



A partner of the
**Integrated
Care System**
Nottingham & Nottinghamshire

Nottingham and Nottinghamshire

Smoking & Tobacco: Our Long Term Vision



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The Nottingham and Nottinghamshire Smoking and Tobacco Alliance brings together partner organisations from across a wide range of disciplines to work towards eliminating tobacco-related harm to create a smokefree generation for Nottingham and Nottinghamshire by 2040.

Fewer people in Nottingham and Nottinghamshire smoke than ever before, but smoking remains the leading cause of preventable ill-health. That is why reducing smoking and tobacco harm is recognised as a key objective within both our Joint Health and Wellbeing Strategies.

We are really pleased to introduce our new smoking and tobacco vision document which sets out our ambitions to see smoking amongst adults reduced to 5% or lower by 2035. Further to this, we want to make the harms of smoking a thing of the past for our next generation such that all of those born in 2022 are still non-smokers by their 18th birthday in 2040.

We do not underestimate the impact that smoking and tobacco use continues to have on the lives of thousands of local residents. While smoking rates in the general population have fallen to around 16.5% in the city and 13.3% in the county this is still higher than the national average 13.0% in 2021. Those in certain groups and areas have remained stubbornly higher at close to one in four (24.8 per cent) and two in five (38.5%). Smoking remains the single biggest contributor to the difference in life expectancy which separates our most affluent and most disadvantaged communities and is also a factor in exacerbating poverty.

The vision document looks beyond simply helping smokers to quit but highlights how we will support our young people not to start in the first place and identifies the work we need to do to address the wider determinants of tobacco related inequalities, such as reducing exposure to second-hand smoke and access to illegal tobacco.

The four delivery themes are:

- Helping vulnerable groups to quit smoking
- Effective regulation of Tobacco products
- Reducing exposure to second-hand smoke
- Prevention & engagement with Children and Young People

Vaping amongst young people has been an emerging issue and we are happy to say that this vision document and delivery plan includes vaping along with smoking.

We are clear on where we want to focus our efforts and to do this, we recognise the importance of multiagency partnership working and effective communication. Supporting this work is a live delivery plan to ensure ownership between partners.

We would like to thank everyone who has contributed to this vision document and delivery plan and have taken the time to ensure our vision meets the needs of our local residents.



Cllr Adele Williams
Chair of Nottingham City
Health and Wellbeing Board



Cllr John Doddy
Chair of Nottinghamshire
Health and Wellbeing Board

Section 1 – Vision Statement

This document sets out a vision for Nottingham and Nottinghamshire’s Strategic Smoking and Tobacco Alliance Group (The Alliance). It includes the national and local policy drivers, delivery principles, key themes, and actions needed to achieve this vision.

The scope is not limited to stopping cigarette smoking, it will also include the use of shisha, cannabis smoking, vaping/use of an e-cigarette, and other tobacco related products. The Alliance will work towards reducing the prevalence and uptake of vaping by non-smokers with a particular focus on children and young people. The Alliance will support the implementation of the National Institute for Health and Care Excellence (NICE) 2021 guidance for the use of vapes as a quit aid to support people to stop smoking for good. ¹

1 This document was produced at a time of awaiting the national tobacco control strategy. It is designed based on other national and local policy drivers and is anticipated to in be in line with the national strategy. It will be reviewed periodically based on new national guidelines, policies, local insight, and evidence reviews.

The Alliance’s vision for Nottingham and Nottinghamshire is,

- The Alliance has a clear, shared ambition to see smoking amongst adults reduced to 5% or lower by 2035 across Nottinghamshire and Nottingham City. Further to this, we want to make the harms of smoking a thing of the past for our next generation such that all of those born in 2022 are still non-smokers by their 18th birthday in 2040.



National Context:

Smoking is one of the most detrimental behaviours which can affect the health of our communities. In England, it is the main cause of preventable ill health, leading to tens of thousands of early deaths and hundreds of thousands of avoidable hospital admissions, each year(1).

Smoking causes or contributes towards non-communicable diseases ranging from cancers, circulatory disease to respiratory diseases and events such as heart attacks and strokes, dementias, rheumatoid arthritis, and poor mental health. It can also cause complications and harm for pregnant women and their babies(2). The harm caused by smoking is not just to the individual. Second-hand smoking is also dangerous, especially for children. It has been found to increase the risk of suffering serious illness(3).

Smoking is one of the main risk factors for decrease in life expectancy and is higher among more deprived groups. In 2018–20, males in the least deprived 10 per cent of areas in England

could expect to live almost a decade longer than males in the 10 per cent most deprived areas; for females the difference was 8 years(4). Smoking is rarely an adult choice but an addiction of childhood and adolescence. Where smoking is more visible in homes and communities, there is a higher likelihood that smoking will be taken up by the next generation(5). Smoking is the single largest driver of health inequalities in England, accounting for half the difference in life expectancy between those living in the most and least deprived communities. The more disadvantaged a person is, the more likely they are to smoke and to suffer from smoking related illness and early death related to smoking. Furthermore, due to its addictive nature, spending on tobacco can often lock people into poverty(2).



Electronic cigarettes were first introduced to Europe in about 2005 and become increasingly popular since and Vaping has become an emerging issue. While vaping remains significantly less harmful than smoking, it is not risk free. It is a useful aid to stopping smoking; however, an increasing number of children and young people are turning to vapes having never previously smoked as shown in Table 1(6).

