

Hartlepool Tobacco Control Strategy

2023-2028

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Foreword – Director of Public Health

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 79,000 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. It is also a driver of health inequalities as smoking is much more prevalent in disadvantaged groups.

We have seen the prevalence of smoking in adults reduce consistently across England, the North East and Hartlepool over the last few years. Smoking prevalence in Hartlepool, however remains higher than the England and North East averages.

Smoking is a key driver of health inequalities and we know that the prevalence of smoking in the routine and manual occupational group is higher than any other group. We are committed to reducing health inequalities and this will be a key target for our work on smoking.

The negative impacts of smoking on our health and wellbeing are well known - smoking is the leading cause of preventable ill health and premature death. The reasons why people take up smoking and continue to smoke are complex. Whilst we know around a fifth of people in Hartlepool are smokers, we know that those living in our more deprived communities are much more likely to smoke than those in the least deprived areas. The impact of tobacco use is a key component of the deep rooted health inequalities that we are working hard to tackle in Hartlepool with renewed urgency and heightened ambition.

That is why I am pleased to introduce this bold and ambitious strategy for tobacco control in Hartlepool. To achieve our plans we know we will need to be ambitious in our approach to introduce and deliver the meaningful changes that will support smoke-free communities in Hartlepool.

This strategy, underpinned by a needs assessment, CleaR assessment (the CleaR assessment is an evidence-based self-assessment tool for measuring the success of local action to address harm from tobacco) and partnership event sets out our vision for Hartlepool and how we will work together with partners and communities to achieve our goals using a targeted evidence based approach. The strategy focuses on reducing the health inequalities caused by smoking, and supporting vulnerable groups to be smoke free, to protect children and young people from tobacco and encourage smoke free pregnancies. Whilst I recognise there is much work currently happening in Hartlepool, this strategy will continue to build on that existing work and build capacity and capability across our workforce to reduce the harms related to smoking.



Craig Blundred | Director of Public Health
Hartlepool Borough Council



Foreword – Council Leader

I am pleased to introduce our new Tobacco Control Strategy for Hartlepool which sets out our ambitions to work towards eliminating tobacco-related harm in our town, improving health outcomes for our residents and reducing the inequality gap between the wealthiest and poorest in our communities. The strategy looks beyond helping smokers to quit but also highlights how we will encourage smoke free pregnancies, protect our children and young people from tobacco harms. It identifies the work we need to do to address the wider determinants of tobacco related inequalities, such as reducing exposure to second-hand smoke and access to illicit tobacco.

Smoking tobacco remains the single most damaging action that an individual can do to their health and well-being. The health impact of tobacco usage on the population has been a cause of chronic illness and early death for many years. Whilst nationally there has been great progress to reduce smoking prevalence there are still 7.3million adult smokers in England and every year 78,000 people in England continue to die from smoking , with many more living with debilitating chronic smoking related illnesses.

Hartlepool's prevalence of smoking for those aged 15 years and over has also mirrored the national picture of gradual reduction in smoking prevalence but remains significantly worse than the national England average and currently Hartlepool has the highest smoking rate in the Northeast.

This strategy will be implemented through Hartlepool Tobacco Control Alliance Group and is a five year strategic plan for tackling the harms associated with smoking, providing a framework for a whole systems approach for partners to work together locally. The shared vision and clear actions defines how public service leads, local policy makers, commissioners, providers, businesses, the voluntary sector and most importantly the community itself can work together to reduce the number of people in Hartlepool who smoke and eventually eliminate the use of tobacco from the town.

I support the intentions of this strategy and look forward to taking great strides together over the next five years and achieving the goals set out in this strategy.



Mike Young | Council Leader
Hartlepool Borough Council



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Introduction

Smoking is the leading cause of death and illness in the UK and a key contributor to avoidable health inequalities in Hartlepool. There are still 7.3million adult smokers in England and every year around 78,000 people die in England from smoking, with many more living with debilitating smoking- related illnesses. Smoking increases your risk of developing more than 50 serious health conditions.

