



# Northumberland

## County Council

HEALTH & WELLBEING BOARD

DATE: 8 DECEMBER 2022

### Developing Northumberland's collaborative approach to Tobacco Control

**Report of:** Liz Morgan - Interim Executive Director of Public Health and Community Services

**Cabinet Member:** Cllr Wendy Pattison - Adult Health and Wellbeing

#### **Purpose of report**

This report outlines action toward a collaborative approach to tackling tobacco use in Northumberland, including an update on vaping, and asks Health and Wellbeing Board (HWB) to endorse national recommendations, influence national action and provide direction for our local approach.

This report also brings the attention of the members of the HWB to the progress made by partners on tackling tobacco in the county and provides direction on the next phase of collective focussed work on tobacco control.

#### **Recommendations**

The Health and Wellbeing Board is recommended to:

1. Comment on the progress of partners and support the development of the Northumberland Tobacco Control Partnership and its accountability to the Board.
2. Request that the Chair of the Health and Wellbeing Board writes to the Secretary of State for Health and Social Care to urge government to publish a new Tobacco Control Plan which includes recommendations made in the APPG report (2021) and the independent review of tobacco policy (Khan Review 2022).
3. Support Northumberland County Council becoming a signatory to the 2022 Local Government Declaration on Tobacco Control attached at Appendix 2 to this report.

#### **Link to Corporate Plan**

This report is linked to the 'Living' priority included in the NCC Corporate Plan 2021-2024. Developing our work on tobacco control will facilitate improvements to the health of our



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communities and reduce health inequalities caused by the direct and indirect burden of tobacco use.

### **Key issues**

#### **Government ambition**

In the 2019 public consultation document 'Advancing our health: prevention in the 2020s', Government announced a national ambition toward a 'smoke-free 2030', meaning that 5% or less of the population would be smoking by then.<sup>(1)</sup>

The All Party Parliamentary Group (APPG) on Smoking and Health published a paper in February 2021 making recommendations for the forthcoming Tobacco Control Plan, to secure this government ambition.<sup>(2,3)</sup> Northumberland County Council supported these recommendations.

In the summer of 2022, the government commissioned an independent review of tobacco control policy resulting in the 'Making Smoking Obsolete' review conducted by Dr Javed Khan OBE. The review showed that without further action, England will miss the ambition by 7 years and the poorest areas in society will not meet it until 2044. To have any chance of hitting the smokefree 2030 target, we need to accelerate the rate of decline of people who smoke by 40%.<sup>(4,5)</sup>

The current national plan expires at the end of this calendar year. At the time of writing this paper (October 2022), there was some concern about whether the commitment to publish a new tobacco plan would be met; we are unaware of the intentions of the new SoS DHSC.

The Independent Review made four critical recommendations (Figure 1 below) presenting a holistic response to the challenge of setting the country on the road to making smoking obsolete.



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## Critical recommendations – ‘must dos’



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(Figure 1: Four Critical Recommendations. 'Making Smoking Obsolete', 2022)

Two of the critical recommendations have some activity beneath them, nationally and locally –

- The NHS Long Term Plan (6) has mobilised concerted action in our acute and mental health trusts both of which are making progress setting up teams and pathways to support their patients to give up smoking.
- Our Integrated Care System (ICS) is piloting approaches and Northumberland is one of four local authority and ICB partnerships testing bespoke stop smoking approaches with our Primary Care Networks.
- Plans have begun in the system to set up a pre-op assessment and intervention programme called 'Waiting Well', which will involve referrals to the Northumberland County Council Stop Smoking Service (NSSS) for patients awaiting surgery.
- Northumbria Healthcare NHS Foundation Trust (NHCFT) is piloting a new Lung Cancer screening programme which will incorporate stop smoking support for patients.
- Northumberland County Council Stop Smoking Service (NSSS) and partners are undertaking small-scale work locally to test the inclusion of e-cigarettes in our stop smoking provision (see section below on vaping).

Increased investment in Stop Smoking Services (the review suggests £70million is needed) and illicit tobacco enforcement (£15million) and increasing the age of sale are national requirements but ones we can advocate for and influence from a local perspective. These government investments would directly improve our local services and benefit local communities and residents.