Smoking and Vaping among young people in England

ASH Surveys	2019	2020	2021	2022
Smoking status %				
Never tried	79.7	80.9	83.5	80.2
Tried only	9.0	8.3	8.6	8.1
Former	3.4	3.0	3.0	3.7
Current	6.3	6.7	4.1	6.0
Vaping status %				
Never tried	83.6	82.8	86.3	80.9
Tried only	9.4	10	8.6	9.1
Former	0.9	1.8	1.2	1.4
Current	4.8	4.8	4.0	8.6

Table 1 – Smoking and vaping prevalence in young people – ASH 2019(6)

Local Context:

The smoking rates in Nottingham and Nottinghamshire have been reducing steadily with adult smoking prevalence of 16.5% in the city and 13.3% in the county but is still higher than the national average 13.0% in 2021(7) ². This varies across different wards in the city and districts in the county. In Nottingham city, the wards with the highest smoking rates are the most deprived wards Aspley (38.5%), St Ann's (36.7%) and lowest rates are in the least deprived wards Wollaton West and Leen Valley (<13%)(8). In Nottinghamshire county, the district with highest smoking rates is Mansfield (24.8%) and lowest rates is Rushcliffe (8.2%)(9).

Smoking is one of the largest causes of ill-health and early death in Nottingham and Nottinghamshire. It has an impact on children and young people's lives through pregnancy to adolescence, with 13% city and 12.6% of pregnant women smoking at the time of delivery in city and county, respectively. This is significantly higher than the national average of

9.1%(10). The majority of children do not smoke, however recent estimates for Nottinghamshire suggest just over 1,000 young people aged 11-15 years are estimated to have taken up smoking in 2018 (9) and about 8% of children 15 years and younger in Nottingham city have reported smoking in 2014(8).

Not everyone in society is equally impacted by smoking and tobacco use. Children and teenagers from the poorest neighbourhoods are considerably more likely to be exposed to smoking throughout their youth, increasing their risk of developing smoking habits and being harmed by secondhand smoke. This worsens health inequalities by encouraging smoking practices in future generations. The smoking prevalence rates are higher in routine and manual workers and people with mental health conditions in those receiving addiction treatment. The figure 1 below shows smoking prevalence in a variety of groups across Nottingham City and County (10).

NHS England Core20PLUS5 aims to reduce healthcare inequalities at both national and system level.

The core 20 represents the most deprived 20% of the population and PLUS5 are the five clinical areas of focus which require accelerated improvement(11). Figure 2 below shows the impact of smoking on these

inequalities in Nottingham and Nottinghamshire ICB (Integrated Care Board) system(12). Stopping smoking positively impacts on all the 5 identified areas.

2 The change in the mode of data collection for the Annual Population Survey (APS), introduced at the end of March 2020, affected the compatibility of our smoking prevalence estimates with previous years. To improve the comparability of APS smoking prevalence estimates for 2020 and 2021, the Office for National Statistics (ONS) have updated the weighting methodology to remove the effect of the mode change. Adjusted figures for 2020 and 2021 are now comparable with previous years. Previously published figures for 2020 in the Local Tobacco Control Profiles have been revised accordingly(17). Although there are noticeable changes in prevalence figures from previous years, it is important to consider the confidence intervals (CI) i.e., we are 95% confident that the "real" value falls between the Confidence intervals. For these presented figures to understand if there is a significant change or not. If the CIs are wide and showing that there may not be that much change at all. This is always a limit with data like this, particularly when looking at small areas. confidence intervals the less significance the change in data Further information available at – Public Health England – Technical Guide Confidence Intervals

Figure 1 – Smoking Prevalence in different groups across Nottingham and Nottinghamshire(10)

Indicator	Period	England	East Midlands Region	Nottinghamshire	Nottingham
Smoking in pregnancy					
Smoking in early pregnancy	2018 / 19	12.8	16.4	16.3	17.8
Smoking status at time of delivery	2021/22	9.1	11.8	12.6	13.0
Routine and manual occupations					
Odds of current smoking (self reported) among adults aged 18-64 with a routine and manual occupation (APS)	2020	2.2	2.10	2.80	1.54
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2020	24.5	23.6	26.5	22.5
Smoking prevalence in adults (18+) with serious mental illness (SMI)	2014/2015	40.5	40.1	38.7*	46.0
Odds of current smoking (self reported) among adults aged 18+ diagnosed with a long-term mental health condition	2020/21	2.4	2.3	2.6	2.1
Mental Health					
Smoking prevalence in adults with a long term mental health condition (18+) current smokers (GPPS)	2020/21	26.3	26.3	26.2	29.9
Smoking prevalence in adults with anxiety or depression (18+) - current smokers (GPPS)	2016/2017	25.8	26.0	24.0	32.8
Smoking prevalence in adults (18+) - admitted to treatment for substance misuse (NDTMS) - all opiates	2019/20	70.2	64.2	84.7	64.2
Smoking prevalence in adults (18+) - admitted to treatment for substance misuse (NDTMS) - alcohol & non-opiates	2019/20	64.6	61.7	86.1	59.4
Substance misuse					
Smoking prevalence in adults (18+) - admitted to treatment for substance misuse (NDTMS) - non-opiates	2019/20	62.0	55.5	81.9	56.9
Smoking prevalence in adults (18+) - admitted to treatment for substance misuse (NDTMS) - alcohol	2019/20	43.9	39.1	54.2	46.4

