	7.5
I used to smoke sometimes but I never smoke a cigarette now	3.0
I sometimes smoke cigarettes now but I don't smoke as many as one a week	3.1
I usually smoke between one and six cigarettes a week	0.5
I usually smoke more than six cigarettes a week	1.3

Figure 28: Young people survey looking at smoking, drinking and drug use (11-15yrs)
Source: NHS Digital: Smoking, Drinking and Drug Use among Young People in England, 2021

If these rates are applied to Hartlepool's 11-15 year old population, then the numbers would be:

Smoking Status - Hartlepool	**Count**
I have never smoked	4934
I have only ever tried smoking once	445

I used to smoke sometimes but I never smoke a cigarette now	176
I sometimes smoke cigarettes now but I don't smoke as many as one a week	185
I usually smoke between one and six cigarettes a week	28
I usually smoke more than six cigarettes a week	74

Figure 29: Young people survey (11-15yrs) applied to Hartlepool
Source: NHS Digital Smoking, Drinking and Drug Use among Young People in England, 2021

These figures would give Hartlepool a populations 909 young people who have at some point smoked a cigarette. This 909 can be broken down into regular, occasional and ex-smokers:

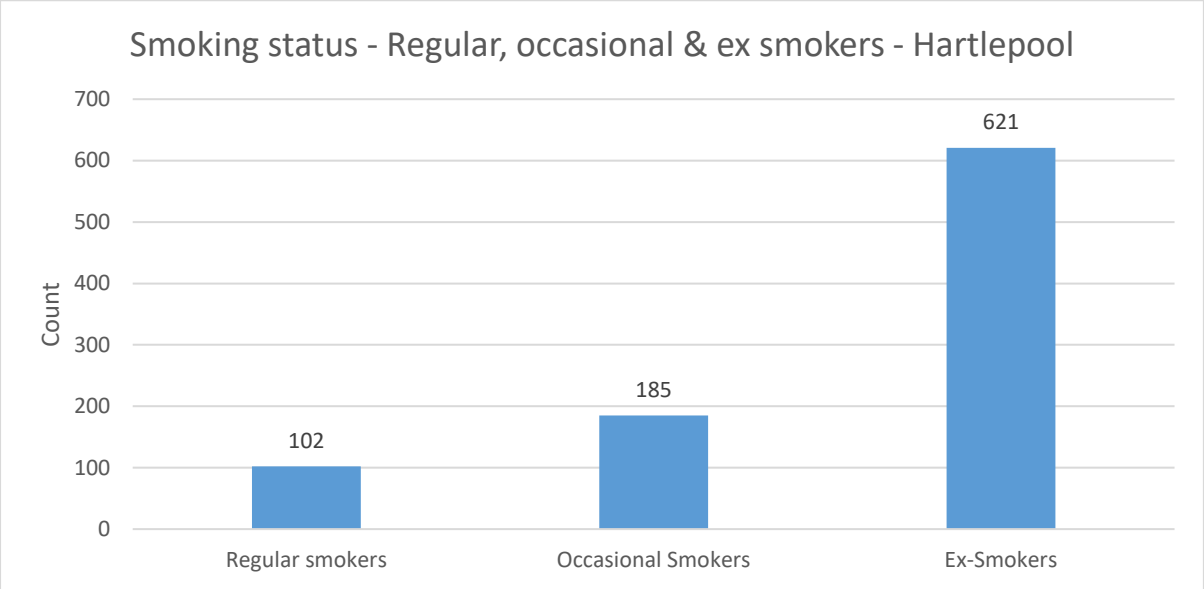


Figure 30: Smoking status of young people – Hartlepool
Source: NHS Digital: Smoking, Drinking and Drug Use among Young People in England, 2021

A survey by Action on Smoking and Health (ASH), the ASH smokefree GB Survey 2022, found that in 11-17 year olds in Great Britain, 83.8% of young people had never tried an e-cigarette, with 15.8% admitting to having tried an e-cigarette. The rate of regular e-cigarette use was 3.1% of 11-17 year olds.

If we apply these rates to Hartlepool it would produce the following e-cigarette use populations:

Hartlepool e-cigarette Use	**Count**
Never tried an e-cigarette	6830
Tried e-cigarette	1288
Regular e-cigarette user	253

Figure 31: Young people survey of e-cigarette use- applied to Hartlepool *Source: ASH Smokefree GB, 2022*

The figure for those who have tried an e-cigarette can be broken down into regular, occasional and ex users:

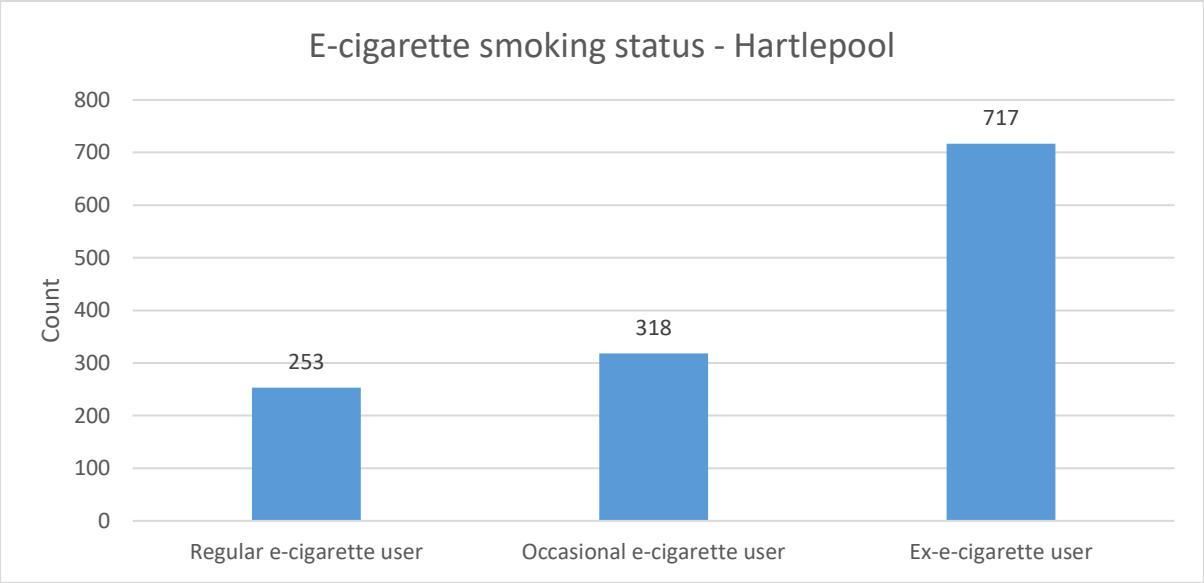


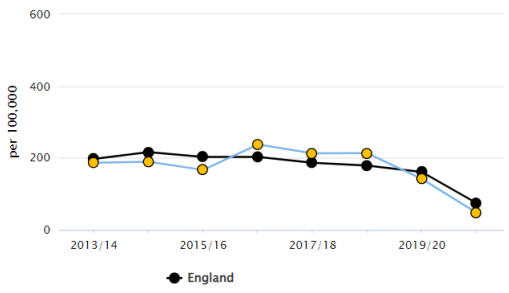
Figure 32: E-cigarette smoking status – Hartlepool
Source: ASH Smokefree GB, 2022

The ASH survey found that e-cigarette use in 11-17 year olds had increased over the period of 2013-22, with 3.8% stating they had tried an e-cigarette in 2013, 0.6% regular users, to 15.8% in 2022, 3.1% regular use.

Hospital admissions for asthma in those aged under 19 years old in Hartlepool continues to be at a level similar to the England average.

Hospital admissions for asthma (under 19 years)

Crude rate - per 100,000



Recent trend: Decreasing & getting better

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2013/14		40	186.3	133.1	253.7	201.9	197.2
2014/15		40	189.1	131.1	252.1	244.1	216.1
2015/16		35	166.6	108.1	220.6	231.0	202.4
2016/17		50	237.1	171.9	307.2	265.8	202.8
2017/18		45	212.7	163.2	295.4	255.4	186.4
2018/19		45	213.2	163.6	296.1	245.8	178.4
2019/20		30	141.7	87.9	191.2	221.1	160.7
2020/21		10	47.4	16.4	74.8	90.8	74.2

Source: Hospital Episode Statistics (HES).

Figure 33: Hospital admissions for asthma (under 19years)
Source: Hospital Episode Statistics (HES) 2022

Hartlepool has seen a large decline in its rate of hospitalisations for asthma in the under 19s across the eight year reporting period, from 186.3 per 100,000 population in 2013/14 to 47.4 per 100,000 in 2020/21. This is a reduction of 75%, during the same period England saw a reduction of 62%.

Self-reported smoking amongst Hartlepool's young people's substance misuse services is very different to the England average.

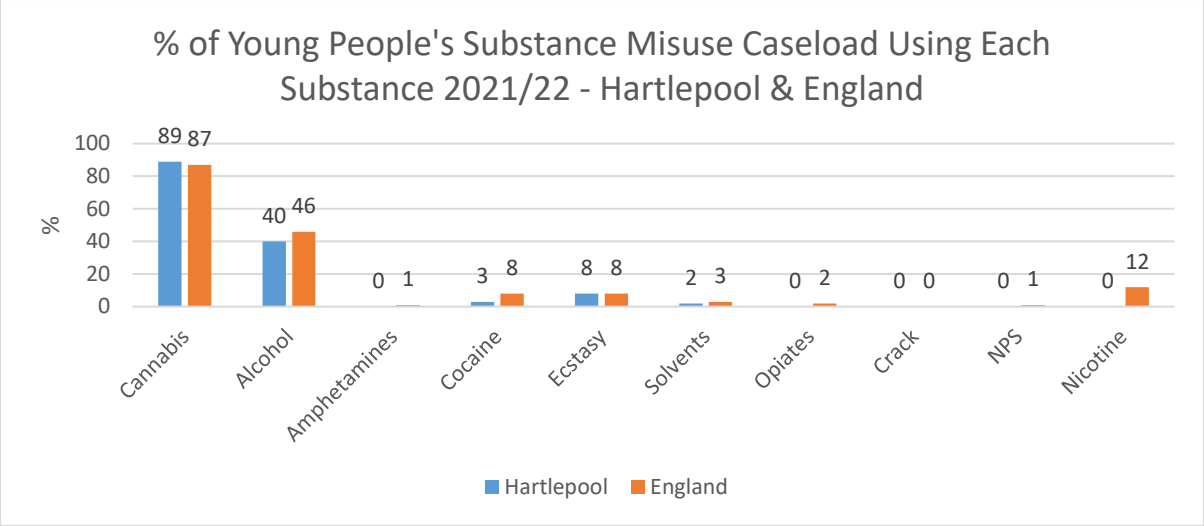


Figure 34: Percentage of young people's substance misuse caseload using each substance 2021/22 – Hartlepool & England
Source: NDTMS 2022