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Alongside the recommendations, the review suggested adjusting the targets to be more realistic but that push the ambition further. To:

- ensure every community in every area is below 5% by 2035
- and drive a new ambition of making smoking obsolete by 2040

Public support for government action to limit smoking has grown significantly in the last 10 years. Those who think the government is not doing enough to tackle smoking has risen from 29% in 2009 to 46% in 2022.<sup>(4)</sup>

### Vaping

Using an e-cigarette for an adult smoker poses only a small fraction of the risks of smoking tobacco.<sup>(7)</sup> For this reason, vapes are increasingly being encouraged and used as an alternative to smoking. Vaping is not risk-free however, and NICE recommends it is discouraged amongst children and young people who have never smoked.<sup>(8,9)</sup>

A number of programmes are in place in Northumberland:

- In the NSSS, provided from within the public health team at the council, quitters are encouraged and supported to switch and use vapes as a quitting aid alongside bespoke behavioural support with our Stop Smoking Specialists and Advisors.
- We are about to launch a pilot programme, utilising grant funds from the ICS, whereby a defined group of clients will be enabled to access vapes as part of their quit attempt with our service.
- We are part of a regional approach to support NHS staff to quit smoking, involving our service offering behavioural support and free access to Nicotine Replacement Therapy (NRT), and a regional offer of vapes.
- Our local Trusts are setting up services that include vapes for their patients – Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) has provided vapes to in-patients and NHCFT is investigating e-cigarette options for pregnant women.

All of these programmes will be monitored and evaluated and can be reported to Board in due course.

The expansion of vapes brings parallel challenges. Use by young people is increasing, although this is against a back-drop of declining smoking prevalence. Illicit and non-compliant products find their way into our communities, and Trading Standards has been involved in operations to seize counterfeit and non-compliant products.

NCC Public Health commissioned the Health Related Behaviour Survey in 2021, conducted amongst almost 3000 pupils from secondary, middle and primary schools in our county. Of the Northumberland pupils surveyed, 98% said they had never tried smoking and 97% said they had never used e-cigarettes.<sup>(10)</sup> As with smoking, it is useful to acknowledge that what is perceived, and reported in the media, as a large problem, is not currently backed up by evidence and we will continue to work in partnership to gain local insight and plan appropriate action.



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### **Smoking, inequalities and poverty**

Smoking costs an average smoker approximately £2000 per year, a total of £65.85million spent in Northumberland annually. When income and smoking costs are considered, this could be driving an estimated 11,613 households in Northumberland into poverty. The residents of these households include an estimated 15,869 adults below pension age, 2,904 pension age adults and around 7,508 dependent children.<sup>(11)</sup>

Smoking remains the single biggest cause of preventable death and disease in our county and is a key driver of health inequalities. The health and economic burdens of tobacco use are seen most in groups and communities already affected by inequalities – pregnant women, people with a mental health condition and people accessing illicit tobacco. These groups are more likely to smoke, smoke more, and find it more challenging to quit.

We cannot tackle poverty and health inequalities without sustained and further work to reduce smoking rates, particularly amongst our most vulnerable and disadvantaged residents and communities.

### **Partnership approach and leadership**

Comprehensive tobacco control is a coordinated, multiagency approach to reducing smoking prevalence and the harm from tobacco. There are internationally recognised strands of tobacco control work, set out by the World Bank and the World Health Organisation ([MPOWER Framework](#)). It is essential that stakeholders and community leaders endorse and give direction to the work, which can be done by publicly declaring commitment. There are both local government and NHS mechanisms for this.

Tobacco control is most effective when localities consider and act on all the components. In Northumberland, we jointly commission the North East regional tobacco control office, Fresh, which has based activity on, and added to, the World Bank six strand approach. Locally we deliver tobacco control beneath eight key themes. (Figure 2 and Appendix 1).



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*(Figure 2: Fresh Eight key strands tobacco control model)*

Public Health and partners have been working on tobacco control issues for many years in a thematic way, contributing to our eight-strand delivery – eg Stop Smoking Services; smoking in pregnancy; smoking and mental health; illicit and illegal tobacco.

## **Background**

### **Local prevalence**

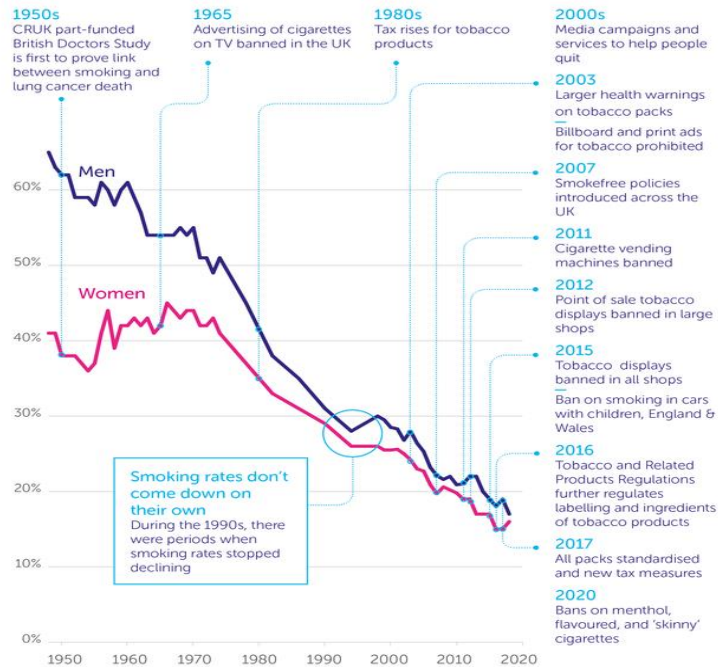
Smoking prevalence is declining. The North East has seen a 6.7% decline in prevalence since 2012, the fastest of all regions and locally we have made significant progress, reducing overall adult smoking rates in Northumberland from 18.8% in 2012 to 12.2% currently, a 6.6% decline.