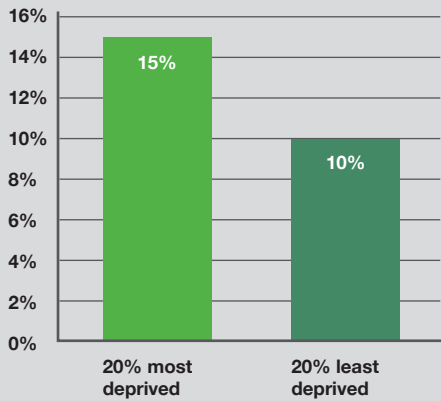
Better 95%
Similiar
Worse 95%
Not compared
Quintiles
Best
Worst
Not Applicable

Impact of smoking on Core20PLUS5

Guide for NHS Nottingham and Nottinghamshire ICB

Core20: Above-average smoking rates among the most deprived reduces their healthy life expectancy and increases pressure on the NHS

National smoking rates APS (2020)



In your ICS smoking rates among the routine and manual population are 25%

Annually smoking cause

- 11,492 hospital admissions
- 4,540 premature deaths

Additional impact on communities

- Cost society 378.78M a year
- 65,854 smoking households live in poverty
- 6,699 people out of work due to smoking
- 26,038 people receive informal care from friends and family because of smoking

PLUS: The most deprived groups have the highest smoking rates

National smoking rates among:

- Homeless 77%
- People entering prison 80%
- 11-16 year olds with a mental disorder 22%
- Social housing 26%

ICS smoking rates for those receiving addiction treatment

- Opioids 75%
- Alcohol 51%

Five clinical areas of focus are all impacted by smoking






1. Maternity	2. Severe mental illness	3. Chronic respiratory illness	4. Early cancer diagnosis	5. Hypertension
 <p>Smoking is the leading modifiable risk factor for poor birth outcomes. In your ICS 14% of women smoke at the time of delivery - 1,407 women annually.</p>	 <p>Smoking is the leading cause of the 10-20 year reduction in life expectancy for people with SMI. In your ICS 42% of people with SMI smoke.</p>	 <p>Arround 86% of all COPD deaths are caused by smoking. In your ICS 590 people a year die from COPD.</p>	 <p>Smoking is the leading preventable cause of cancer responsible for 27% of cancer deaths. In your ICS 669 people a year die from cancer caused by smoking.</p>	 <p>Smoking cessation is embedded in NICE guidelines on hypertension because smokers' CVD risk is double that of non-smokers. In your ICS 221 people a year die from CVD caused by smoking.</p>

Figure 2 – Impact of smoking on Core20PLUS5, April 2020(12)

Tobacco is associated with significant economic burden on the society with a total smoking cost of £137.17 million in the city and £241.61 million in the county per year. This includes £115.44 million in city and £175.76 million in county lost in productivity, £12million in city and £39 million in county in healthcare costs; and £6.82million and £21million

to social care (city, county respectively). Additionally, one of the main contributors to accidental fatal house fires are cigarettes and other smoking products. Most cigarette filters are non-biodegradable, they have a lasting effect on the ecosystem. Annually this results in 73 tonnes of waste for the city and county combined(13).

Within Nottingham and Nottinghamshire, a range of stakeholders have come together to form a smoking and tobacco control alliance. The Alliance have adopted The WHO Framework Convention on Tobacco Control (WHO FCTC) **MPOWER** model (Figure 3) (14) and intend to take a whole systems approach to drive the work forward.



Figure 3 – WHO FCTC's MPOWER measures (14)

In order to implement effective interventions, manage our tobacco control work and review progress, the Alliance have designed our thinking and actions on various national and local smoking and tobacco related policies (See appendix 1).

Section 4 - Progress to date

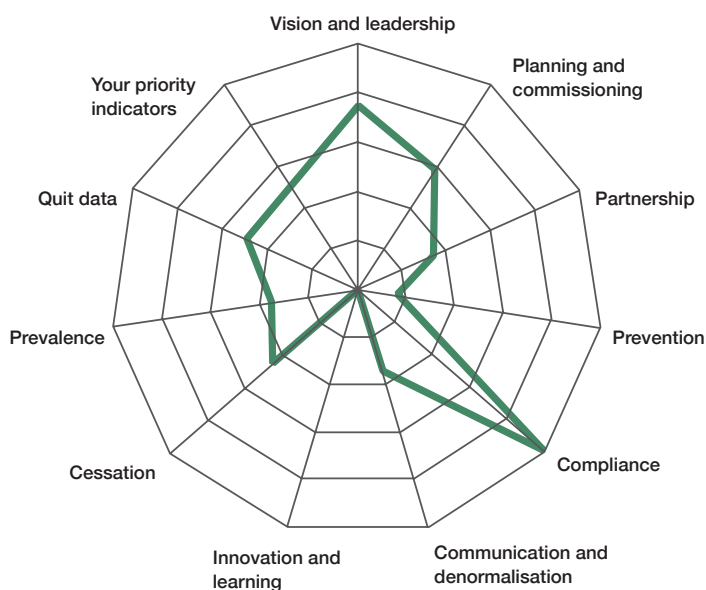
In December 2019, a half day workshop was held that involved partners across Nottingham and Nottinghamshire who were working to reduce the harm from tobacco. Over 30 colleagues from different organisations attended this workshop. The workshop involved using the CLear model (15) (Challenge, Leadership and Results - an evidence-based improvement model which helps you to develop local action to reduce smoking prevalence and the use of tobacco) and a series of questions/statements on

tobacco control, based on proven good practice, and invited partners to score themselves against these standards, and identify opportunities for improvement.

