

# West Sussex Tobacco Control Strategy 2019-2022



# INTRODUCTION

## Our vision and the Smokefree West Sussex Partnership

The Public Health vision for West Sussex is that: *'all our residents start well, live well and age well'* with the focus on reducing the health and well-being gap in communities of highest need.

Smoking remains the single biggest preventable cause of death and ill health in England. Any differences in smoking prevalence across the population inevitably translate into health inequalities.

The Smokefree West Sussex Partnership is a group of partners in organisations across West Sussex working together to provide strategic direction and leadership on the tobacco control agenda in West Sussex.

## Ten High Impact Changes to achieve excellence in tobacco control:

Originally published by the Department of Health, 2008



Working in partnership

Gather and use the full range of data to inform tobacco control

Use tobacco control to tackle health inequalities

Deliver consistent, coherent and coordinated communication

An integrated stop smoking approach

Build and sustain capacity in tobacco control

Tackle cheap and illicit tobacco

Influence change through advocacy

Helping young people to be tobacco free

Maintain and promote smokefree environments

## The Tobacco Control Plan for England 2017–2022

Towards a Smokefree Generation, the Tobacco Control Plan for England 2017–22 identified four specific areas of focus:

- 1 Reduce the prevalence of 15 years olds who regularly smoke from 8% to 3% or less by the end of 2022.
- 2 Reduce smoking prevalence among adults in England from 15.5% to 12% or less by the end of 2022.
- 3 Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population by the end of 2022.
- 4 Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less by the end of 2022.

## The West Sussex Tobacco Control Strategy 2019–2022

The West Sussex Tobacco Control Strategy 2019–2022 contributes to realising the Public Health vision for West Sussex and meeting the national objectives through the co-ordinated effort of a wide range of partners.

The strategy builds on national plans which establish tobacco control as a comprehensive and coordinated effort to reduce demand, prevent uptake, and support cessation rather than a focus solely on the delivery of smoking cessation services

Using the Department of Health's 10 High Impact Changes to achieve tobacco control, the strategy outlines a collaborative, solution-focused approach across the partnership and commits to a set of actions, identifying interventions that impact across the wider determinants of health (individual, community and place), for the next three years.

The details of the full strategy document and action plan can be found on the JSNA website.  
<https://sfws-action-plan.netlify.com/>

# THE IMPACT OF TOBACCO IN WEST SUSSEX

West Sussex faces a number of challenges that this tobacco control strategy aims to address.

There are estimated to be **87,000** current smokers aged 18+ in West Sussex. [1]



**13%** of adults in West Sussex are current smokers although there are variations across the county.



Two in every five routine and manual workers are current smokers. [2]

Routine and manual workers in West Sussex are **more than twice as likely** to be current smokers compared to those in other occupations. [3]

**7%** of 15 year olds in West Sussex are regular smokers. [4]

Estimates of regular smoking among 15 years olds is significantly higher in West Sussex compared to England.



In 2017/18, **747** women (9% of pregnant women) in West Sussex were known to be smokers at the time of delivery of their baby/babies. [5]



**7,241** Smoking attributable hospital admissions in West Sussex in 2016/17. The annual number of **admissions have increased by 13%** since 2011/12 (an additional 800 admissions per year). [6]

The rate of hospital admissions per year per 100,000 people aged 35+ is consistently lower in West Sussex compared to England.



On average, **1,300** deaths each year in West Sussex are attributable to smoking. [7]

**That's 222 deaths per year per 100,000 people aged 35+**  
The rate of smoking attributable deaths is consistently lower in West Sussex compared to England.

Each year, smoking in West Sussex is estimated to cost society approximately [8]

**£196 million**

This includes **£124 million** in potential wealth lost from the local economy due to lost productivity (e.g. sick leave and smoking breaks) and **£24 million** additional spending on social care related to smoking each year.



One in four households with a smoker in West Sussex fall below the poverty line [9]

If the cost of smoking was returned to the household, approximately 14,500 people would be elevated out of poverty.

[1] and [2] Source: 2017 Annual Population Survey, Office for National Statistics. The number of smokers is weighted to be representative of the local population. It is not the number of people who reported smoking on the survey.