Hartlepool did not register any nicotine use amongst its young people's substance misuse caseload across the five year reporting period, this is very different from the England average where almost 1 in 8 people in you people's substance misuse treatment are using nicotine.

7.0 Enforcement

Data from Hartlepool's Trading Standards team shows that vaping and e-cigarettes are becoming an increasing issue in Hartlepool in regards to underage sales, while traditional cigarettes have generated very few underage sales complaints since 2014.

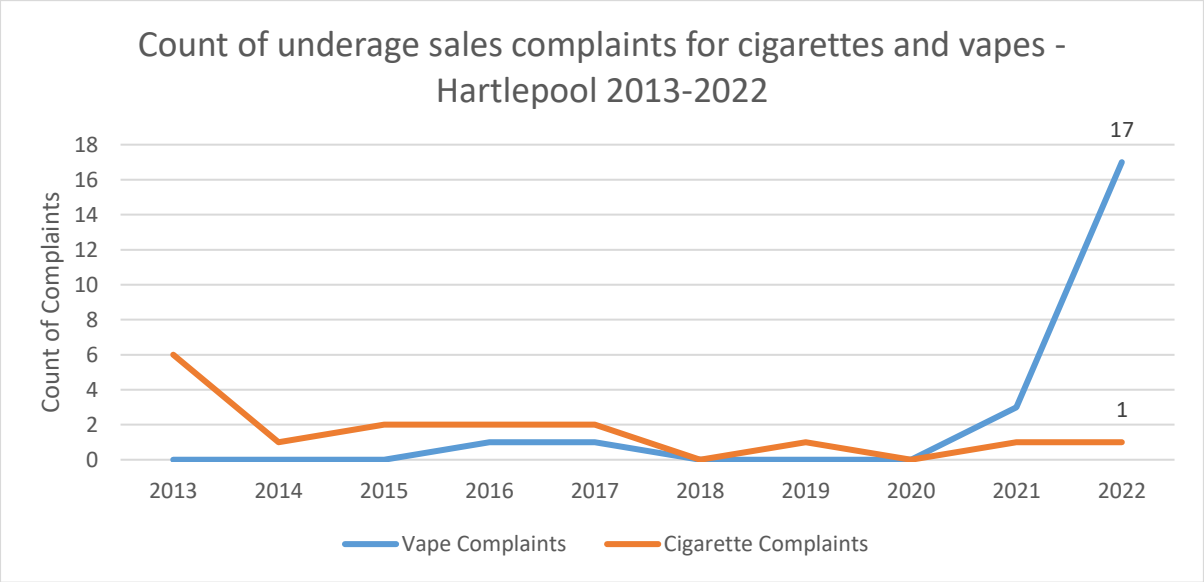


Figure 35: Count of underage sales complaints for cigarettes and vapes- Hartlepool 2013-2022
Source: Hartlepool Trading Standards 2023

Underage sales of cigarettes have generated no more than two complaints in a given year between 2014 and 2022. In contrast, e-cigarette sales have generated 20

underage sales complaints in the two year period 2021/22, with 17 of them coming in 2022. In the eight years before 2021 combined there had only been two underage sales complaints relating to vaping or e-cigarettes. This shift is also visible in the proportion of all underage sales complaints received in Hartlepool for cigarette and vaping/e-cigarettes:

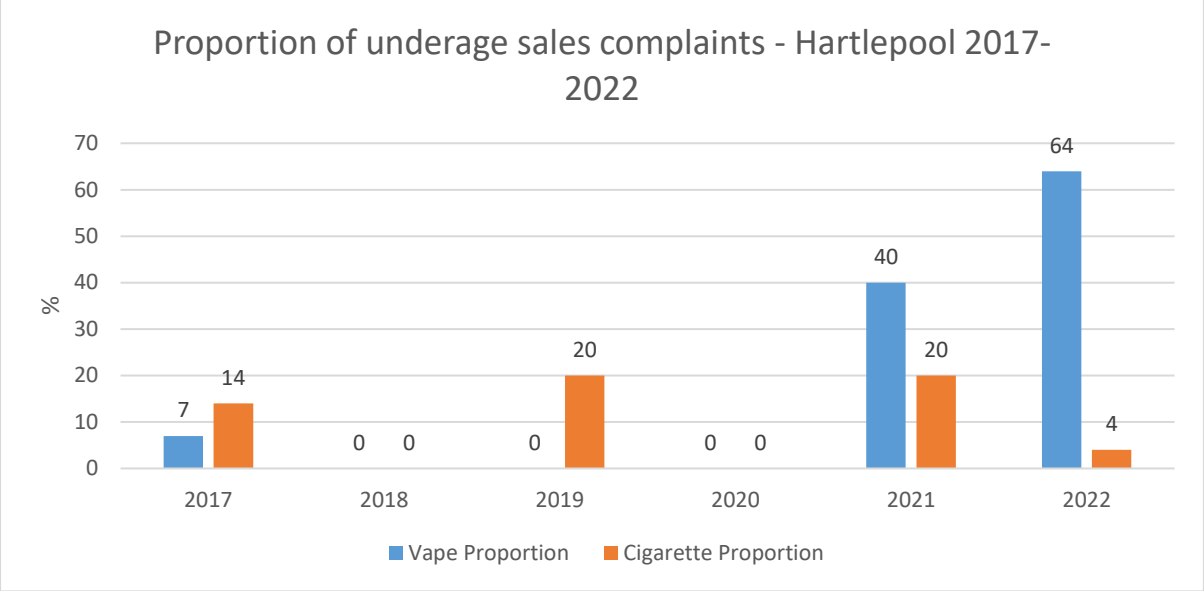


Figure 36: Proportion of underage sales complaints – Hartlepool 2017-2022
Source: Hartlepool Trading Standards 2023

8.0 Support Services data

Combined service data from the local Community Navigators and maternity services in Hartlepool shows that across the seven quarters from 2021/22 Q1 to 2022/23 Q3, the largest proportion of service users setting a quit date was 17.6% in 2021/22 Q1, however two quarters, 2021/22 Q4 and 2022/23 Q1 had no one set a quit date.

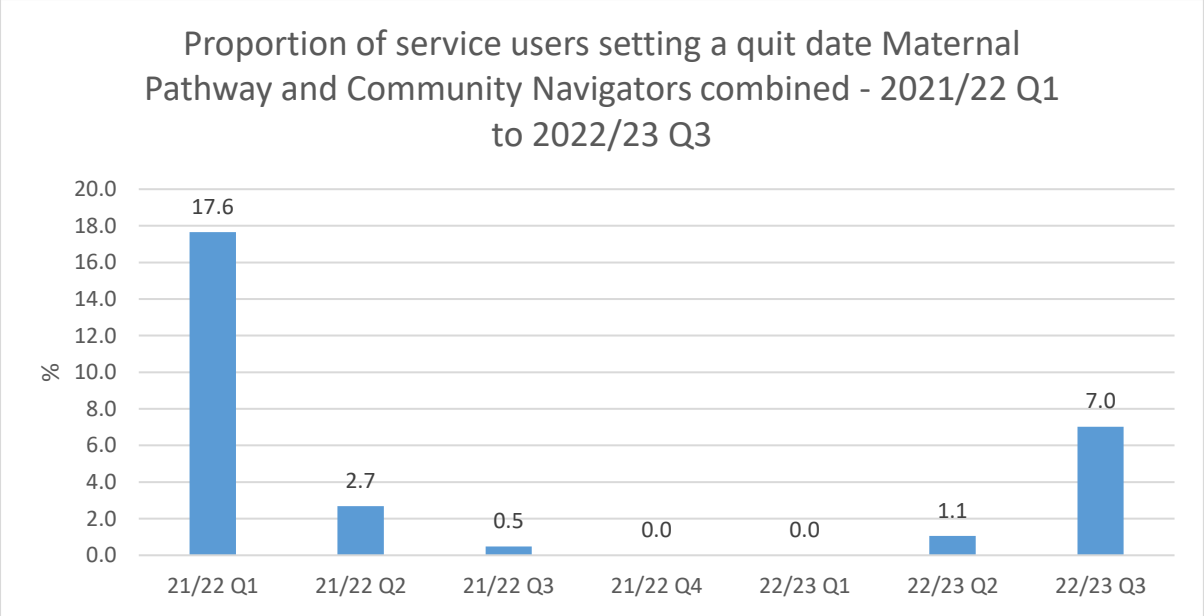


Figure 37: Proportion of service users setting a quit date -Community navigator and maternity pathway data combined
Source: Local data 2023- Combined community navigators and maternal pathway

During this period, only two quarters had any self-reported successful outcomes, which account for 2.7% of people seen in 2012/22 Q2 and 0.2% of people seen in 2021/22 Q3.