Whilst nationally there has been a reduction of 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. Smoking in the home not only damages the health of children but increases their chance of becoming smokers 4-fold.

Hartlepool's prevalence of smoking for those aged 15 and above has fallen during the period 2013/14 to 2020/21. However 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 costs of smoking to society are significant '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 billion 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 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.

National and Local Picture

Department of Health 'Towards a smoke-free generation: tobacco control plan for England'

Department of Health 'Towards a smoke-free generation: tobacco control plan for England'. 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

- The first smokefree generation
- A smoke free pregnancy for all
- Parity of esteem for those with mental health conditions
- Backing evidence based innovations to support quitting

The NHS Long Term Plan

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.

The Khan review: making smoking obsolete

The Khan review (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 chance 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 including four critical recommendations set out below:

1. Urgently invest £125 million per year in a comprehensive smokefree 2030 programme. Options to fund this include a 'polluter pays' levy.
2. Raise the age of sale of tobacco by one year, every year.
3. Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.
4. The NHS needs to prioritise prevention with further action to stop people from smoking, providing support and treatment across all of its services, including primary care.

Local Picture

Tobacco use across Hartlepool

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

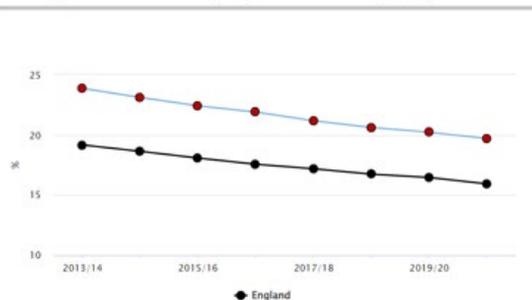


Figure 1: Smoking prevalence in adults (15+) - current smokers (QOF Source: QOF 2022)

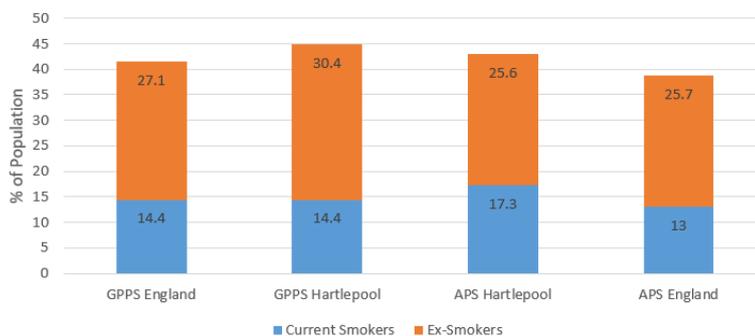


Figure 2: Proportion of population 18+ who are current smokers or ex-smokers: GP Population Survey 2020/21 & annual population survey 2021 Source: GPPS 2021 & APS 2021.

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.

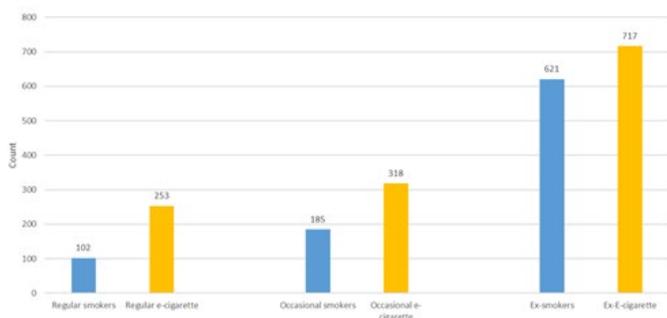


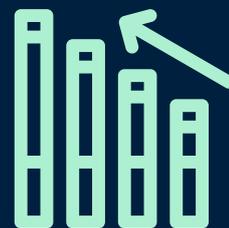
Figure 3: Cigarette & E-cigarette smoking status - Hartlepool Source: ASH Smokefree GB, 2022)

For young people, estimates for Hartlepool show that e-cigarettes are the more popular option than traditional cigarettes. Across all three categories, current user, occasional user and ex user, e-cigarettes was the larger figure

Local Picture

Smoking related harms across Hartlepool

Hartlepool had significantly higher levels of smoking attributed mortality than England for the last five years.



