



Northumberland County Council

Health and Well-being Board

Thursday, 9 November 2023

Northumberland Tobacco Control Partnership Annual Update 2023

Report of Councillor(s) Wendy Pattison, Cabinet Member for Caring for Adults, and Veronica Jones, Cabinet Member for Improving Public Health and Wellbeing

Responsible Officer(s): Gill O'Neill, Executive Director for Public Health (DPH), Inequalities & Stronger Communities

1. Link to Key Priorities of the 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 communities and reduce health inequalities caused by the direct and indirect burden of tobacco use.

2. Purpose of report

To give an update to Health and Wellbeing Board on Northumberland's collaborative approach to Tobacco Control and the development of the Northumberland Tobacco Control partnership during 2023.

3. Recommendations

- 3.1 The Health and Wellbeing Board is recommended to note the development and progress of the Northumberland Tobacco Control Partnership during 2023, and offer any suggestions regarding emphases for 2024.

4. Forward plan date and reason for urgency if applicable

N/A

5. Key issues

Smoking remains the biggest preventable cause of death and illness in Northumberland, the North East and England, and continues to be the leading driver of local health inequalities with the greatest harms falling on our poorest and most vulnerable individuals and communities.

Northumberland's last reported prevalence rate, 11.8% of adults smoking, has reduced further at latest publication to 9.6% in 2022 (Figure 1), making us lower than the England average and lowest in the region. We believe this is a result of sustained local action, alongside and complementing regional and national activities.

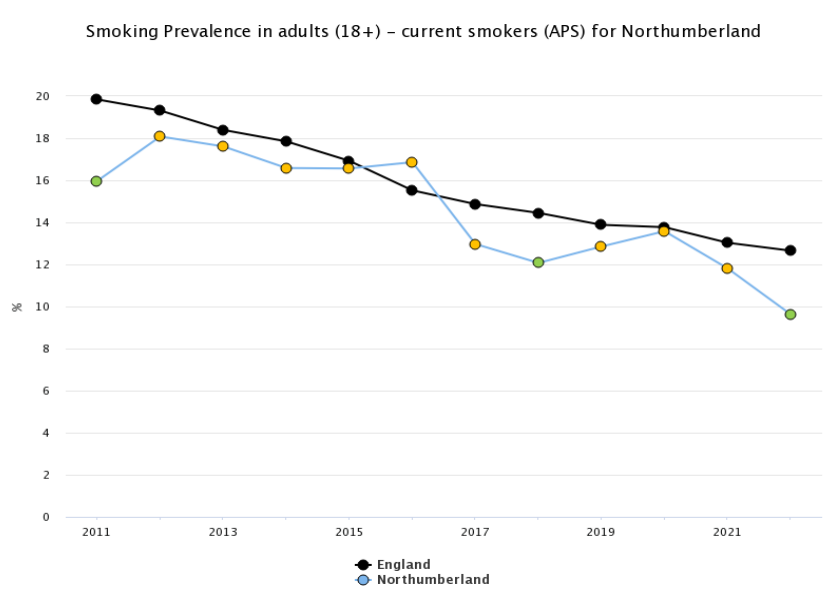


Figure 1: Smoking prevalence in adults (18+) from APS 2022 (OHID Fingertips Local Tobacco Control Profile)

Northumberland's lower overall prevalence statistic is very encouraging, although masks pockets of higher burden in some populations and communities such as routine and manual workers and people with mental illness.

We continue in taking a comprehensive approach to reach our shared ambition of reducing smoking rates to less than 5% by 2030. Despite the positive trends in smoking prevalence continuing to decrease, and our ongoing progress in Northumberland, it is likely that the national, regional and local target of 5% will be missed¹.

The national Tobacco Control Plan expired at the end of 2022, and whilst the Smokefree 2030 ambition was announced back in 2019, there is yet to be a new published plan. Recent announcements by the Prime Minister however, are the most ambitious national measures seen for some years, and will undoubtedly improve this trajectory, and need our ongoing endorsement to help them come to fruition.