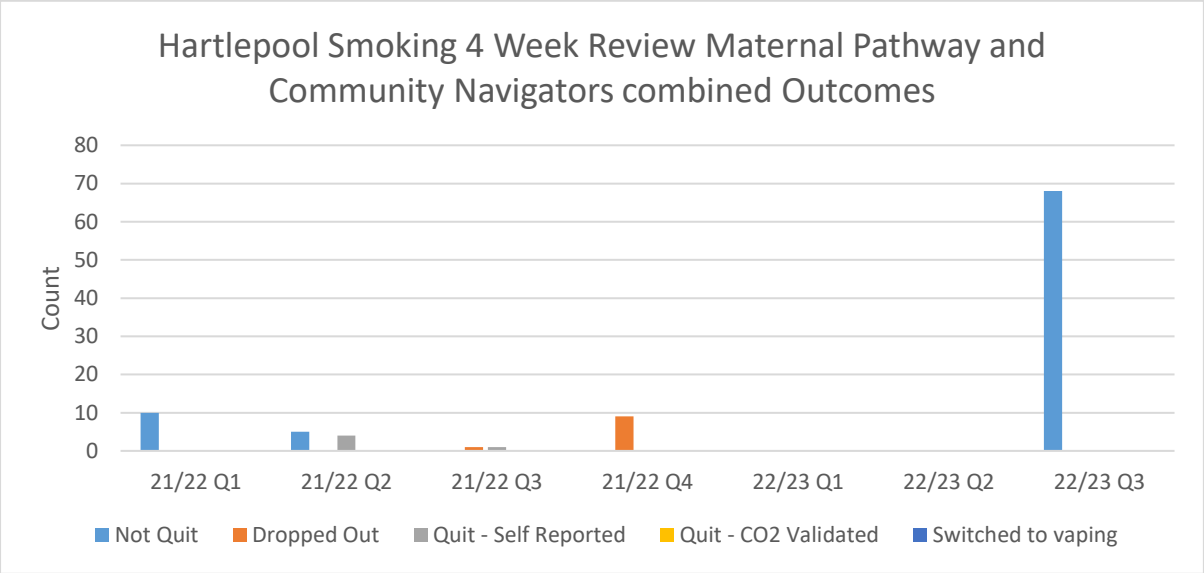


Figure 38: Hartlepool smoking 4 week review maternal pathway and community navigator combined outcomes.
Source: Local data 2023- Combined community navigators and maternal pathway

Staff support

Across the North East & North Cumbria NHS Integrated Care Board a smoke free care pathway has been introduced from July 2022 for the staff members. In Hartlepool local authority services 8 people have signed up, and across the North Tees & Hartlepool NHS Trust and the Tees, Esk & Wear Valley Mental Health trust, a further 121 people have joined the pathway.

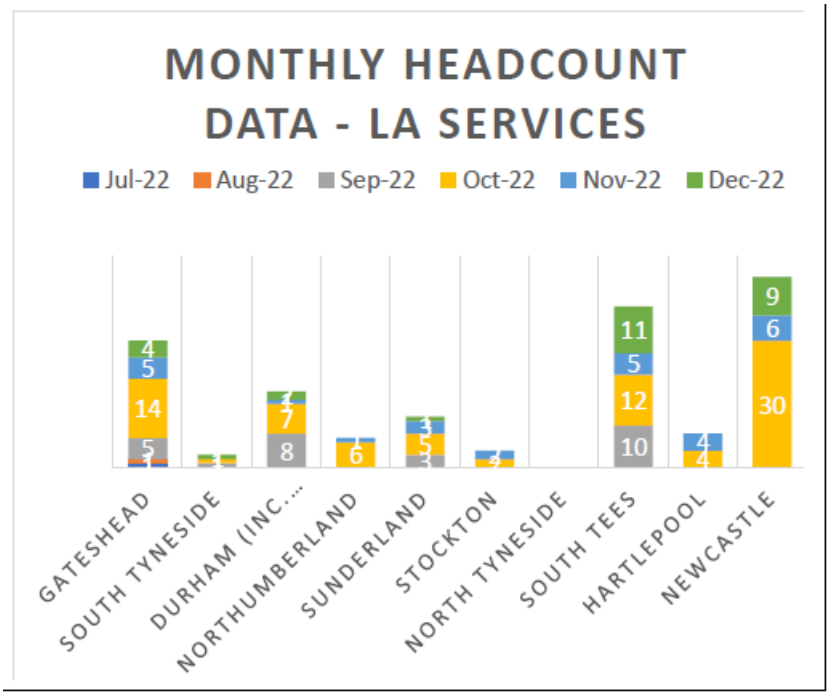


Figure 39: Monthly Head count data – staff supported by community navigators
Source: NENC ICB 2023

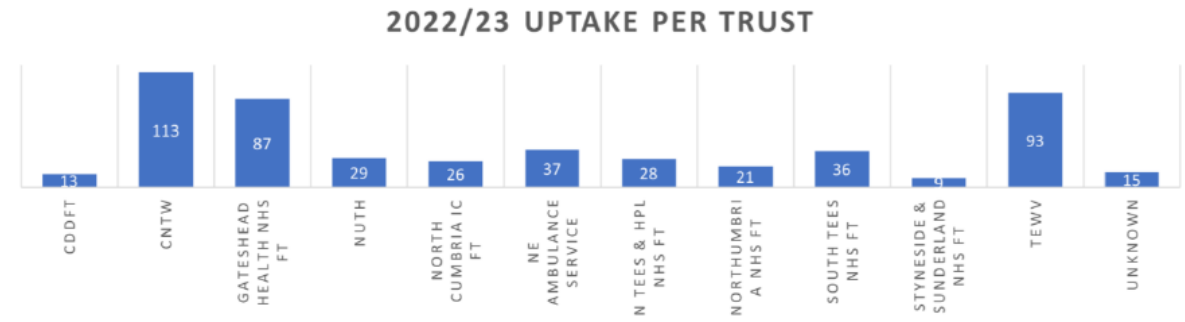


Figure 40: All staff being supported
Source: NENC ICB 2023

Across this pathway the quit rate at 28 days was 50%, with 80% of participants opting to use vaping as part of their quitting strategy.