The gap between the England and Hartlepool rates for smoking attributed deaths from heart disease is increasing.



Hartlepool's rate of lung cancer registrations has been significantly higher than England for each of the last 11 years.



Hartlepool's smoking attributable hospital admissions have been significantly higher than England for the last five years.



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



Health Inequalities and Smoking

Reducing health inequalities is a key priority and smoking is the single largest driver of health inequalities. Smoking is far more common among people with lower incomes. The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death. We also know that smoking rates are also higher among people with a mental health condition, people in contact with the criminal justice system, looked-after children, and LGBTQ+ people.

In the Index of Multiple Deprivation (IMD) 2019, Hartlepool has the 10th highest proportion of Lower Super Output Areas (LSOAs) in the most deprived 10% in England. This is the 2nd highest position in both the North East and the Tees Valley. Hartlepool is 10th nationally, for both the rank of average score and the rank of local concentration. Both of these are again the 2nd highest in the North East and 2nd highest in Tees.

Rank of Percentage of LA's LSOAs within most deprived 10% (out of 317 LAs)

	2010	2015	2019
Darlington	45	58	47
Hartlepool	10	10	10
Middlesbrough	1	1	1
Redcar & Cleveland	36	33	29
Stockton-on-Tees	57	47	39

(Source: TVCA)

Our vision

This strategy sets out our collective approach to reduce the prevalence of smoking and its effects on our communities. The vision and priorities were developed with partners and informed by the needs assessment.

Our collective vision is to “Work together across Hartlepool to keep our communities, children and young people free from smoking related harms. We will achieve this by:

- Working towards a smoke free Hartlepool
- Building strong partnerships through the Tobacco Alliance
- Reducing the prevalence rate of smoking and exposure to second hand smoke.
- Reducing health inequalities in the longer term by reducing the number of smoke related illnesses.
- And reducing access to illicit tobacco/vapes”

In order to deliver our vision we will use the Fresh local Tobacco Control Action Plan as a framework.



Strand 1: Building infrastructure, skills and capacity for local tobacco control delivery

We know:

- The evidence is clear that working at the level of the individual is not enough and that a whole systems approach, working with a range of partners to tackle the cross cutting nature of tobacco is needed
- That effective tobacco control work is reliant upon strength and capacity across the wider system, sharing successes of population based programmes and working collaboratively in a shared evidenced based approach to understand and tackle the harms caused by tobacco
- We need to understand the provision and impact of the current stop smoking support pathways.

We will:

- Deliver the priorities of the Tobacco Strategy and action plan through the Tobacco Alliance for Hartlepool with a focus on:
 - Reducing health inequalities caused by smoking and support vulnerable groups to be Smokefree
 - Protecting children and young people from tobacco and encourage Smokefree pregnancies
- Utilise the support of Fresh partnership website www.fresh-balance.co.uk in the development of the Alliance to ensure we have access to the latest tools and resources
- Use evidence based tool kits with Alliance partners to help with local planning and delivery of actions
- Share national, regional and local updates and develop opportunities to share knowledge and practice across systems in Hartlepool
- Use NICE guidance standards to assess standards of smoking cessation in community and secondary care services
- Audit smoking pathways, documentation and data across stakeholders, Alliance partners and communities
- Work with partners to enable them to complete CLear assessment tools relevant to their service areas, to include maternity, alcohol and drugs, illicit tobacco and mental health services to identify improvements for service delivery
- Work with partners to agree and implement a collaborative approach to enhance existing stop smoking support in particular the pathways for staff, in patients and mental health services, in line with the NHS Long Term Plan.