[3] This uses the 2017 Annual Population Survey to calculate the odds of being a smoker in a routine and manual occupation vs. the odds of being a smoker in other occupations.

[4] The What About YOUth survey (commissioned by NHS Digital) was conducted in 2015 to be representative of local authorities. Regular smoking is defined as smoking one or more cigarettes per week. The national objective to reduce smoking among 15 year olds is based on a different survey; Smoking, Drinking, and Drug Use Among Young People in England.

[5] Source: Calculated by Public Health England from the 2017/18 NHS Digital return on Smoking Status At Time of delivery (SATOD). The measure includes women where smoking status is known.

[6] Source: NHS Digital Hospital Episode Statistics dataset. Figures relate to persons aged 35+ years. Rates per 100,000 population are calculated using Office for National Statistics mid-year population estimates. Percentage increase based on 6,406 smoking attributable admissions in 2011/12

[7] Source: Office for National Statistic mortality file 2015-2017. Data are pooled over three year periods due to small numbers in each year in some areas.

[8] Source: Action on Smoking and Health (ASH) Ready Reckoner tool 2018 edition. Available here: <http://ash.lelan.co.uk/>

[9] Source: Action on Smoking and Health (ASH) Estimates of poverty in England adjusted for expenditure on tobacco 2016. See <http://ash.org.uk/information-and-resources/health-inequalities/health-inequalities-resources/smoking-and-poverty-calculator/>

## Working in partnership

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The aim for a Tobacco Control Alliance is to have a range of partners across the local area that are committed and active in making their own contribution to reducing the impact of smoking on health and health inequalities.

### Example actions

**What:** Pilot project 'Actively Quitting' using physical activity as a diversion  
**Who:** Wellbeing Hubs  
**When:** Short term (by March 2020)

**What:** Integrated stop smoking services across the Local Maternity System  
**Who:** Local Maternity System  
**When:** Medium term (by March 2021)

**What:** Promote e-cigarettes as a safer alternative to smoking as part of safe and well checks  
**Who:** Fire Service  
**When:** Long term (by March 2022)

## Gather and use the full range of data to inform tobacco control

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This is about more than just data. This change is about gathering intelligence and using innovative approaches to translate the available knowledge into informed planning and commissioning and tailored messages for the local population.

By collecting and making active use of reliable local data, we can understand the local needs, gaps, strengths and weaknesses of current and future tobacco control programmes. Without this information, it will be hard to make good decisions about how to tackle smoking locally or know where best to direct energy and resources.

### Example actions

**What:** Improve data capture for smoking cessation services  
**Who:** Public Health  
**When:** Short term (by March 2020)

**What:** Report on the number of people seen for wellbeing MOTs who are smokers  
**Who:** Wellbeing Hubs  
**When:** Short term (by March 2020)

**What:** Capture smoking status of all pregnant women at time of booking and delivery  
**Who:** Local Maternity System  
**When:** Long term (by March 2022)

## Use tobacco control to tackle health inequalities

Tobacco use is one of the biggest cases of inequality in mortality and ill health between the rich and the poor in society but national data<sup>[10]</sup> also indicates that smoking prevalence among adults is higher in some groups based on their sex and sexuality, their age and even their ethnicity and country of birth.

- People living in deprived areas are four times more likely to smoke than those in the least deprived areas.
- Those in routine and manual occupations are three times more likely to smoke than those in managerial and professional jobs.
- Those living in rented accommodation are three times more likely to be smokers than those who are not renting.
- Males are 30% more likely to be current smokers than females
- Those without qualifications are twice as likely to be smokers compared to those with qualifications.
- Those who report their country of birth as Poland had a prevalence of smoking that was almost double that of those born in England.<sup>[11]</sup>  
There are an estimated 8,000 residents in West Sussex whose country of birth is Poland.<sup>[12]</sup>

### Example actions

**What:** Target tobacco control activity at young parents in areas of deprivation  
**Who:** Health4Families  
**When:** Medium term (by March 2021)

**What:** Refresh the Health Equity Audit for smoking cessation services  
**Who:** Public Health  
**When:** Medium term (by March 2021)