We join with partners in needing endorsement of the ask to government to publish a new plan, and to ensure recent announcements happen, including key national actions:

- A levy on the tobacco industry
- Investment in tobacco and smoking cessation, including mass media campaigns, enforcement, and support to groups such as people with serious mental illness and pregnant women.
- Inclusion of tobacco control and stop smoking in all relevant national strategies and plans such as the 10-Year Mental Health Strategy and the NHS Long Term Plan.
- Increase in the age of sale.

Smoking is the UK's biggest preventable killer – causing around 1 in 4 cancer deaths and leading to 64,000 deaths per year in England. It puts huge pressure on the NHS, almost

every minute of every day someone is admitted to hospital because of smoking, and up to 75,000 GP appointments could be attributed to smoking each month - equivalent to over 100 appointments every hour.

There is no safe level of exposure to tobacco smoke including secondhand smoke (passive smoking) and there are short, medium and long-term health effects, including heart disease and lung cancer, especially with continued exposure over time.

The announced interventions are expected to mean up to 1.7 million fewer people smoke by 2075 – saving tens of thousands of lives, saving the health and care system billions of pounds and boosting the economy by up to £85 billion by 2075. It would also avoid up to 115,000 cases of strokes, heart disease, lung cancer and other lung diseases².

It is vital that we continue our focus and drive to action at all levels; nationally using political and organisational influence, regionally in our support to the regional programme, and locally via the Northumberland Tobacco Control partnership, to enable us to achieve a tobacco free generation, such that any child born today in any part of Northumberland will reach adulthood breathing smoke free air, being free from tobacco addiction and living in a community where smoking is unusual.

6. Background

In December 2022, Health and Wellbeing Board endorsed the development of a local partnership, tasked with progressing the evidence-based international and regional 8-key strand approach to tobacco control.

Board supported the formation of the new partnership – the Northumberland Tobacco Control Partnership – with initial requirement to strive toward a wide range of agencies represented, agree focussed action, and work toward a shared vision, all of which has been achieved. Individual organisations and partners already report on their own action through various mechanisms, but the Board agreed to provide the governance to any specific additional joint work and goals of the partnership.

The partnership has met bi-monthly throughout the year, with Public Health and Fresh team cascading national and regional updates to inform work on tobacco issues, and local members sharing their practice.

A shared vision is agreed:

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 by 2030. We shall work in partnership using an evidence-based approach.

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](#)).

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 programme, 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).



(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 – and are now working to augment this work by collaborating in partnership.

The Northumberland picture

Our commissioned regional programme for tobacco control, Fresh, has provided a collated report of key statistics for Northumberland – ‘Up in Smoke: How Tobacco Drives Economic and Health Inequalities: Tobacco Harm Profile for Northumberland 2023’.³

Highlights of note for the Board and the partnership include:

- 31,000 adults (approx.) continue to smoke at 11.8% (updated here to **25,338** to reflect newer 2022 prevalence figure of **9.6%**)
- **481** people are estimated to die from smoking in Northumberland every year – for every death it is estimated around 30 smokers are living with a smoking-caused disease
- **3914** people visited hospital as a result of smoking attributed hospital admissions (2019/20)

Smoking in priority populations

Young people

Smoking in young people is twice as common in those from disadvantaged backgrounds⁴ and children of smokers are up to three times more likely to smoke themselves meaning that health inequalities can often persist throughout generations. Smoking is an addiction which is largely taken up in childhood and young people become addicted before they fully understand the associated health risks. Important actions include reducing exposure to

smoking within households and effective prevention policies to reduce uptake of smoking including raising the age of sale.

The Children and Young People's Health Related Behaviour Survey (HRBS)⁵ commissioned by Northumberland County Council (NCC) Public Health Team in 2021, was conducted amongst almost 3000 pupils from secondary, middle and primary schools in our county. Results show:

Primary school pupils in year 6 (ages 10-11):

- 98% of pupils said they had never tried smoking cigarettes
- 97% of pupils said they had never tried using e-cigarettes (vapes)

Secondary school pupils in years 9 and 11 (ages 13-16):

- 16% of 13-16 year old pupils said they had tried smoking cigarettes (23% of year 11 boys and 32% of year 11 girls)
- 7% of year 11 pupils reported using e-cigarettes (vapes) 'every day'. (24% of pupils said they had tried vapes).