Priority 2: Advocacy for evidence based policies and legislation to achieve a Smokefree 2030 and to minimise influence of the tobacco industry

We know:

- For tobacco control, the priority is to ensure that the evidence base is followed and that policies are developed based on what works to reduce harm, free from any influence of the tobacco industry or their affiliates
- We need to build the understanding of the harm of tobacco to society and to the locality
- We need to build partners understanding around the role of commercial determinants of health and maximising opportunities for effective action around these linking with key partners
- We need to build upon progress to date by using the current evidence base to advocate for further tobacco policy measures including tightening of current legislation and also new regulation that will have a direct impact to reduce smoking prevalence and help to achieve the smoke free 2030 ambition.

We will:

- Utilise support from Fresh to work with Hartlepool Tobacco Alliance members to ensure there is an understanding of tobacco industry influences and how to avoid interference
- Ensure there is continued vigilance around the tobacco industry and frontline groups and that we adhere to Article 5.3 as set out within the framework Convention on Tobacco Control (FCTC)
- Include a focus on advocacy within the delivery plan
- Identify and share local case studies on action on tobacco and encourage the sharing of “real people” stories to bring to life the human side of tobacco control
- Identify and support locality champions to support the delivery of key tobacco advocacy priorities. We will ensure local engagement in the regional Making Smoking History Champions Forum facilitated by Fresh to highlight good practice and share learning
- Respond to national consultations across a range of Tobacco related topics, utilising support from Fresh for presentations and briefings to gain support on key advocacy issues both locally and nationally.

Priority 3: Reducing exposure to tobacco smoke and normalising smokefree environments

We know:

- A priority is to reduce indoor exposure to second-hand smoke
- Exposure to second-hand smoke has immediate health effects. It can reduce lung function; exacerbate respiratory problems; trigger asthma attacks; reduce coronary blood flow; irritate eyes; and cause headaches, coughs, sore throats, dizziness and nausea
- There is no safe level of exposure to tobacco smoke and there are long-term health effects, including heart disease and lung cancer, especially with continued exposure over time.

We will:

- Develop a locality strategic approach to reducing exposure to tobacco smoke and normalising smokefree environments using briefings and support from Fresh
- Deliver focussed sessions to Alliance members covering each strand of the strategy
- Share training resources and campaign materials on the dangers of second hand smoke with Hartlepool Tobacco Alliance for use by frontline staff to deliver standardised messages
- Work with partners to ensure workplace policies on smoking are up to date and they recognise Vaping as a means to help smokers quit
- Utilise the Better Health at Work Award (BHAWA) framework to ensure the effectiveness of their smoke free policies and share training resources on the dangers of second hand smoke
- Work with a range of local partners to commit to reducing exposure to tobacco smoke and normalising smoke free environments
- Develop a new plan for smoke free places – particularly around young people e.g. schools, parks, sports clubs, work places and housing providers.

Priority 4: Year round, media communications and education

We know:

- Year round media, communications and education is one of the key areas to continue to reduce smoking rates
- There is substantial evidence for the role of media campaigns and also year round media to increase effectiveness
- It is necessary to use different communication platforms to maximise reach and understanding of messages.

We will:

- Include communications as a key part of the Alliance utilising support from Fresh to inform the development of a coordinated local communication plan
- Organise themed discussions for locality partners, with support from Fresh to map and develop communication channels which will amplify regional campaigns by ensuring that toolkits are shared with partners and local messaging mirrors that of mass media campaigns
- Ensure the Fresh campaign website www.freshquit.co.uk to be included in all relevant public facing communications
- Provide clear guidance to professionals and public on the use of e-cigarettes/vapes including:
 - Use of e-cigarettes/vapes as an approved harm reduction technique for adults who are current smokers
 - The potential risk of continued nicotine addiction
 - Advice and information relating to the use of vapes in children and young people
- Provide topic specific training sessions for professionals
- Provide professionals across the locality system access to online training to support behaviour change from the National Centre for Smoking Cessation and Training (NCSCT). This includes core competencies required to support a quit attempt
- Deliver year round media and communications to help to motivate smokers to stop and also to stay stopped
- Ensure that key pieces of work, including locality media campaigns, are evaluated as appropriate and learnings are implemented to improve delivery in the future.