**What:** Increase understanding of attitudes to smoking among Eastern European residents of West Sussex  
**Who:** Public Health  
**When:** Medium term (by March 2021)

**What:** Support Ministry of Justice, NHS England and Public Health England with ongoing work around smokefree prison estates  
**Who:** Public Health  
**When:** Long term (by March 2022)

**What:** Interventions targeting those in deprived areas and with routine and manual occupations  
**Who:** Wellbeing Hubs  
**When:** Short to medium term (by March 2021)

[10] Unless otherwise stated, statistics given on this page are from analysis conducted by the Office for National Statistics and Public Health England using the 2016 Annual Population Survey. See <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/articles/likelihoodofsmokingfourtimeshigherinenglandsmostdeprivedareasthanleastdeprived/2018-03-14> Source: ONS 2018, Population of the UK by country of birth and nationality, 12 months to June 2018. © Crown copyright 2018.

[11] Source: 2017 Annual Population Survey, Office for National Statistics. Countries included in the analysis: England, Wales, Northern Ireland, Scotland, Republic of Ireland, UK (unknown country), Pakistan, India, Poland and 'other'

[12] Source: Population of the UK by country of birth and nationality, 12 months to June 2018, Office for National Statistics. Note: this figure includes all ages, not just those aged 18+

## Deliver consistent, coherent and coordinated communication

Establishing a communications strand is vital and needs to take account of internal and external communications to ensure that clear and consistent messages are being relayed to the general public.

Public Stop Smoking campaigns have been shown to be effective and most likely to succeed if designed according to social marketing theory with sustained campaigns and appropriately targeted messages based on evidence for the intended population.<sup>[13]</sup>



### Case study of success

#### Stoptober 2018

The 2018 Stoptober campaign was delivered using radio and social media channels. Tailored Facebook advertising was used to target pregnant women and routine and manual workers along the coastal strip of West Sussex.

Four Facebook adverts tailored for pregnant women had 723 link clicks and 204,430 impressions (appearances on a user's screen).

Four Facebook adverts tailored for routine and manual workers had 621 link clicks and 160,730 impressions.

## Example actions

**What:** Identify approaches to disseminate smokefree messages that best serve different communities

**Who:** Communities

**When:** Medium term (by March 2021)

**What:** Actively participate in national and local tobacco control campaigns

**Who:** Smokefree West Sussex Partnership

**When:** Ongoing

**What:** Provide evidence based information to families through the interactive digital platform Family Assist

**Who:** Maternity services

**When:** Short term (by March 2020)

[13] See <https://www.communicationtheory.org/social-marketing-theory/>

## An integrated stop smoking approach

In 2017/18, 15% of patients (aged 15+) registered to GP practices in West Sussex were recorded as current smokers on their patient records. This places primary care in an ideal position to identify smokers and offer them a service to support them to quit.

National guidance for commissioning stop smoking services states that at least 5% of smokers should have an initial consultation with an advisor, which equates to more than 5,600 smokers annually.

Smoking cessation services in West Sussex are provided by **60 GP practices** and **52 community pharmacies**. The level of activity and quality is variable across the county but in 2017/18 3,124 people accessed services and **1,470 quits were recorded**. This is a decrease in overall numbers compared to previous years, although the quit conversion rate remains above the NICE recommendation of 35% of patients recording a successful quit.

West Sussex smoking cessation services are working to engage additional smokers through an electronic cigarette (e-cigarette) friendly service, offering advice to those who use both e-cigarettes and tobacco and providing support to those wishing to use e-cigarettes as a quitting aid.

The West Sussex County Council team is doing extensive work in conjunction with the Local Medical Committee (LMC) and Local Pharmacy Committee (LPC) to improve the quality of the data recorded across GP and pharmacy providers and this represents an ongoing challenge to monitoring stop smoking services in West Sussex.

### Case study of success

#### Stop smoking services

Joan wanted to stop smoking for the health benefits and for monetary reasons. She had seen the pictures on the cigarette packets and previously thought that it couldn't happen to her, but then realised that it could.