The HRBS will be repeated in Autumn 2023, including additional questions on source and reasons for vaping; survey results and reports are anticipated for January 2024.

Work to prevent young people from smoking is recommended as a focus for the Northumberland Tobacco Control Partnership and runs alongside the priority emphasis of changing the adult world they grow up in. National consultations on making vaping less attractive to young people, and proposals to increase the age of sale of tobacco, are essential for all partners to participate in and endorse.

Smoking in pregnancy

Smoking in pregnancy is a health inequality associated with serious complications and remains the leading modifiable risk factor for poor birth outcomes including stillbirth, miscarriage and pre-term birth⁶. Maternal smoking in pregnancy and/or parental household smoking was the most common occurring modifiable factor which the North and South of Tyne Child Death Overview Panel (CDOP) deemed a significant relevant factor in relation to the cause of death⁷. A smokefree home is the best way of protecting babies and children.

Smoking at time of delivery (SATOD) rates in Northumberland have been decreasing over time however remain statistically worse than England. We know exposure to tobacco smoke during pregnancy negatively impacts offspring from infancy to childhood and into adulthood, pregnancy is considered a 'teachable moment' and evidence has shown that more women quit smoking when they are pregnant than at any other time during their lives⁶. Over the last year in Northumberland;

- **10.6%** of maternities were smoking at time of delivery (SATOD) in 2022/23⁸

The Best Start in Life Pathway began in May 2022 in response to the NHS Long Term Plan recommendations for Tobacco Treatment in pregnancy. All pregnant smokers are referred into the service, seen face to face at home or at Family Hubs, until 28 days postnatally. Results are excellent, with 84 women setting a quit date and 45 achieving a 4-week quit during 2022/23, a 53.6% quit rate. Partners and women post-delivery are referred to the NCC Stop Smoking Service. Northumbria Healthcare NHS Trust is considering developments to the programme to continue to support women with complex social needs and multiple vulnerabilities, focus on women who struggle to engage, and to offer vapes in line with regional and national guidance for nicotine replacement therapy use in pregnancy.

Routine and manual occupations

Despite the number of adult smokers decreasing this is a reduction that is not spread evenly across Northumberland with the highest proportion of smokers in the Routine and Manual Population⁹:

- **23.8%** of those in routine and manual occupations smoke

A recent Health Equity Audit of the NCC Stop Smoking Service (SSS) showed that 30% of people accessing the service were from routine and manual occupations, the largest of any occupational group to access it. This group also did well at quitting, with over 58% quit rate. The NCC SSS has been involved in a specific programme targeting NHS staff, promoted by Northumbria Healthcare NHS Trust with free vapes provided by North East and North Cumbria Integrated Care Board (NENC ICB).

We recommend the partnership prioritises promoting quitting and the support on offer in workplaces through the Better Health at Work Award and in-house support for staff.

Mental health conditions

Evidence shows that people with mental health conditions are more likely to smoke than the general public and smoking rates increase with the severity of the condition. Partly a result of high smoking rates, people with a mental health condition have high mortality rates compared to the general population. Therefore, quitting smoking is particularly important for this group since smoking is the single largest contributor to their 10-20 year reduced life expectancy¹⁰.

- At **20.7%** smoking prevalence remains higher in adults with a long term mental health condition within the County¹¹ (2021/22)

As part of the NHS Long Term Plan, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) has been developing smoke free policies and support to in-patients and patients in the community to stop smoking. NCC Public Health Stop Smoking Service is working with NENC ICB Northumberland and Northumberland Community Outreach team as an Early Implementer Site pilot project to test a partnership approach to helping serious mental illness (SMI) patients to reduce and stop smoking. Positive outcomes for this group include engagement in the programme and reduction in smoking as well as complete quits. Since the start of the project, 73 patients have been referred and 61 engaged (83%), 21 are currently engaged and 10 have sustained a complete quit for at least 4 weeks. This client group require a flexible approach and a longer-term intervention than the traditional stop smoking programme.