The CRUK graph below (Figure 3) shows that if we keep acting nationally and locally, we will make progress. If action stops however, then so does the decline, and prevalence can even start to increase again, as depicted in the circled area.



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## Smoking rates decline with action



Sources: Data for 1948-1973: PN Lee Statistics and Computing Ltd. International Smoking Web Edition. Available from <http://www.pnlee.co.uk/ISS.htm>. Accessed October 2019. Data for 1974 onwards: Office for National Statistics. Adult smoking habits in Great Britain. Accessed October 2019.

[cruk.org](http://cruk.org)  
Together we will beat cancer



(Figure 3 – Cigarette Smoking Prevalence, Adults aged 16 and Over, Great Britain, 1948-2019, CRUK website, accessed September 2022)

Our 12.2% smoking prevalence rate in Northumberland still amounts to almost 34,000 of our residents suffering from the harmful health effects and economic burdens imposed by tobacco use. We estimate that smoking kills 481 Northumberland residents a year.<sup>(12)</sup>

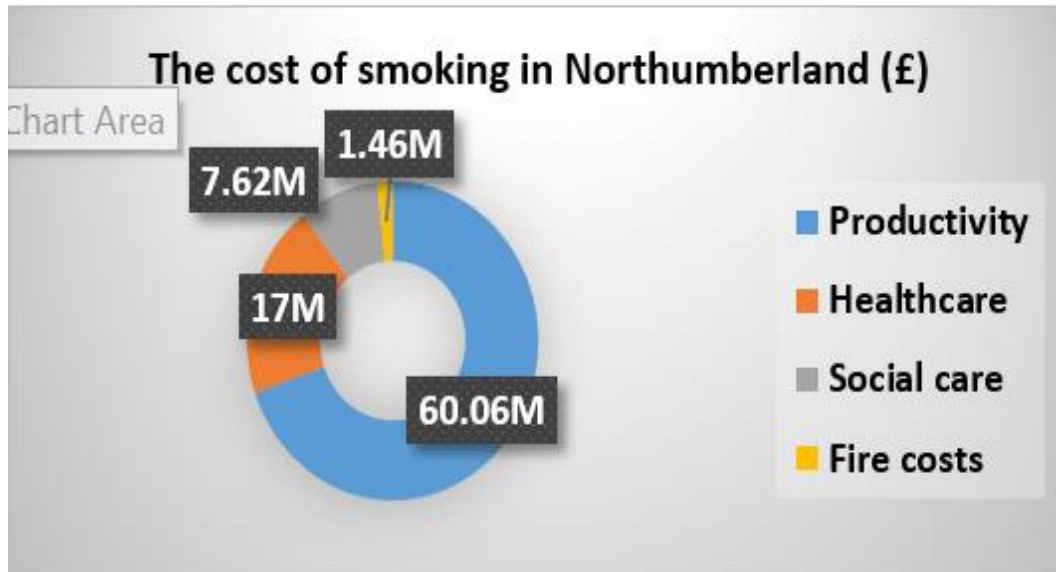
### Smoking and inequalities

We can estimate the cost of smoking via the ASH Ready Reckoner 2022, found [here.](#)<sup>(12)</sup> Estimated costs are calculated using a range of data behind the tool including various DHSC, ONS and published data sources. Figure 4 depicts the cost of smoking in relation to productivity, healthcare, social care and fire costs in Northumberland.



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(Figure 4 – The Cost of Smoking in Northumberland. ASH Ready Reckoner 2022)

Smoking drives and keeps people in disadvantage, with the proportions of people living in social housing, who have no qualifications, who are unemployed or who work in routine and manual occupations, smoking at rates we haven't seen in the overall population for over 20 years (national figures from ONS 2019).<sup>(13)</sup>

- 30% of people living in social housing are smokers compared with 10% of homeowners.
- 29% of those with no qualifications are smoking compared to those with a degree (or equivalent).
- 27% of unemployed adults smoke compared to 15% of those in work.
- 23% of smokers are in routine and manual occupations compared with 9% working in management and the professions.