Priority 5: Supporting smokers to stop and stay stopped and also to reduce harm

We know:

- Hartlepool's prevalence of smoking for those aged 15 and above has fallen, following a similar pattern to the national decline in smoking. However, throughout this period Hartlepool has remained significantly worse than the England average and currently has the 8th highest smoking rate for those aged 15 and above in England, and the highest in the North East
- The biggest impact on reducing smoking prevalence is to increase the numbers of smokers who try to quit at population level
- That smoking is a chronic relapsing long term condition and it can take many attempts before quitting for good
- That there are many routes to quit and ensuring that smokers are given as many options as possible is important in order to increase successfully quitting
- E-cigs can support smokers to stop and vaping is less harmful than smoking but not risk free. Our approach will be to ensure that smokers get accurate messaging around vaping at the same time as work with key partners to reduce the uptake amongst non-smokers or children and young people.

We will:

- Develop services that target those most at risk and focus our support on priority groups not already supported by existing NHS pathways
 - Target work to support those with smoking related conditions particularly in relation to cancers, cardiovascular disease (CVD) and chronic obstructive pulmonary disease (COPD) as rates in Hartlepool have historically been worse than the England average
 - Work to continue the decline in the proportion of smokers in routine and manual occupations in Hartlepool
 - Work with colleagues delivering the maternity pathway to look at how we provide ongoing support to new mothers, partners and their families to ensure they are given continued support to stop and remain stopped following delivery
 - Develop a stop smoking offer for people who access substance misuse services
- Develop a vape offer for adults as part of the national pathfinder project and building on the work of the NHS pathways, targeting; primary care, 0-19 services, substance misuse services and mental health services amongst other groups
- Communicate the evidence base for vaping and help facilitate discussions and understanding around this with local partners using resources and support from Fresh
- Encourage all partners to adopt an evidence based approach to vaping and cascade approved resources aligned with regional position statement(s) and key messages.

Priority 6: Raise price and reduce illicit trade

We know:

- Increasing tobacco prices is the most effective policy to reduce smoking rates, reduce health inequalities and prevent smoking-related deaths
- Increasing tobacco prices significantly helps to reduce youth smoking
- The availability of illicit tobacco undermines almost every aspect of tobacco control policy keeping smokers hooked and providing a cheap and accessible source of tobacco to children
- While we recognise that vapes play an important role in tobacco control and that they are highly effective quitting aid, we are clear in our focus on the need to stop young people from vaping.

We will:

- Develop an illicit tobacco plan with partners to coordinate action using the 8 key strand for addressing illicit tobacco (enforcement of underage sales, illicit tobacco) <http://www.illicit-tobacco.co.uk/strategic-framework/index.html>
- Use local data to target activity in geographical areas as well as population groups, e.g. using data to target illicit tobacco supply, illegal tobacco sales and high smoking prevalence
- Provide support to trading standards colleagues' in partnership with Fresh to inform their approaches to addressing illicit trade
- Deliver a dedicated themed session for the Alliance around illicit tobacco use
- Support the work of Fresh and ASH to recommend that Government toughen vape regulation.

Priority 7: Tobacco and nicotine regulation including reducing tobacco promotion

We know:

- Tobacco regulation exists to protect people from harm by reducing the availability, accessibility and attractiveness of tobacco products
- The UK has comprehensive legislation in place which offers good levels of protection but there is much more to be done to ensure this protection remains effective and contributes to a decline in smoking rates
- The focus must be on ensuring effective regulation on tobacco whilst ensuring that other nicotine products are appropriately regulated to protect young people whilst supporting smokers to quit
- Tobacco companies promote their products and services in ways that are sometimes difficult to recognise e.g. through third parties organising events.