In December 2021 we reviewed current policies and reengaged with our partners, some old and some new to check and challenge the CLear findings so that they represented where we were now. The below figure (4) and table (2) highlight the results, strengths, and areas for improvement of the CLear review.

City

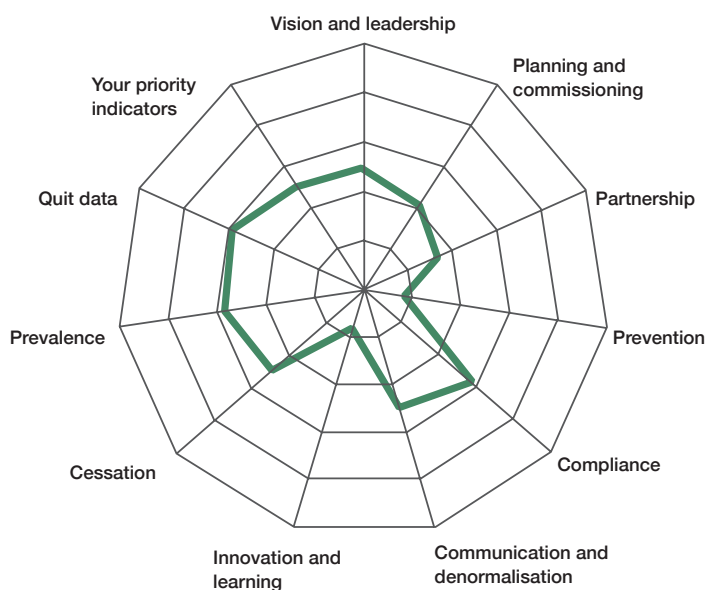
Your scores as a percentage of total available



In our self assessment we scored 57 out of 116 available points = 49%.

County

Your scores as a percentage of total available



In our self assessment we scored 54 out of 116 available points = 47%.

- Your score
- CLear review score

Figure 4 - Outputs from the CLear review across Nottingham City and Nottinghamshire County 2021

Areas		Examples	
		Strengths	Improvements
Leadership	Vision & Leadership	Priorities of JHWB for city and county	Tobacco declaration signed across ICS
	Planning & Commissioning	Commissioned SSS to meet NICE guidance	Connection between tobacco strategy, JSNA and HWB
	Partnership	Dedicated support across City and County to coordinate Tobacco activities and Tobacco dependency across ICS	Tobacco alliance and supporting task & finish groups
Challenging Services	Prevention	Implementation of INTENT programme in schools in County	Consistent & coordinated brief intervention training on second-hand smoke
	Compliance	Integrated and intelligence lead resource to support enforcement	System wide process supported via dedicated resources
	Communication & Denormalisation	Link to national campaigns	More regional and local mass media campaigns needed.
	Innovation & Learning	No examples	Development of alliance and ability to share data and other relevant reports
	Cessation	Systems in place locally to support smokers to quit	Pathways and referrals strengthened
Results	Prevalence	Smoking prevalence has been on a steady decline since 2012	Use CLear deep dives and support implementation of LTP
	Quit Data	Effective action to support smokers to quit	Ensuring profile of stop smoking service users matches profile of local population
	Priority Indicators	Some evidence to show meeting reducing health inequalities, treating tobacco dependency and effective enforcement.	Need to agree what can be achieved and how its achieved across an alliance.

Table 2 - Themes identified through the CLear process with examples of strengths and areas for improvements

Figure 5 below highlights the process and steps involved in progressing the smoking and tobacco agenda.