Children and Young people's Service

In Hartlepool's 0-19 service in 2022/23, more than half of the service users had never smoked (57.6%), with 16.8% declaring themselves current smokers. A combined 14.2% of the 0-19 caseload over year were seeking some form of advice or using an e-cigarette to quit smoking.

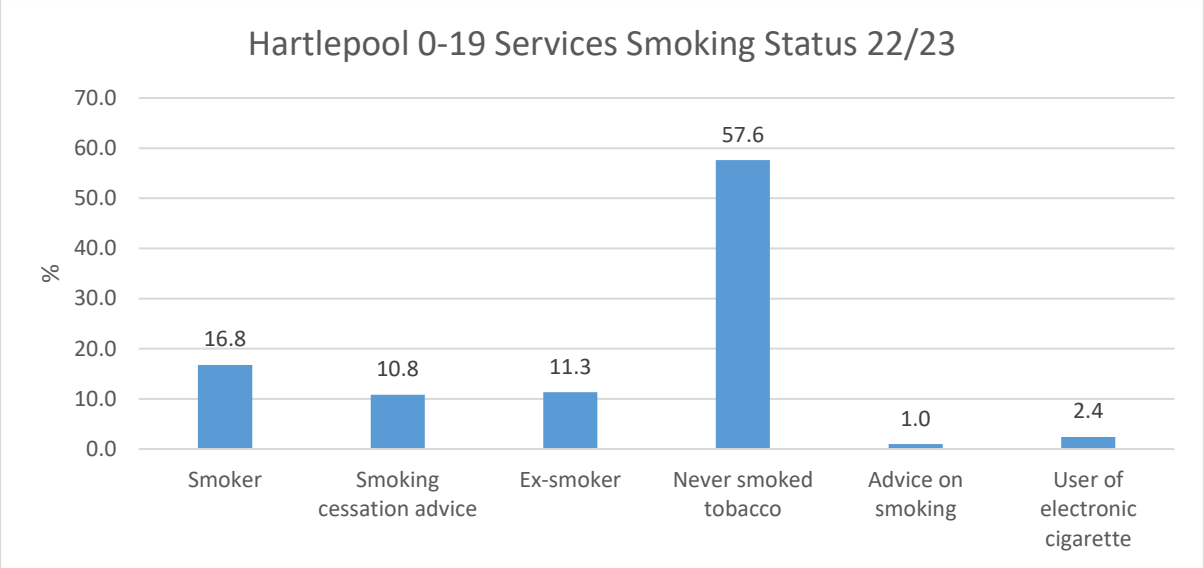


Figure 41: Hartlepool 0-19 Services – smoking status
Source: Local data 2023

9.0 Service provision in Hartlepool

Hartlepool Borough Council decommissioned the existing Specialist Stop Smoking Service in 2019. A new service provision was then developed using a multi-agency, community based approach to provide stop smoking services to its residents.

Population Approach to Stopping Smoking

Although there was no funding available for the service and the model was dependent upon residents buying their own products and accessing behavioural support through a multitude of agencies in the community The ambition was a smoker in Hartlepool could gain support to stop smoking through a variety of community based support mechanisms convenient to them. The ideology being support to stop smoking was everyone business and across all age groups. This approach also included working closely with VAPE shops as vaping was becoming locally a preferred option to help stop smoking.

This model was underpinned by all multi agency staff being advised to participate in the national on line training available https://www.ncsct.co.uk/ this included core competencies required to support a quit attempt.

The effects of the COVID pandemic, availability of VAPE shop provision, capacity within multi agency partners to support, unavailable funding streams had a considerable impact on this service development.

However, as part of COVIID recovery an opportunity has arisen to revisit and support the development of a stronger Hartlepool Smoking Alliance that will help coordinate

the new activities being developed to support stop smoking for Hartlepool residents. The current refreshed model highlights the new and developing services that have recently been launched as part of the long term plan ambitions within NHS organisations and it is hoped these services will compliment and work alongside existing service provision for Hartlepool communities.

Population Approach to Stopping Smoking

All of which are underpinned by the national training to ensure a standardised approach to giving support to stop smoking, new NICE guidance (ref) and using Vaping recommendations.

9.1 Council service model

Community Navigator process pa

The Council service model is dependent upon residents buying their own products and accessing behavioural support via a community navigator. The community navigators are trained staff who can offer a programme of support to stop smoking and stay stopped, they offer CO readings, they can signpost to websites and apps, discuss ways to cope with cravings, tailor support to individual needs and offer face to face, telephone and group support for 12 weeks or more.

9.2 Smoking Cessation in Secondary Care

The North East and North Cumbria (NENC) Integrated Care system (ICS) Population Health and Prevention board identified the treatment of tobacco dependence and reducing harm from tobacco as one of its priority areas. Within its delivery plan the implementation of the NHS Long Term Plan (LTP) ambitions was a key objective. The NHS LTP outlines commitment to support people keeping healthier for longer, through the funding of cost effective, evidence based NHS prevention programmes, with the key priority being a focus on further reducing smoking rates. The LTP sets out a requirement for NHS funded services to treat tobacco dependence to be made available to all in patients (Acute & Mental Health), pregnant women and higher risk patients who smoke by March 2024. The services are in addition to existing community based services as part of the system wide partner approach to treating tobacco dependency.