We will:

- Work with Licensing/Trading Standards to ensure ongoing compliance monitoring around all tobacco regulations as well as age of sale, proxy purchasing and point of sale displays
- Share compliance monitoring data, outlining trends and risks and maintain effective links with regulatory colleagues, providing advice and guidance to partners and working collaboratively to share best practice
- Ensure local attendance of public health and regulatory representatives to the six monthly online Fresh Tobacco Crime and Regulation Forum meetings where regulatory issues are discussed and best practice shared
- Alert Trading Standards and Fresh if situations arise where involvement of tobacco companies maybe suspected.

Priority 8: Data research and public opinion

We know:

- Data research and public opinion is important in order to track local progress, identify key priority groups for focussed action, and also to help to advocate for evidence based policies
- There is a range of data that can be tracked locally and can be used as a useful comparison to inform the work of the Alliance and support the development of stop smoking support.

We will:

- Use clearly defined data to ensure we are using targeted approaches to address health inequalities
- Incorporate clear success measures into the Alliance action plan to assess progress against the priorities within this strategy
- Use qualitative insight work led by Fresh on attitudes towards tobacco, with a particular focus on exploring motivations for behaviour change, to inform local campaign development. This will also include understanding the needs of people who smoke and routes and barriers to quitting
- Utilise findings from public opinion surveys, which monitor behaviours, attitudes, policy support linked to tobacco
- Work with Fresh to share key pieces of research on a broad range of topics with local partner's and also work collaboratively with key academics on the evaluation of the delivery of stop smoking support
- Work with education and youth service colleagues to better understand the numbers of young people who smoke/vape to inform approaches and interventions using evidenced based approaches and resources
- Use data and evidence to implement effective interventions to reduce the numbers of young people taking up smoking/vaping.

Delivering the Strategy and Monitoring Impact

Local:

This strategy will be delivered through the Hartlepool Tobacco Alliance facilitated by Public Health. The partners of the Alliance will work to develop and deliver the action plan working to integrate work into local delivery plans and cross referenced with regional tobacco delivery plans.

We will ensure this strategy and action plan includes success measures which will be monitored and delivered through the Alliance and share achievements with partners at quarterly Alliance meetings and present progress to the Health and Wellbeing Board.

Regional/National:

The Alliance will work with the Office for Health Improvement and Disparities (OHID) to share learning and best practice and attend regional tobacco control network meetings. We will work with OHID to support our delivery of the Vape pilot and share learning to inform the national Swop to Stop pathfinder programme.

Hartlepool Tobacco Alliance will utilise support from Fresh to refresh their approach to reduce smoking rates and tackle health inequalities. Key areas of focus are set out in the strategy and will include media campaigns, local strategy planning, advocacy, communications and sharing of evidence based approaches to inform practice.

Partnership Working

Hartlepool Tobacco Alliance is the local partnership working to reduce smoking rates and tackle health inequalities. In Hartlepool the Alliance has been refreshed in order to facilitate the development of a local needs assessment and the development of this strategy and priorities. All partners will be accountable for ensuring the delivery of priorities outlined in this strategy to reduce smoking rates and tackling health inequalities across Hartlepool. Partners include:

Office of Health inequalities and Disparities (OHID)

Education settings

Health watch

0-19 services

Community Navigator Teams

Fresh

Voluntary and Community Sector (VCS)

START Substance Misuse Service

Primary Care Networks (PCNs)

Adults and Children's social care teams

Adults and Children's safeguarding

Cleveland Police

Cleveland Fire Brigade

Neighbourhood Safety Teams

North Tees and Hartlepool NHS Foundation Trust

Tees Esk and Wear Valley Mental Health Services (TEWV)

Public Protection and Licencing

Housing Support Teams

Pharmacies

Hartlepool and Stockton Health (H&SH)