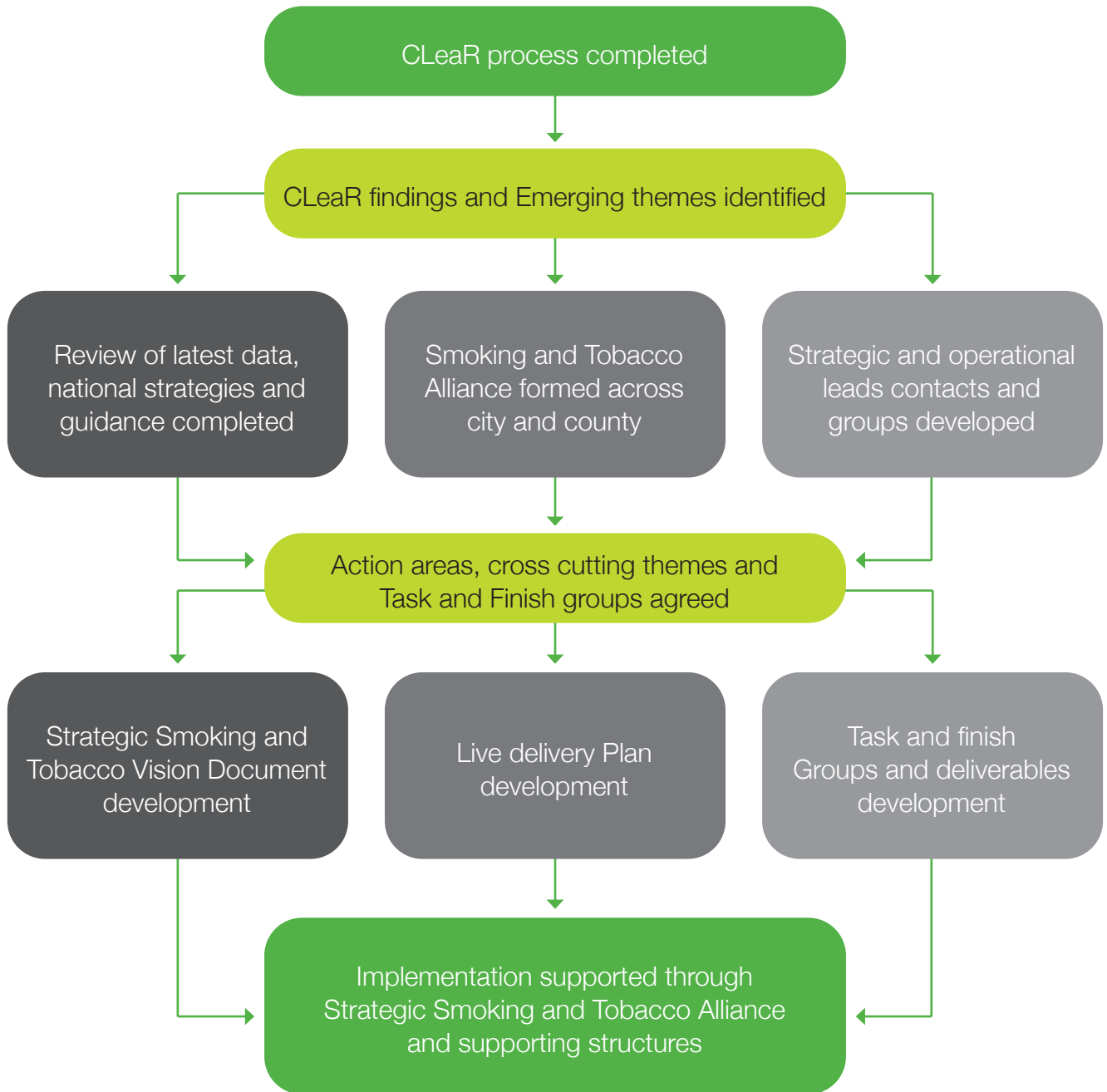


Figure 5 - Process to show the vision and delivery plan development and supporting structures

The CLear process highlighted several areas for improvement which were developed into delivery themes.

The themes were the direct outputs from the CLear process. It is acknowledged that several of the themes are cross cutting and need to be part of all actions going forwards.

These include,

- **Multiagency partnership working** - successful tobacco control can only be achieved by working in partnership, this is key to achieving actions and progress.
- **Effective communication** – clear and consistent communication is essential to encourage quit attempts in the most effective way, encourage communities to see smoking as not the norm and to continue to educate partners and the

public about the risks of tobacco use.

- **Improving the understanding of vaping / e cigarettes** – E-cigarettes are an evolving issue and have a place in efforts to address the harms caused by smoking and tobacco use. It is important that the Alliance have a shared understanding of their role so we maximise their potential benefit to help smokers quit whilst minimising the risks of unintentional consequences associated with children and young people and illegal devices.

As a result of this, 4 delivery themes along with actions have been identified as described in Table 3.

Delivery themes with associated task and finish groups	Helping vulnerable groups to quit smoking – Smoking Cessation task and finish group	Effective regulation of Tobacco products – Illicit Tobacco task and finish group	Reducing exposure to second-hand smoke – Smokefree environments task and finish group	Prevention & engagement with Children & Young People – Prevention task and finish group
Cross cutting elements across all delivery themes	Multiagency partnership working			
	Effective communication			
	Improving the understanding of vaping / e cigarettes			

Table 3 – Identified action areas, task and finish groups and cross cutting themes.

A brief overview of the delivery themes and associated actions we are working on currently and some of the challenges / opportunities are mentioned below. Further detail is available in the delivery plan which is a live document see appendix 2.

Delivery Theme 1 - Helping vulnerable groups to quit smoking

Challenges / Opportunities:

Smoking is more prevalent in deprived communities, living in social housing, working in routine and manual jobs, and people with poor mental health. Those with multiple needs, such as people experiencing homelessness, are especially likely to smoke. Working with cohorts to identify the right offer – co-production, seamless and easy access to services for individuals accessing tobacco dependency services, including development of choice and pathways.

What we are doing:

- Co-production/co design of service user involvement/service development.
- Working with community champions to have initial conversations about quitting the habit and signposting to community stop smoking services.
- Designing e-cigarette pilots for patients attending the lung health checks in the city with Stub It and a phased approach for inclusion within the county service (Your Health Your Way).
- Representation from ethnic minority groups in the smoking and tobacco control alliance.
- Setting up a task and finish group for all the stop smoking providers across city and county
- Sharing of resources across secondary care and community stop smoking services for better coordination.
- Mapping services landscape and resources.
- Designing integrated wellbeing service (IWS) specification for the city. The county already have an IWS so, this will be a consistent approach across the two authorities.
- Ensuring the delivery of outcomes from the county IWS.
- Task and finish groups set up with Integrated Care Board (ICB), public health and secondary care to design and implement Long Term Plans (LTPs) for inpatients and maternity patients.
- Partnership working between Local Authorities and Notts ICB(NHS) to agree on Nicotine Replacement Therapy (NRT) funding from 2024.
- Developing communications resources about e-cigarettes and illegal tobacco as a part of the alliance's task and finish groups.