### Smoking in pregnancy

Smoking in pregnancy is five times more common in the most deprived groups compared to the least. Latest figures show that in Northumberland 251 women were smokers at the time they gave birth and 19,152 children live in households with adults who smoke. Smoking in the home not only damages the health of children, it increases their chances of becoming smokers themselves four-fold.<sup>(14)</sup>

Data by Clinical Commissioning Groups (CCG) published by NHS Digital, report Northumberland as having 10.1% of pregnant women smoking at the time of their delivery during 2021/22, down marginally from 10.3% in 2020/21.<sup>(15)</sup>

Until May 2022, pregnant smokers were supported to quit by the NSSF either by referral from midwives, health professionals or self-referral. Ambitions and funding associated with the NHS Long Term Plan has enabled NHCFT to develop 'Treating Tobacco





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Dependency' programmes, including employing 'Best Start in Life' advisors to support pregnant women to stop smoking and make referrals. Partners and women post-delivery will be referred to the council NSSS. Early results reported by the Trust are encouraging with the quit rate between May and September 2022 at 54% of those engaging.

### **Smoking and mental health**

Smoking rates are much higher among people with a mental health condition. It is estimated that a quarter of people with a long-term mental health condition smoke. Amongst those diagnosed with a serious mental health illness, rates are estimated to be around 37.1% in Northumberland.<sup>(16)</sup>

NSSS and CNTW have a history of working together to deliver training for staff and stop smoking support for people under Trust care in the community. Public Health is now working with ICB Northumberland to build on this work, utilising a grant from the ICS, to test approaches to improve the Physical Health Check for people with serious mental illness and offer bespoke stop smoking messaging or a referral to NSSS to reduce, switch to an e-cigarette or quit smoking. Two Primary Care Networks are involved in this pilot – Wansbeck PCN and West PCN.

### **Illicit tobacco**

Illicit tobacco plays a key role in exacerbating tobacco harm in Northumberland, getting young smokers hooked on tobacco and making it harder for smokers to quit. The Public Health commissioned regional tobacco control office, Fresh, has tracked the size of the illicit market in the NorthEast every two years since 2009. The use of illicit tobacco amongst young smokers is common, with 74% of young smokers in Northumberland, County Durham and Tyne and Wear having ever been offered illegal tobacco and 49% buying it. Amongst the adult smoking population, 77% of those who buy illegal tobacco are from the three lowest social and economic groups in society, disproportionately affecting our poorest communities.<sup>(17)</sup>

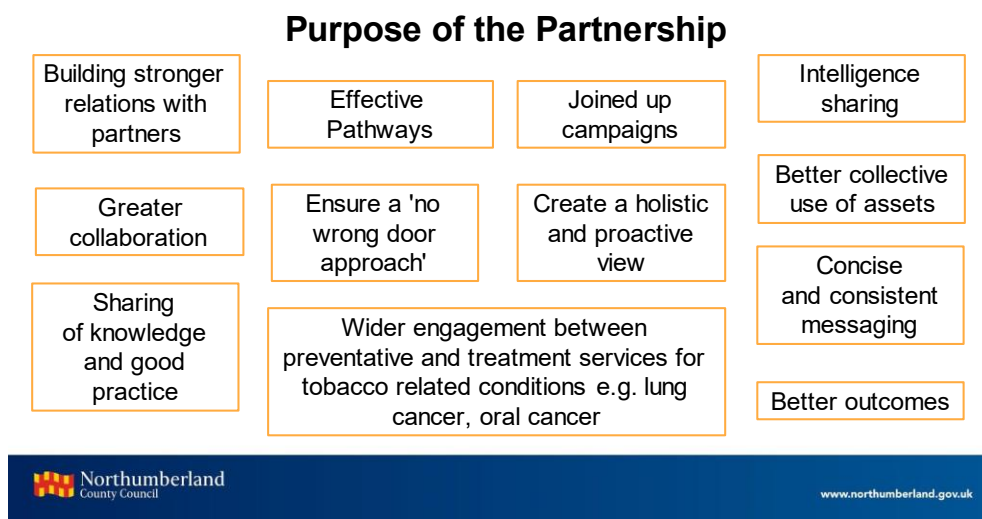
Of illegal tobacco buyers in Northumberland, County Durham and Tyne and Wear, 83% say that illegal tobacco facilitates their smoking, making it less likely that they will undertake a successful quit attempt. Across the region, 11% of tobacco smoked is illegal, representing around 36,000 illicit buyers. The leading supply channel for illegal tobacco is private addresses (43%) but local shops still account for 29% of sales. Amongst retailers themselves, there is strong support for more robust legislation and penalties for those who break the law around tobacco, including selling illegal cigarettes and selling to underage children; over 80% of retailers would support the introduction of tobacco licences and larger fines for those who break the law.<sup>(18)</sup>