The NHS Tobacco Treatment Service pathways currently in place across 3 elements – Maternity, Mental Health in patients and Acute in patients.

Maternity services / pathway (see appendix 3) – A dedicated pathway to support pregnant women and their partners who smoke with a personalised quit plan including medication. Pregnant women are routinely screened at maternal booking appointments and smoking status established. All smokers are referred to in house smoking support workers for support, medication and development of a quit plan. All professionals involved with pregnant women actively participate in the pathway to support the pregnant women's journey in both the antenatal period and post-natal period. Structured support is offered in line with NCSCT standards throughout the maternity care pathway.

Mental health inpatient provision/ pathway (see appendix 4) - A dedicated pathway to support identified smokers on admission to hospital offers brief advice and NRT routinely within 2 hours. The focus is on harm reduction as well as treatment to stop smoking. Support is continued whilst in hospital, on discharge an agreed discharge plan is developed and support is continued to be provided by the Mental Health Trust.

Acute inpatient provision/ pathway (see appendix 5) – A dedicated pathway to support identified smokers on admission and offer brief advice and NRT routinely. Tobacco treatment advisors based in the hospital see al smokers while they are in hospital and agree a personalised support plan. Support is continued whilst in hospital and on discharge patients are given a personalised discharge plan and continued treatment for up to 2 weeks.

9.3 Smoking Cessation for NHS Staff (pilot)

NHS Staff provision/ pathway (see appendix 6) – A dedicated pathway of support to help reduce smoking rates within the NHS workforce providing NRT or E-cigarettes, behavioural support and free premium access to a Smokefree App. Funding from NENC ICS in December 2021 supported the development a NHS Staff smoking cessation pilot. The aim being to address health inequalities in the NHS workforce, using employment in the NHS as a vehicle for identification and delivery of intervention focusing on smoking cessation. Provision of barrier free access to smoking cessation support aims to reduce smoking rates within the NHS workforce and help with culture shift of NHS to treat tobacco dependency of patients.

10.0 Recommendations

Following a needs assessment of the local population, a review of the evidence and national guidance several recommendations can be made:

- **Ensure that services reflect Hartlepool's ambition to reduce health inequalities by focusing on deprived communities and priority groups**

    - Public Health to use the data from this needs assessment and the CLeaR improvement model self-assessment tool, to inform a service model which focuses on addressing inequalities and enhances provision, currently delivered within the existing NHS and Community Navigator pathways.
    - Use the data to ensure we are using targeted approaches to address health inequalities:
        - Use local data to target activity in geographical areas as well as population groups e.g. using IMD data to target illicit tobacco supply, illegal tobacco sales and high smoking prevalence
        - Continue the decline in the proportion of smokers in routine and manual occupations in Hartlepool
        - Data has shown that smoking related health conditions particularly in relation to cancers and Chronic obstructive pulmonary disease (COPD) are worse than England also smoking attributable admissions have historically been significantly worse than the England average although the recent trend is decreasing
        - Maternity services data set in relation to smoking in early pregnancy 2018/19 shows Hartlepool had the highest rate in the North East, further work needs to be carried out to understand the impact of the current maternal pathway on this data (see below)
        - Work with existing voluntary organisations and community champions to understand health inequalities and inequality of access that affect service take up.
        - Support the work of School nurses with young people around smoking and risk taking behaviour. Encourage agencies to work in partnership to target and educate around the increase in youth vaping,(police, schools, trading standards, school nurses)

- **Improve the collection and sharing of data and intelligence between partners and services**

    - Support partners to use a population health management approach to understand and respond to smoking related harms and associated health inequalities
    - Local data relating to smoking prevalence in young people is not available; for the purposes of this needs assessment rates have been applied using a national survey (ASH) further work with FRESH is needed to understand the needs of children and young people who smoke or use vaping products.

- Use local data and intelligence to develop a local tobacco control strategy and action plan that has appropriate and measurable outcomes.
- Further work is needed with substance misuse services in relation to quantifying the numbers of children and young people who smoke /use vaping products who access substance misuse services.

- **Understanding the provision and impact of the current smoking support pathways**

    - Further work to be undertaken to use Nice Quality Standards to assess standards of smoking cessation advice/ referrals in secondary care and community services (by Midwives/ Medics/ other Health Care personnel, 0-19 service and Community Navigators).
        - Standardised audit of pathways, documentations and data.
        - Services to complete the CLeaR assessment tools[19] relevant to their service areas to include; maternity, alcohol and drugs, illicit tobacco and mental health
            - Look at the further opportunities to support and enhance the implemented integrated stop smoking support in particular the pathways for staff, inpatients, pregnant women and their significant partner and mental health services, in line with the NHS Long Term Plan.
            - Improve pathways and service provision for people with in contact with substance misuse services who require support to stop smoking

- **The Alliance will lead the development of a new Tobacco Control Strategy focusing on the following key areas:**
    1. **To Reduce health inequalities caused by smoking and support vulnerable groups to be Smokefree**
    2. **To protect children and young people from tobacco and encourage Smokefree pregnancies**