Delivery Theme 2 - Effective regulation of Tobacco products

Challenges / Opportunities:

Keeping tobacco prices high, motivates smokers to quit and deters young people from starting. All these efforts can be undermined by illicit tobacco. Illegal, untaxed cigarettes and tobacco keep people smoking who would otherwise try to quit and are attractive to young people who want to experiment with tobacco. The Alliance is well placed to promote good practice with retailers and other businesses and to prevent illegal sales through intelligence gathering, enforcement and public communication.

What we are doing:

- Working on communications campaign on illegal sales for public and retailers in the task and finish group set up as a part of the smoking and tobacco control alliance.
- Feeding into the development of underage sales of vapes related information in the INTENT model.
- Setting up a city and county task and finish group for intelligence sharing and designing enforcement tasks.
- Developing a tobacco enforcement taskforce for city to align with county this includes (police being embedded in it).

Delivery Theme 3 - Reducing exposure to second-hand smoke

Challenges / Opportunities:

Regular secondhand smoke exposure increases the risk of developing heart disease and lung cancer, two diseases that smokers are more prone to develop. Passive smoking during pregnancy increases the risk of preterm birth, low birth weight, and sudden infant death syndrome in the foetus (cot death). Additionally, children who live in a smoke-filled home are more likely to develop allergies, asthma, and respiratory issues(16).

Young people are more likely to start smoking because they are exposed to other people smoking, live in environments where smoking is normalised, and have access to cigarettes and tobacco. As an alliance we can prevent smoking uptake by young people by enforcing smokefree regulations and promoting smokefree homes and smokefree public environments. Encouraging adults to protect children by supporting them to quit. Beyond the home, wherever children, young people, and young adults congregate, there is a case for going smokefree. Many public playgrounds are already smokefree and smokefree pavement licences have proved to be a popular innovation.

What we are doing:

- Implementing the Long-Term Plan (LTP) Pathway for inpatients, maternity and mental health supporting all those admitted to hospital who some offered NHS – funded tobacco treatment services.
- Audit of housing and social landlords to review their smoke free policies.
- Developed a Tobacco declaration toolkit to support organisations implanting the tobacco declaration.
- Creation of a task and finish group to support extending smokefree environments and reducing harm from secondhand smoke.
- Learning from previous work in to extending smokefree environments/ events to develop forward plans.
- Best practice examples of smokefree work polices.
- Mapping work regarding resources across the partnership.
- Development of a central communication point – shared website.

Delivery Theme 4 - Prevention & engagement with Children & Young People

Challenges / Opportunities:

Action is required to prevent young people becoming smokers to work towards the ambition to have a smokefree generation. Over the last two years, uptake in smoking among young people has risen after a long period of decline (Table 1). Young people start smoking because they are exposed to other people smoking, live in environments where smoking is normalised, and have access to cigarettes and tobacco.

Smoking uptake by young people can be prevented by enforcing smokefree regulations and promoting smokefree homes and smokefree public environments. Supporting parents and carers to quit and keep cheap cigarettes off the streets. Ensure consistent messages about the role of e-cigarettes/vaping to ensure that those who use them do so for the purpose of stopping smoking and ensuring regulations and action stops the promotion of e-cigarettes/vaping to young people and those that do not smoke.

What we are doing:

- Commissioned INTENT programme and encouraging schools to sign up.
- Working to understand young people's local prevalence and their smoking and vaping behaviours.
- Linking with key partners around children and young people including schools' health hub and youth parliament.
- Trading standards developing age appropriate resources and continuous enforcement work re underage sales.
- City and County public health are working with Evidence to Impact (company that developed INTENT) to develop vaping resources for secondary school aged children.

The Alliance will work closely as a system to implement effective tobacco control measures and reduce the prevalence of smoking. This means defining agreed ways of working to ensure we create sustainable approaches to tackling the breadth of smoking and tobacco control.

The underpinning principles that will support the delivery of the above - mentioned themes and actions are:

Reducing inequalities	Evidence suggests that certain groups like routine & manual workers, unemployed people, people with mental health conditions are more affected by smoking and smoking related illness leading to health inequalities and therefore, reducing these health inequalities is a core for this work.
Community focused	The Alliance will share our vision with communities and, where possible, work with them to develop solutions. Feedback will be sought from service users and development of an engagement plan to involve communities in our work.
Collaboration as equal partners	The Alliance will work across NHS, Primary Care, Local Authorities, schools /education settings, public and private sector organisations as well as with communities and third sector organisations, to deliver a smoke-free vision.
Best use of resources	by working together the Alliance will maximise collective skills and resources. This includes exploring the possibility of joint commissioning of smoking cessation pathways by the local authority and the NHS.
Outcome-focused	long-term reduction in prevalence is central to a creating a smoke-free generation. The programme model links activities to outcomes recognising that action needs to be directed at individuals and communities in order to prepare, support or maintain a change in behaviour.
Future generations focused	There will be a focus on creating an environment where being smoke free becomes the norm for all children hence preventing them to start smoking in their adulthood.
Data & Intelligence	Data will be used to inform the shared ambitions, evaluate actions and monitor progress. The Alliance have begun to identify gaps in data collection and will work towards addressing these.