Public Health has given resource to the Trading Standards team to augment their illicit tobacco and alcohol work and engage in prevention by appointing a Free Trade Officer with this focussed remit. The extra resource goes beyond the postholder and has meant that the profile and ability to act on the tobacco issue has been developed throughout the team. Outcomes are impressive with the team conducting investigations and enforcement on a bigger scale and resulting in the closure of premises found to be selling illicit products.

## Towards a Smoke Free Northumberland - Northumberland Tobacco Control Partnership

With such encouraging progress in reducing our smoking rates as described, it feels timely to bring stakeholders together to plan and collaborate on an ongoing shared vision and what will hopefully be a final phase toward making smoking obsolete, a 'Smokefree Northumberland'.

Known and current action has been summarised in a draft 'Plan on a Page' (Appendix 1) and ongoing conversations with partners will lead to a more detailed collaborative plan. Stakeholders were asked if they supported a new partnership and what benefit they thought it would bring, resulting in a strong commitment to engage in this way in order that our tobacco work further improves, is underpinned by shared understanding and intelligence, leads to effective pathway development and fosters a 'no wrong door' approach with our residents that utilises better use of assets, knowledge and resources (Figure 5)



(Figure 5 – Northumberland Tobacco Control Partnership – stakeholders views on the purpose and benefit of working in partnership. Conversations with Public Health team 2022).

NCC Public Health convened an inaugural meeting of a new Northumberland Tobacco Control Partnership on 6 October 2022. The group enjoyed representation from Public Health and its commissioned and provided services e.g. 0-19 Public Health Service and Stop Smoking Service, a range of council departments such as Trading Standards and Housing as well as NHCFT, the ICB Northumberland and CNTW colleagues. Other partner agencies are interested but could not attend the date, such as Cancer Research UK, Fire and Rescue, Early Intervention and Prevention Service, and Healthwatch. The meeting was chaired by the DPH who tasked the group with developing further action and to seek confirmation on the direction of travel and governance from the Health and



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Wellbeing Board. Data and learning were shared, and planning has begun toward a collective vision and agreed action plan.

### **Local Government Declaration on Tobacco Control and the NHS Smokefree Pledge**

In 2018, Northumberland County Council signed the Local Government Declaration on Tobacco Control and both Trusts and the CCG signed the NHS Smokefree Pledge. Each of these commitments has been updated to reflect the 2030 strategy positions outlined in the 'Key Issues' section.

The Northumberland Tobacco Control Partnership recommends to Board members that the appropriate new declaration is signed. This can be coordinated and publicised collectively by the partnership. The statements outlined in both the Declaration<sup>(19)</sup> and the Pledge<sup>(20)</sup> will underpin the ongoing work of the Northumberland Tobacco Control Partnership and its member representatives. (See Appendices 2 and 3).

### **Conclusions and detail of recommendations to the Health and Wellbeing Board**

1) Board is asked to note the work undertaken by all partners and to steer focussed action on our next phase of collaborative work on tobacco control. Themes discussed and described in the information provided in this paper include:

- Smoking and health inequalities
- Second hand smoke in homes and housing
- Illicit and illegal tobacco
- Cost of living & poverty

Tobacco control and smoking is a wide and complex issue. Any theme or topic discussed in this paper can be expanded and brought to HWB Board for further information and action.

2) Board is asked to support the formation of a new partnership – the Northumberland Tobacco Control Partnership – which will strive to have a wide range of agencies represented, agree action and work toward a shared vision. Individual organisations and partners already report on their own action through various mechanisms, but the Board is asked to provide the governance to any specific additional joint work and goals of the partnership.

3) At the time of writing this report (early October), public health has drafted letters for the Council Leader's consideration, asking the Secretary of State and our MPs to support the publication of a new national tobacco control plan as a matter of urgency. There have been subsequent changes in cabinet ministers, but the ask remains and Board is recommended to consider writing to the newly appointed SoS.