She has tried stopping smoking herself before with the use of patches, but wasn't successful. For this quit attempt, Joan decided to contact her local pharmacy stop smoking service in Stoptober.

Already after a month of not smoking Joan is feeling the benefit, to her skin, her hair and her level of energy. She is able to take her dog on longer walks as she doesn't have to keep stopping for a cigarette and she is not feeling short of breathe. As well as the health benefits, Joan has felt social and financial benefits.

After her experience at the West Sussex Stop smoking service she is feeling very positive about being able to maintain being a non-smoker.

## An integrated stop smoking approach

The NHS long term plan includes smoking as priority within the renewed NHS prevention programme.<sup>[14]</sup> The NHS are expected to support people in contact with NHS services to quit and by 2023/24 all people admitted to hospital who smoke should be offered NHS funded smoking cessation services.

The national model will be adapted for expectant mothers and their partners with a new Smokefree pregnancy pathway including focused sessions and treatment. In spite of overall reduction in smoking prevalence, prevalence of smoking at time of delivery in West Sussex has not changed significantly since 2010/11 and is particularly high among pregnant women in coastal West Sussex.<sup>[15]</sup>

A new universal smoking cessation offer will also be available as part of specialist mental health services.

### Case study of success

#### Queen Victoria Hospital NHS Foundation Trust (QVHFT)

QVHFT has an in-house smoking cessation service which is ready and waiting for patients and staff. This service is participating in the preventing ill health from alcohol and tobacco CQUIN.<sup>[16]</sup>

## Example actions

**What:** Provide training for primary care staff to deliver stop smoking services

**Who:** Public Health

**When:** Ongoing

**What:** Work with primary care service providers to improve quantity and quality of services delivered

**Who:** Public Health

**When:** Ongoing

**What:** Referral and follow up to stop smoking services

**Who:** Maternity Services

**When:** Short term (by March 2020)

**What:** Develop the role of the Wellbeing programme to deliver smoking cessation services

**Who:** Public Health

**When:** Short term (by March 2020)

**What:** Ensure patients are asked about their use of tobacco at pre-assessment clinics and smokers are signposted to local services

**Who:** Western Sussex Hospital NHS Foundation Trust

**When:** Short term (by March 2020)

**What:** Implement requirements for improving physical health in mental health CQUIN

**Who:** Sussex Partnership NHS Foundation Trust

**When:** Short term (by March 2020)

**What:** Redesign smoking cessation service provision across the county

**Who:** Public Health

**When:** Long term (by March 2022)

**What:** Work with Vape shops to support stop smoking providers in primary care

**Who:** Public Health

**When:** Short term (by March 2020)

[14] See <https://www.england.nhs.uk/long-term-plan/>

[15] Source: Calculated by Public Health England from the 2017/18 NHS Digital return on Smoking Status At Time of delivery (SATOD). The measure includes women where smoking status is known.

[16] See <https://www.england.nhs.uk/publication/cquin-indicator-specification/>



## Build and sustain capacity in tobacco control

Capacity building is about developing people skills and tools, and building networks and training.

The key aim is to keep as many relevant people as possible interested in the tobacco control agenda.

### Case study of success

#### Make Every Contact Count (MECC)

MECC is a system wide focus on prevention and public health to ensure positive health and wellbeing outcomes for our population.

It is about using everyday conversations to encourage and empower people to change.

Since the programme began in 2017, over 500 people working across health, social care, and community and voluntary sectors have been trained to deliver MECC conversations around smoking.

### Example actions

**What:** Carbon Monoxide testing at antenatal appointments for all pregnant women

**Who:** Maternity Services

**When:** Short term (by March 2020)

**What:** Rollout of MECC programme to clinical and non-clinical staff in healthcare settings (e.g. primary care)

**Who:** Public Health

**When:** Ongoing

**What:** Train Fire and Rescue service prevention Home Visiting team in MECC conversations around smoking

**Who:** Fire Service

**When:** Short term (by March 2020)

**What:** Wellbeing hub staff to complete National Centre for Smoking Cessation and Training Very Brief Advice level 1 training

**Who:** Wellbeing Hubs

**When:** Short term (by March 2020)

**What:** Training delivered to all Healthy Child Programme staff involved in the care of pregnant women

**Who:** Sussex Community NHS Foundation Trust

**When:** Medium term (by March 2021)

## Tackle cheap and illicit tobacco

Illicit tobacco includes tobacco goods which fail to comply with legislation. This can be defined as either counterfeit or fake tobacco goods that are not regulated as well as genuine tobacco goods produced for other parts of the world that have been smuggled into the UK (avoiding UK duty).