Section 7 – Monitoring and delivery

Tobacco control is a priority for both the Nottingham City and Nottinghamshire County Health and Wellbeing Boards and aligns with the ICS priorities on reducing health inequalities.

The Smoking and Tobacco Strategic Tobacco Alliance will be a leading voice for tobacco control in Nottingham City and Nottinghamshire County. Working with Strategic Partners through this alliance as well as with wider partners.

The Alliance will work with and consult with key stakeholders across Nottingham City and

Nottinghamshire. It will harness the findings from the CLear process, what works best and learn from evidence regarding successful tobacco control programmes elsewhere. The priority actions will be developed and delivered through task and finish groups which will feed into the strategic smoking and tobacco alliance. The figure 6 below shows the working and governance of the alliance.

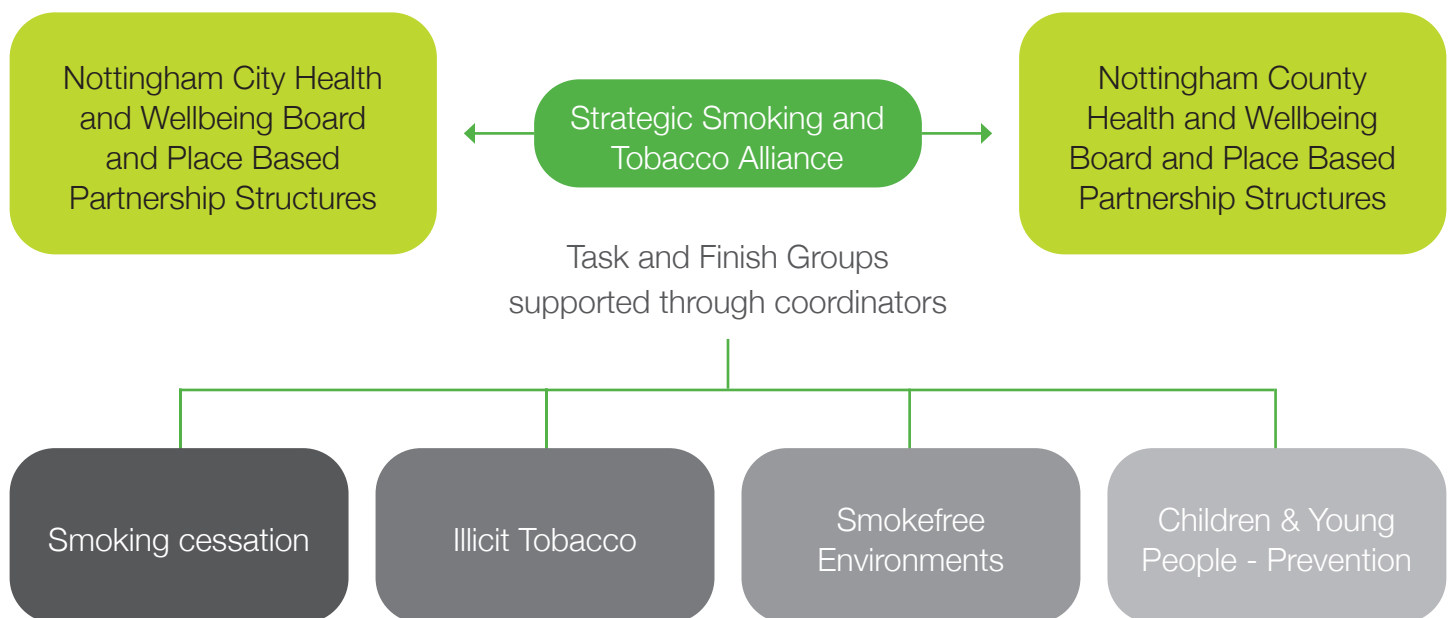


Figure 6 – Working and Governance of Smoking and Tobacco control Alliance

This framework for action has set out our ambitious vision for a smoke-free generation by 2040. To support its delivery and maintain our focus on the ambition, the Alliance will support this with implementation plans which will be live documents and set out in detail the actions to be undertaken to work towards a smoke-free generation for

Nottingham City and Nottinghamshire County. These implementation plans will organise actions into priority areas which will cut across the delivery principles of: Reducing inequalities and being community focused, Whole systems approach, Outcome-focused on future generations and Data & Intelligence.

Smoking and Tobacco Control Alliance Partners

[Nottingham City Council](#)

[Nottinghamshire County Council](#)

[Nottingham and Nottinghamshire Integrated Care Board \(ICB\)](#)

[South Yorkshire ICB](#)

[Broxtowe Borough Council](#)

[Bassetlaw District Council](#)

[Rushcliffe Borough Council](#)

[Mansfield District Council](#)

[Gedling Borough Council](#)

[Newark & Sherwood District Council](#)

[Ashfield District Council](#)

[Nottinghamshire Fire and Rescue Service](#)

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[Nottingham University Hospitals \(NUH\)](#)

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[Nottingham city Place Based Partnership \(PBP\)](#)

[South Notts PBP](#)

[Mid Notts PBP](#)

[Bassetlaw PBP](#)

[University of Nottingham](#)

[Office of Health Improvement and Disparities \(OHID\)](#)

[Nottingham Recovery Network](#)