Smoking related health inequalities

Social housing

The smoking rate among social housing residents is one of the highest in England – around 1 in 3 people smoke, compared to 1 in 10 people who own their own home and 1 in 7 in the general adult population.¹²

- Smoking rates of people in Northumberland living in social housing are double the national average.¹³

Northumberland County Council has taken part in a national ‘Swap to Stop’ opportunity. A small quantity of vapes were provided by Department of Health and Social Care/Office for Health Improvement and Disparities and NCC public health and housing colleagues are

working together to offer bespoke support from the Stop Smoking Service and its digital webpage, alongside a free vape starter-kit. 7 tenants from social houses in Blyth and Cramlington (and 2 people from private housing on the same estate) are engaging with the programme so far.

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 North East every two years since 2009.

- 14% of tobacco smoked in the Northeast is estimated to be illicit

NCC Trading Standards (TS) and Public Health are working together to augment illicit tobacco and alcohol work and engage in prevention by appointing a Fair Trading Officer with this focussed remit and for the development of a 'retailer pack'. Outcomes are impressive with the TS team conducting investigations and enforcement on a bigger scale, resulting in the seizure of over 33,000 sticks of illicit cigarettes between October 2022 and October 2023, and the closure of premises found to be selling illicit products.

The 'retailer pack' advises on underage sales, vape products and alcohol, and supports Trading Standard's pro-active educational approach with traders regarding underage sales and non-compliant products, part of Operation Crackle.

Leadership and partnership

The Northumberland Tobacco Control Partnership is chaired by Councillor Wendy Pattison, who took over the role in March 2023.

The council public health team facilitates the meetings, working with Councillor Pattison to set the agendas and coordinate partner input and discussion.

The group enjoys representation from a wide range of personnel and partners including from across the council and the NHS. (Appendix 1)

Action planning and next steps

Meetings have focussed on key items and themes including illegal and illicit sales of tobacco and vaping for example. This work towards developing shared understanding of the issues surrounding tobacco use and in the work of partners has informed the writing of a Joint Strategic Needs and Assets Assessment (JSNAA) chapter on tobacco, which is currently in process of being finalised.

Recommendations arising from the JSNAA chapter will form the basis of actions to be included in the Northumberland Tobacco Control action plan. Utilising the '3 screening questions' advocated in the Northumberland Inequalities Plan, the process has highlighted gaps in knowledge for example, in relation to community assets and 'what people' say' which we hope to formulate into activities to work with communities and partners to improve this.

The partnership intends to continue to support key themed work and partners wish to collaborate further.

Emerging recommendations for action from the JSNAA include:

Tobacco key strand	Possible local actions
1. Building infrastructure, skills and capacity	<p>Further develop the Northumberland Tobacco Control Partnership (NTCP) to ensure partnership representation supports a comprehensive approach to tobacco control in Northumberland (e.g. VCSE)</p> <p>Develop guidance on tobacco control MECC conversations, and build capacity of wider tobacco control workforce, including MECC conversations about illicit tobacco</p>
2. Advocacy for evidence based policy	<p>Endorsement and support to Fresh and national partners to advocate for measures to reduce promotion of tobacco such as extensions to current legislation on age of sale and pack inserts.</p>
3. Reducing exposure to tobacco smoke	<p>Encourage broader discussions regarding smokefree homes and indoor air quality (e.g. social housing providers) and ensure key messaging embedded in 'MECC for smoking' approach.</p> <p>Revisit workplace and school smoking policies; providing guidance on separate vaping policies.</p>
4. Year round media, communications and education	<p>NTCP quarterly meetings to have standard agenda item on media, communications, and education for partners to share case studies; demonstrating good practice and celebrating achievements.</p> <p>Establish a task & finish group with partners who work with children and young people to define our local preventative approach to smoking and vaping with children and young people.</p>
5. Supporting smokers to stop and stay stopped	<p>Map pathways and develop opportunities and routes to quitting which are accessible to everyone in our communities; appropriate reasonable adjustments as required e.g. people with SMI.</p> <p>Investigate opportunities for targeted interventions of support within routine and manual occupations.</p> <p>Consider overall vaping to quit smoking offer for Northumberland residents and seek to expand opportunities.</p>
6. Raise price and reduce illicit trade (demand and supply)	<p>Build NTCP partner understanding and capacity - understand scale and impact of illicit tobacco in our local communities (scale, process, comms, criminality).</p> <p>Raise awareness of illicit tobacco in Northumberland; understanding geographical areas where this is most prevalent, understanding why it is an issue and identify ways in which it can be addressed.</p>