One in seven smokers in a 2018 survey commissioned by Public Health England bought illicit tobacco. Shops were a leading source of illicit tobacco offers followed by pubs/clubs and private addresses.

### Example actions

**What:** All staff aware of how to report illicit tobacco  
**Who:** Smokefree West Sussex Partnership  
**When:** Short term (by March 2020)

**What:** Continue to disrupt the supply of illicit tobacco  
**Who:** Trading Standards  
**When:** Ongoing

**What:** Educate consumers of illicit tobacco around its harms  
**Who:** Trading Standards  
**When:** Ongoing

### Case study of success

#### West Sussex Trading Standards 2018 activity

West Sussex County Council Trading Standards Service (WSCCTS) received 53 intelligence reports on the sale or supply of illicit tobacco in West Sussex; including online sales activity such as Facebook advertising.

Over the 2018/19 financial year to date, 26 visits were carried out over five days with a sniffer dog. Of these, seven resulted in the seizure of illicit tobacco and are under investigation or awaiting a court hearing.

In June 2018, a visit was also carried out at a storage unit in Worthing where tobacco was seized from two containers; this is pending a court hearing.

Three test purchases of illicit tobacco were carried out by covert Trading Standards officers which resulted in illicit tobacco being seized.

To date in 2018/19, the WSCCTS have seized 3,997 cigarette packets and 500 tobacco pouches with a combined value of approximately £51,000.

There have been eight successful prosecutions resulting in fines of £4,799, 200 hours of unpaid work and 27 months of imprisonment.



## Influence change through advocacy

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Advocacy in tobacco control is about changing the political, economic and social conditions that encourage tobacco use.

It is also about gaining public and media support with the ultimate aim of denormalising tobacco use through changing social norms.

### Case study of success

#### West Sussex Public Health

West Sussex County Council's Public Health team provides input as a responsible authority into licensing reviews which has resulted in temporary revocation of licences to some premises.

### Example actions

**What:** Review Smokefree West Sussex Partnership membership

**Who:** Public Health.

**When:** Short term (by March 2020)

**What:** Support elected members, and executive leadership to raise the issue of tobacco control in West Sussex

**Who:** Public Health

**When:** Long term (by March 2022)

**What:** Link messages regarding tobacco control into community and voluntary sector organisations

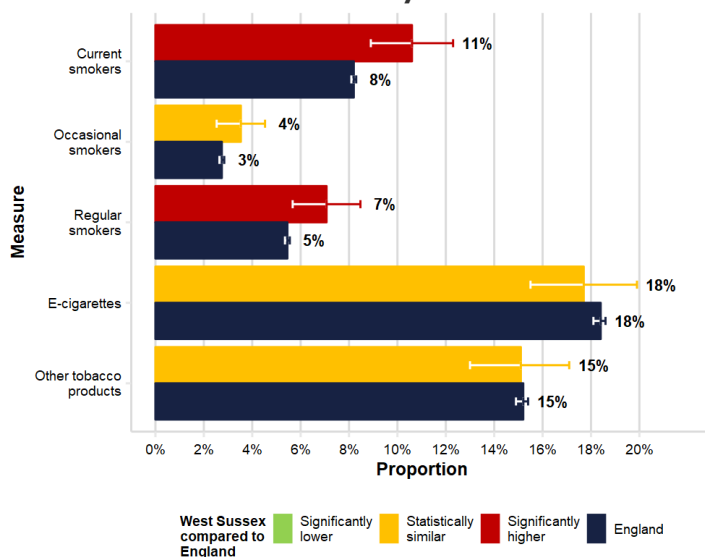
**Who:** Communities

**When:** Short term (by March 2020)

# Helping young people to be tobacco free

West Sussex has the second highest prevalence of current smoking compared to similar areas according to the What About YOUth? survey, lower only to young people in East Sussex. [17]