4) As described above, Health and Wellbeing Board, Northumberland County Council and the relevant NHS Board members are asked to sign up to the 2022 [Local Government Declaration on Tobacco Control](#) (Appendix 2) and the [NHS Smokefree Pledge](#). (Appendix 3). This activity can act as a springboard for further action and



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collaboration by the new Northumberland Tobacco Control Partnership. A more detailed description of what these commitments entail can be presented to Board if required.

### Implications

<b>Policy</b>	This strategy supports the 'Living' corporate priority and the commitment to provide a range of programmes which will help residents achieve and maintain good health.
<b>Finance and value for money</b>	<p>The action plan is based on evidence based and cost-effective interventions to reduce access and use of tobacco and improve health. Specific elements of the tobacco control work are picked up by Northumberland County Council – e.g. Stop Smoking Services and pharmacotherapies, public health coordination and management of the plan, project staff in the Integrated Wellbeing Service, FRESH regional office and the Trading Standards contribution. These are funded from the public health ring-fenced grant currently at a cost of approximately £830K p.a.</p> <p>Other parts of the council and partner organisations involved in the action plan delivery are also funding their own tobacco control-related activities.</p>
<b>Legal</b>	<p>Legal Services can assist with any formal documentation required in relation to the establishment of the proposed Tobacco Control Partnership.</p> <p>Public Health functions are set out within the Health and Social Care Act 2012 and are not a matter for the Executive under the Local Authorities (Functions and Responsibilities) (England) Regulations 2000. Council has delegated these functions to the Health and Wellbeing Board within its terms of reference.</p>
<b>Procurement</b>	Any opportunities for including elements of tobacco control and stop smoking as part of arrangements between the council and commissioned providers will be developed as part of the normal commissioning process.
<b>Human Resources</b>	The action plan will be delivered within existing resources.
<b>Property</b>	None identified
<b>Equalities</b> (Impact Assessment attached)	Not undertaken for this report but have been undertaken for elements of the plan.
Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>Risk Assessment</b>	Not undertaken for the plan
<b>Crime Disorder</b>	& Illicit and illegal tobacco, underage sales and access to product are all relevant issues and can be linked to crime - work to tackle this is



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	led by our Trading Standards team and forms a key element of the tobacco control plan. Public Health provides some resource to Trading Standards for this and commissions the regional team at Fresh to advise. No other implications for crime and disorder identified.
<b>Customer Consideration</b>	The plan and recommendations set out in this report are based upon a desire to improve outcomes for vulnerable groups in Northumberland and put in place measures to address preventable ill health and promote good health.
<b>Carbon reduction</b>	Global effects on the carbon footprint from the tobacco industry are documented by <a href="#">WHO</a> . <sup>(21)</sup> A reduction in tobacco use would reduce the carbon footprint of cigarette production and CO emissions.
<b>Health and Wellbeing</b>	Smoking is still the single most preventable cause of illness and early death and a leading cause of health inequalities.
<b>Wards</b>	All

### Appendices

Appendix 1 - Northumberland Tobacco Control DRAFT Plan on a Page 2022-23

Appendix 2 - 2022 Local Government Declaration on Tobacco Control

Appendix 3 – 2022 NHS Smokefree Pledge

### Background papers and references:

1. Smokefree 2030 [‘Advancing our health: prevention in the 2020s’ consultation document. Published 22 July 2019](#)
2. [Delivering a Smokefree 2030 - APPG report summary](#) (June 2021)
3. [Delivering a Smokefree 2030 - APPG report full report](#) (February 2021)
4. ‘Making Smoking Obsolete’. An independent review of tobacco control policy. August 2022. [Khan review summary](#)
5. ‘Making Smoking Obsolete’. An independent review of tobacco control policy. June 2022. [Khan review full report](#)
6. [The NHS Long Term Plan v1.2 August 2019](#)
7. [Nicotine vaping in England: 2022 evidence update summary \(OHID\)](#)
8. [ASH briefing for local authorities on youth vaping \(ASH, August 2022\)](#)
9. [Tobacco: Preventing uptake, promoting quitting and treating dependence NG209 \(NICE, 2021. Updated Aug 2022\)](#)
10. Young People in Northumberland. A summary report of the Health Related Behaviour Survey 2021 (available on request)
11. H Reed (2021), Estimates of poverty in the UK adjusted for expenditure on tobacco – 2021 update. Available at: <https://ash.org.uk/information-and-resources/reportsubmissions/reports/smoking-and-poverty>. Cited in: [‘Up in](#)



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[smoke: How tobacco drives health and economic inequalities'. A tobacco harm profile compiled for NCC by Fresh](#)