    - Develop a new tobacco control strategy and action plan and factor in support from FRESH to inform the development of a co-ordinated local communication strategy.
    - Develop a new plan for smoke free places – particularly around young people e.g. schools, parks, sports clubs, work places.
    - Data shows an increase in underage and illicit sales in relation to cigarettes and vapes. We need to develop an illicit tobacco plan with partners to coordinate action (enforcement of underage sales, illicit tobacco)
    - Provide clear guidance to professional and public on the use of e-cigarettes including:
        - Use of e-cigarettes as an approved harm reduction technique

        - The potential risk of continued nicotine addiction
    - Develop a tobacco control dashboard of key indicators with annual reporting to the Health and Wellbeing Board
    - Strengthen the role of those with lived experience in the tobacco control action plan

Appendix 1

11.0 NICE guidance

This needs assessment has been informed by the following National Institute for Health and Care Excellence (NICE) guidelines:

- NICE (2022)Tobacco: treating dependence Quality standard [QS207][20]
- NICE (2021) Tobacco: preventing uptake, promoting quitting and treating dependence[21]
- NICE (2021) Tobacco: preventing uptake, promoting quitting and treating dependence[22]
- NICE (2015) Smoking: reducing and preventing tobacco use Quality standard [QS82][23]
- NICE (2007) Behaviour change at population, community and individual levels[24]
-

Other guidelines:

- E-cigarettes and vaping: policy, regulation and guidance. Evidence on the impact of e-cigarettes, information on government policy and regulation, and guidance for organisations on vaping policies[25].
- National Centre for Smoking Cessation and Training (NCSCT)[26]

Appendix 2 Provision of support across Hartlepool 2019 to 2022 current.

Provision of support 2019

Support to Stop Smoking Servcies 201

Hartlepool Borough Council decommissioned the existing Specialist Stop Smoking Service in 2019. A new service provision was then developed using a multi-agency, community based approach to provide stop smoking services to its residents as seen in the diagram. Although there was no funding available for the service and the model was dependent upon residents buying their own products and accessing behavioural support through a multitude of agencies in the community.

Provision of support 2022 to current

Support to Stop Smoking Services 202

Post COVID and with NHS funding for stop smoking support within Foundation Trusts as aprt of ICS prevention funding streams an opportunity arose to revisit and support the development of a stronger Hartlepool Smoking Alliance to help navigate activities that will help refresh a model of support to stop smoking for Hartlepool residents that will compliment and work alongside the new stop smoking services that have been recently launched a part of the long term plan ambitions within NHS organisations.

All of which are underpinned by the national training to ensure a standardised approach to giving support to stop smoking, new NICE guidance (ref) and using Vaping recommendations.

Appendix 3 Maternity services / pathway

Draft Updated North East LMS Tobacco De

Appendix 4 Mental Health NHS Inpatient provision/pathway

In patient pathway - TEWV.pdf

Appendix 5 Acute NHS Inpatient provision/pathway

Acute InPatient Pathway.docx

Appendix 6 NHS Staff provision/ pathway – pilot

Staff offer - pathway.pptx

References

[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022__2_.pdf

[2] DHSC press release –GOV.UK (www.gov.uk) quoting discussion of Laverty AA, Filippidis FT, Taylor-Robinson D, et al Smoking uptake in UK children : analysis of the UK Millennium Cohort Study Thorax 2019: 74:607-610.

[3] http://ash.org.uk/toolkit/cost-of-social-care/

[4] DH analysis on Health Survey for England 2014 data.

[5] https://ash.org.uk/media-centre/news/press-releases/smoking-costs-society-17bn-5bn-more-than-previously-estimated

[6] https://www.who.int/news/item/11-05-2020-who-statement-tobacco-use-and-covid-19

[7] https://covid.joinzoe.com/post.covid-smoking-risk

[8] https://thorax.bmj.com/content/early/2021/09/12/thoraxjn-2021-217080

[9] https://pubmed.ncbi.nlm.nih.gov/32206052/

[10] https://ash.org.uk/resources/view/use-of-e-cigarettes-among-young-people-in-great-britain

[11] https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england

[12] https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete

[13] https://www.longtermplan.nhs.uk/online-version/

[14] Joint Health and Wellbeing Strategy | Joint Health and Wellbeing Strategy | Hartlepool Borough Council

[15] https://northeastnorthcumbria.nhs.uk/integrated-care-partnership/

[16] https://www.hartlepool.gov.uk/downloads/file/8507/director_of_public_health_annual_report_2022

[17] https://www.hartlepool.gov.uk/downloads/file/6941/council_plan_202122_-_202324

[18] https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england

[19] https://www.gov.uk/government/publications/clear-local-tobacco-control-assessment

[20] https://www.nice.org.uk/guidance/qs207

[21] https://www.nice.org.uk/guidance/ng209

[22] https://www.nice.org.uk/guidance/ng209

[23] https://www.nice.org.uk/guidance/qs82

[24] https://www.ncsct.co.uk/usr/pub/guidance-on-behaviour-change-at-population.pdf

[25] https://www.gov.uk/government/collections/e-cigarettes-and-vaping-policy-regulation-and-guidance

[26] https://www.ncsct.co.uk/