**Prevalence of smoking among 15 year olds; West Sussex compared to England; 2014/15; source: What About YOUth survey**



## Case study of success

### West Sussex Public Health and Social Research Unit

West Sussex County Council's Public Health and Social Research Unit have conducted focus groups, debates, and surveys with young people across West Sussex and have identified a number of insights into the local picture:

Young people may ostracise friends who begin smoking in a non-smoking group, leading them to seek others with whom the behaviour is reinforced.

Children exhibit a moral and social interpretation of issues surrounding smoking in public, as opposed to more traditionally rational motivations (e.g. health risks and costs)

Young people can see smoking or non-smoking as a part of their identity and by which they see others favourably or unfavourably

## Example actions

**What:** Continue to undertake under age sales operations  
**Who:** Trading Standards  
**When:** Ongoing

**What:** Increase local understanding of attitudes to smoking of young people  
**Who:** Public Health  
**When:** Medium term (by March 2021)

**What:** Refer young people who are smokers to smoking cessation services  
**Who:** Health4Families  
**When:** Short term (by March 2020)

**What:** Investigate efficacy of prevention and smoking cessation interventions for young people  
**Who:** Public Health  
**When:** Medium term (by March 2021)

[17] The What About YOUth survey (commissioned by NHS Digital) was conducted in 2015 to be representative of local authorities. Regular smoking is defined as smoking one or more cigarettes per week. The national objective to reduce smoking among 15 year olds is based on a different survey; Smoking, Drinking, and Drug Use Among Young People in England.

## Maintain and promote smokefree environments

Breathing in other people's cigarette smoke is called, passive or secondhand smoke. In the UK, around 2 million children are estimated to be regularly exposed to second hand smoke. [18]

A report by the Royal College of Physicians states that "passive smoking in the home is a major hazard to the health of the millions of children in the UK who live with smokers". The report also highlights that passive smoking is a significant cause of death and ill health in children and babies. [19]



The Smokefree (Premises and Enforcement) Regulations 2006 came into force on 1st July 2007.

This prohibits smoking in enclosed public places, work places and work vehicles.

The Smokefree (Private vehicles) Regulations 2015 came into force on 1st October 2016.

This prohibits any person from smoking in an enclosed private vehicle when another person under the age of 18 years old is present inside the vehicle.

### Example actions

**What:** Review the workplace smokefree policy for local authorities

**Who:** Public Health and local authorities

**When:** Medium term (by March 2021)

**What:** Train maternity staff to maintain and promote smokefree environments

**Who:** Maternity services

**When:** Medium term (by March 2021)

**What:** Develop a smokefree policy for all service buildings and areas staff use whilst at work

**Who:** Health4Families

**When:** Short term (by March 2020)

**What:** Explore how planning and licensing processes in local authorities can be utilised to promote smokefree environments

**Who:** Public Health and local authorities

**When:** Medium term (by March 2021)

[18] Source Action on Smoking and Health, 2014: see <http://ash.org.uk/wp-content/uploads/2018/12/ASH-Report-The-Impact-of-Secondhand-Smoke-and-Children.pdf>

[19] Source: Royal College of Physicians. Passive smoking and children. A report of the Tobacco Advisory Group of the Royal College of Physicians. London: Royal College of Physicians; 2010. see <https://cdn.shopify.com/s/files/1/0924/4392/files/passive-smoking-and-children.pdf?15599436013786148553=>

## Monitoring and Evaluation

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Success will be measured on how well the actions in the plan have met the objectives they have set to achieve and their impact.

This will be reviewed by the Smokefree West Sussex Partnership on a quarterly basis.

In the medium to long term and during the course of this plan we aim for change in the local indicators related to tobacco control. This includes access to services, prevalence of smoking in pregnancy and in routine and manual workers as well as other indicators in the Public Health Outcomes Framework.

To find out how you can support this work please contact Sue Carmichael

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