<p>7. Tobacco and nicotine regulation</p>	<p>Develop an intelligence strand to the NTCP for illicit and non-compliant tobacco products and vapes and under-age sales.</p> <p>Endorsement and support to Fresh and national partners to advocate for measures to reduce promotion of tobacco such as extensions to current legislation on age of sale and pack inserts.</p>
<p>8. Data, research and public opinion</p>	<p>Identify realistic metrics to embed into the NTCP action plan to track progress.</p> <p>Utilise neighbourhood level intelligence captured by the Place Standard Tool, as part of the Northumberland Inequalities Plan, to identify opportunities for collaborative place-based interventions.</p> <p>Liaise with VCSE partners to scope and understand existing assets and gain more intelligence on ‘what do people say’ and understand what ‘reasonable adjustments’ might be required to enable successful quits.</p>

The NTCP is currently finalising the JSNAA chapter and recommendations, and formulating these examples into agreed actions.

7. Implications

<p>Policy</p>	<p>This work supports the ‘Living’ corporate priority and the commitment to provide a range of programmes which will help residents achieve and maintain good health.</p>
<p>Finance and value for money</p>	<p>The collaborative approach to tobacco control is based on evidence 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, public health project staff, FRESH regional office and the Trading Standards contribution. These are funded from the public health ring-fenced grant at a cost of approximately £739K p.a.</p> <p>Some elements of NCC provision, such as support to NHS staff to quit and involvement in a pilot approach to helping people with SMI to quit have been augmented with funds from NENC ICB at value £74,685 p.a.</p> <p>Other parts of the council and partner organisations involved in the delivery of actions are also funding their own tobacco control-related activities.</p>
<p>Legal</p>	<p>Legal Services can assist with any formal documentation required in relation to the Tobacco Control Partnership. Public Health functions are set out within the Health and Social Care</p>

	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.
Procurement	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.
Human resources	Coordination of the partnership action plan will be delivered within existing resources.
Property	None identified.
The Equalities Act: is a full impact assessment required and attached?	No - not required at this point An equalities impact assessment has not been carried out. However, the NTCP actions are specifically aimed at reducing health inequalities, as described in the paper.
Risk assessment	None undertaken
Crime and disorder	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 led by our Trading Standards team and forms a key element of the tobacco control approach. 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.
Customer considerations	The plan and actions being developed by the Northumberland Tobacco Control Partnership 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.
Carbon reduction	Global effects on the carbon footprint from the tobacco industry are documented by WHO . ¹⁴ A reduction in tobacco use would reduce the carbon footprint of cigarette production and CO emissions.
Health and wellbeing	Smoking is the single most preventable cause of illness and early death and a leading cause of health inequalities.
Wards	(All Wards);

8. Background papers

See references at Section 9

9. References

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13. Action on Smoking and Health. Economic and health inequalities dashboard (2022) [Online] Available at <https://ash.org.uk/resources/view/economic-and-health-inequalities-dashboard>
14. [World Health Organisation \(WHO\). Tobacco and its environmental impact: an overview. \(2017\)](#)

10. Author and Contact Details

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11. Appendices

11.1 Appendix 1 - Northumberland Tobacco Control Partnership membership

<p>Northumberland County Council (NCC)</p> <p>Harrogate & District NHS Foundation Trust (HDCT)</p>	<p>Cabinet member: portfolio Holder for Caring for Adults (chair) Public Health Trading Standards Business Compliance and Public Safety Health Protection Northumberland Stop Smoking Service Northumberland Fire & Rescue Service Early Intervention and Prevention Housing Children’s Services</p> <p>0-19 Service – Senior Manager/Community connector</p>
<p>Northumbria Healthcare NHS Foundation Trust (NHCT)</p>	<p>Public Health Midwifery Tobacco Dependency Pathways: in-patient, maternity, best start in life</p>
<p>Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)</p>	<p>Specialist Tobacco Dependence Service: mental health Health Improvement</p>
<p>Integrated Care Board (ICB) - Northumberland Place</p>	<p>Senior commissioner</p>
<p>Fresh: Making Smoking History</p>	<p>Director and/or lead officers</p>