12. [ASH Ready Reckoner 2022](#)
13. [Adult smoking habits in the UK 2019 \(ONS, July 2020\)](#)
14. DHSC press release for Better Health Campaign Children whose parents smoke are 4 times as likely to take up smoking themselves - GOV.UK (www.gov.uk) quoting discussion of Lavery 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. Cited in: ['Up in smoke: How tobacco drives health and economic inequalities'. A tobacco harm profile compiled for NCC by Fresh](#)
15. [Smoking status at time of delivery \(SATOD\) data collection. NHS Digital](#)
16. Smoking Prevalence in adults in routine and manual occupations (18-64) – (2019) current smokers (APS) Local Tobacco Control Profiles - Data - PHE [Internet]. Available at: <https://fingertips.phe.org.uk/profile/tobacco-control/data> Cited in: ['Up in smoke: How tobacco drives health and economic inequalities'. A tobacco harm profile compiled for NCC by Fresh](#)
17. Fresh Illicit Tobacco Survey (2021), based on 1,828 interviews across LA7 Cited in: ['Up in smoke: How tobacco drives health and economic inequalities'. A tobacco harm profile compiled for NCC by Fresh](#)
18. Action on Smoking and Health. National Tobacco Retailer Survey 2019 Cited in: ['Up in smoke: How tobacco drives health and economic inequalities'. A tobacco harm profile compiled for NCC by Fresh](#)
19. [Local Government Declaration on Tobacco Control 2022](#)
20. [NHS Smokefree Pledge 2022](#)
21. [Tobacco and its environmental impact: an overview. World Health Organisation \(2017\)](#)

### **Report sign off**

***Authors must ensure that officers and members have agreed the content of the report:***

	Full name of officer
Monitoring Officer/Legal	Suki Binjal
Executive Director of Finance & S151 Officer	Jan Willis
Relevant Executive Director	Liz Morgan
Chief Executive	Rick O'Farrell
Portfolio Holder(s)	Wendy Pattison

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## Appendix 1 – Northumberland Tobacco Control DRAFT Plan on a Page 2022-23

### Smoke Free Northumberland Plan on a Page 2022-2023 DRAFT

**Vision:** Northumberland children born today will live a smoke free life. We aspire to reach a Smoke Free 2030, where adult smoking prevalence is 5% or lower across all demographics and groups by 2030. We shall work in partnership using an evidence-based approach

#### Infrastructure, skills and capacity building

Comply with Local Government Declaration on Tobacco Control (NCC).  
Comply with 'Smokefree NHS' (NHCFT & CNTW).  
Advocate for a Smokefree 2030.  
Implement national tobacco plan.  
System-wide themed partnership working.  
APPG report endorsement.

#### Reducing exposure to second hand smoke

Monitor compliance with Health Act 2006.  
Develop and maintain 100% smoke free pavement licences (Business and Planning Bill 2020).  
Local training on SHS/ VBA/MECC.  
Focus on families via 0-19 HV offer.  
Explore feasibility of a targeted smoking in the home campaign with social housing providers.  
Fire Home Safety checks – revisit.

#### Stop Smoking Services

Treating tobacco dependency LTP.  
Provide and develop NCC community-based specialist stop smoking model across range of priority settings/groups e.g. maternity services, pharmacy, mental health, routine and manual smokers.  
Working across system to develop new pathways and systems for Treating Tobacco Dependency work.  
CNTW and NUTH to carry out 'deep dives' of smoking to improve practice.  
Contribute to Baby Breathe research on post-partum relapse to smoking.  
Implement NICE secondary care guidance for a 'smoke free NHS'.  
Further develop CNTW action to reduce smoking within inpatient and community settings.  
Support the Waiting Well initiative with orthopaedics.  
Developing services for targeted groups in PCNs eg people with SMI

#### Media, communications and education

Promote campaigns e.g. 'Don't Wait', 'Stoptober', 'Secondhand Smoke is Poison', 'Keep it Out', health harms.  
Develop refresh and rebranding of specialist stop smoking service, linking with TTD providers.  
Advocate for action for a Smoke Free 2030, inc. tobacco industry levy.

#### Tobacco Regulation and Reducing Tobacco Promotion

Enforce legislation in relation to tobacco advertising, brand sharing, point of sale, standardised packaging.  
Advocate for new regulatory measures on tobacco products e.g. licensing of tobacco products, review of relevant legislation.

#### Research, Monitoring and Evaluation

Track PH intelligence on smoking.  
Monitor performance of Stop Smoking Service and Treating Tobacco Dependency pathways.  
Undertake health survey of children and young people.  
Northumberland Residents Survey.  
Report data on Trading Standards illicit activity dashboard  
Undertake evidence review of young people and smoking.  
Utilise FRESH data infographic.