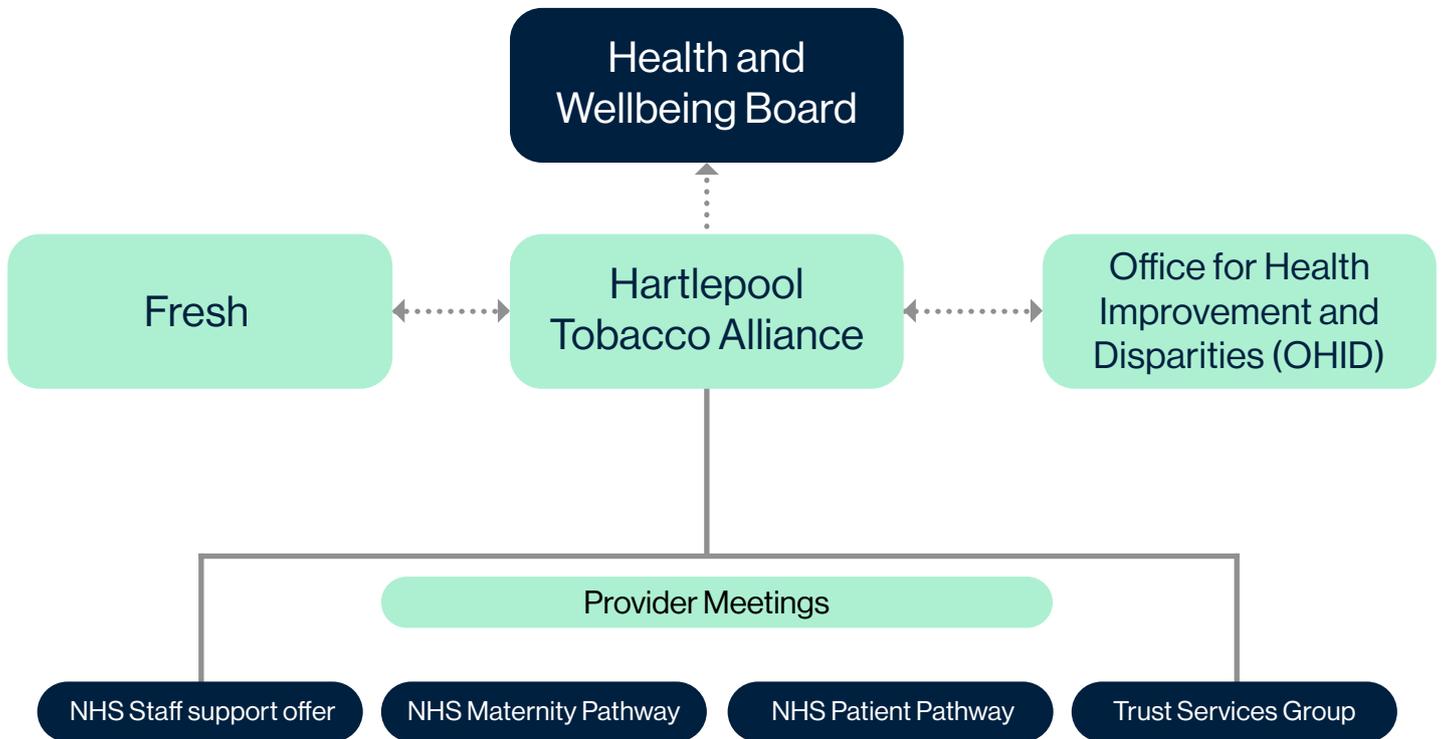
Commissioning Support

Lived Experience / patient experience Groups

Public Health

Tobacco Control Governance Structure

The Hartlepool Tobacco Alliance will oversee the delivery of the action plan as set out below.



Bibliography

1. <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>
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7. www.freshquit.co.uk
8. <http://www.who.int/fctc/en/>