#### Reducing Availability and Supply

Advocate for change in age of sale legislation from 18 to 21 years.  
Intelligence led illicit tobacco activity, including Operation CeCe.  
Targeted public health resource embedded in Trading Standards department.  
Support regional and national illegal tobacco programmes

#### Working in partnership:

Northumberland County Council, Northumbria Healthcare NHS Foundation Trust, Cumbria Northumberland Tyne and Wear Mental Health Trust, Northumberland NHS Clinical Commissioning Group and PCNs



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## Appendix 2 – 2022 Local Government Declaration on Tobacco Control

### Local Government Declaration on Tobacco Control

#### As public health leaders, we acknowledge that:

- Smoking is a leading cause of premature death, disease and disability in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely starting in childhood, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the tens of thousands of people its products kill in England every year; and
- The illicit trade in tobacco funds organised criminal gangs and gives children access to cheap tobacco.

#### We welcome the:

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Government’s ambition to make England smokefree by 2030 and tackle inequalities in smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health organization’s framework convention on Tobacco control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- NHS Long Term Plan commitments to provide all smokers in hospital, pregnant women and long-term users of mental health services with tobacco dependence treatment.

We commit \_\_\_\_\_ from this date \_\_\_\_\_ to:

- Act at a local level to reduce smoking prevalence and health inequalities, to raise the profile of the harm caused by smoking to our communities and in so doing support delivery of the national smokefree 2030 ambition;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities and to join the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

#### Signatories:



Leader of Council



Chief Executive



Director of Public Health

#### Endorsed by:

Prof Sir Chris Whitty, Chief Medical Officer,  
Department of Health and Social Care



Councillor David Fothergill, Community Wellbeing  
Board Chair, Local Government Association



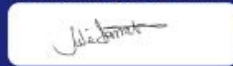
Prof Jim McManus, President,  
Association of Directors of Public Health



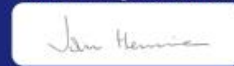
Prof Maggie Rae, President,  
Faculty of Public Health



Julie Barratt, President,  
Chartered Institute of Environmental Health



John Herriman, Chief Executive,  
Chartered Trading Standards Institute



9th March 2022





# Northumberland County Council

## Appendix 3 – 2022 NHS Smokefree Pledge

### The NHS Smokefree Pledge

#### As local health leaders we acknowledge that:

- Smoking is the leading cause of premature death, disease, and disability in our communities
- Smoking places a significant additional burden on health and social care services and undermines the future sustainability of the NHS
- Healthcare professionals have a key role to play in motivating smokers to try to quit and offering them further support to quit successfully
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities
- Smoking is an addiction starting in childhood with two thirds of smokers starting before the age of 18
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the tens of thousands of people its products kill in England every year

#### We welcome:

- The Government's ambition to make England smokefree by 2030 and tackle health inequalities in smoking prevalence
- The NHS Long Term Plan's commitment for all smokers in hospital, pregnant women, and long-term users of mental health services to be offered NHS funded tobacco dependence treatment by 2023-24
- NICE public health guidance on tobacco

#### In support of a smokefree future, \_\_\_\_\_ commits from \_\_\_\_\_ to:

- Treat tobacco dependency among patients and staff who smoke in line with commitments in the NHS Long Term Plan and Tobacco Control Plan for England
- Ensure that smokers within the NHS have access to the medication they need to quit in line with NICE guidance on smoking in secondary care
- Create environments that support quitting through implementing smokefree policies as recommended by NICE
- Deliver consistent messages about harms from smoking and the opportunities and support available to quit in line with NICE guidance
- Actively work with local authorities and other stakeholders to reduce smoking prevalence and health inequalities
- Protect tobacco control work from the commercial and vested interests of the tobacco industry
- Support Government action at national level
- Publicise this commitment to reducing smoking in our communities and join the Smokefree Action Coalition (SFAC), the alliance of organisations working to reduce the harm caused by tobacco

#### Signed by:

[Signature box]

Chair

[Signature box]

Chief Executive

[Signature box]

Medical/Clinical Director

#### Endorsed by:

Amanda Pritchard, Chief Executive, NHS England

[Signature: A. Pritchard]

Prof Maggie Rae, President, Faculty of Public Health

[Signature: Maggie Rae]

Prof Dame Helen Stokes-Lampard, Chair, Academy of Medical Royal Colleges

[Signature: HSL]

Dr David Strain, Chair, BMA Board of Science

[Signature: David Strain]

Prof Jim McManus, President, Association of Directors of Public Health

[Signature: Jim McManus]

Gill Walton, Chief Executive, Royal College of Midwives

[Signature: Gill Walton]



9th March 2022