1. Statistics on Smoking, England 2020 - NDRS [Internet]. [cited 2023 Jan 3]. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2020>
2. Smoking Statistics - ASH [Internet]. [cited 2023 Jan 3]. Available from: <https://ash.org.uk/resources/view/smoking-statistics>
3. Smoking and tobacco: applying All Our Health - GOV.UK [Internet]. [cited 2023 Jan 3]. Available from: <https://www.gov.uk/government/publications/smoking-and-tobacco-applying-all-our-health/smoking-and-tobacco-applying-all-our-health>
4. What is happening to life expectancy in England? | The King's Fund [Internet]. [cited 2023 Feb 16]. Available from: <https://www.kingsfund.org.uk/publications/whats-happening-life-expectancy-england>
5. Young People and Smoking SMOKING PREVALENCE. 1982 [cited 2023 Jan 3]; Available from: <http://ash.org.uk/category/information-and-resources/briefings/1>
6. McNeill A, Simonavičius E, Brose L, Taylor E, East K, Zulkova E, et al. Nicotine vaping in England: an evidence update including health risks and perceptions, 2022 A report commissioned by the Office for Health Improvement and Disparities. 2022;
7. Public health profiles - OHID [Internet]. [cited 2023 Jan 3]. Available from: <https://fingertips.phe.org.uk/search/smoking#page/4/gid/1938132885/pat/6/par/E12000004/ati/202/are/E06000018/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/tre-ao-1>
8. Smoking and Tobacco Control (2019) - Nottingham Insight [Internet]. [cited 2023 Jan 3]. Available from: <https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/adults/smoking-and-tobacco-control-2019/>
9. Youhana D, Marshall J. Nottinghamshire Joint Strategic Needs Assessment. Office [Internet]. 2020;2(November):1–52. Available from: [file:///C:/Users/domin/Downloads/Tobacco Control JSNA 2020 - FINAL \(2\).pdf](file:///C:/Users/domin/Downloads/Tobacco%20Control%20JSNA%202020%20FINAL%20(2).pdf)
10. Local Tobacco Control Profiles - Data - OHID [Internet]. [cited 2023 Jan 3]. Available from: https://fingertips.phe.org.uk/profile/tobacco-control/data#page/0/gid/1938132900/pat/6/par/E12000004/ati/302/are/E06000015/yr/1/cid/4/tbm/1/page-options/car-do-0_oww-do-0
11. NHS England Core20PLUS5 (adults) – an approach to reducing healthcare inequalities [Internet]. [cited 2023 Jan 3]. Available from: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>
12. The NHS, Ltp NHS. Impact of smoking on Core20PLUS5 Guide for NHS Nottingham and Nottinghamshire ICB. 2022;(April).
13. ASH Ready Reckoner - ASH [Internet]. [cited 2023 Jan 3]. Available from: <https://ash.org.uk/resources/view/ash-ready-reckoner>
14. MPOWER [Internet]. [cited 2023 Jan 3]. Available from: <https://www.who.int/initiatives/mpower>
15. The CLear improvement model: excellence in tobacco control - GOV.UK [Internet]. [cited 2023 Jan 3]. Available from: <https://www.gov.uk/government/publications/clear-local-tobacco-control-assessment/the-clear-improvement-model-excellence-in-tobacco-control>
16. Passive smoking - NHS [Internet]. [cited 2023 Feb 16]. Available from: <https://www.nhs.uk/live-well/quit-smoking/passive-smoking-protect-your-family-and-friends/>
17. Smoking prevalence in the UK and the impact of data collection changes - Office for National Statistics [Internet]. [cited 2023 Feb 2]. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/smokingprevalenceintheukandtheimpactofdatacollectionchanges/2020>

Paper/Report	Key findings
National drivers	
<p>The Green paper 2019 published by the national government about prevention of ill health across the board.</p>	<p>Set a national target for England to be smoke-free* by 2030. (*The definition of smoke-free is smoking prevalence rate in adults of 5% or less).</p>
<p>The All Party Parliamentary Group (APPG) on Smoking and Health (2019) published in response to the Secretary of State for Health and Social Care’s policy paper ‘Prevention is better than cure’ and ahead of the Department for Health and Social Care’s Green Paper on Prevention.</p>	<p>Set the national policies required to achieve the Government’s ambition of a ‘Smokefree Generation’ set out in the 2017 Tobacco Control Plan for England.</p> <p>It acknowledges that smoking prevalence only continues to decline when tobacco control policies continue to be updated, invigorated, and improved. In its report it focuses on what Central Government can do to deliver the national vision including recommendations including:</p> <ul style="list-style-type: none"> • Making the Polluter pay • Reducing the affordability of tobacco • Retail licensing • Surveillance of tobacco industry behaviour • Mass media and marketing campaigns • Reducing the exposure of young people to smoking on screen • Age of sale legislation • Helping smokers to quit.
<p>The Royal College of Physicians report - Smoking and Health 2021: A coming of age for tobacco control?</p>	<p>Highlighted the need for radical and comprehensive action now in order to meet the vision for a smokefree generation nationally and locally including:</p> <ul style="list-style-type: none"> • Taxation • Health promotion • Public space smoking restrictions • Tobacco and nicotine product regulation • Treating tobacco addiction • Preventing smoking uptake • Countering tobacco industry tactics • Ethical aspects of tobacco control • Monitoring the effects of tobacco policy.

Paper/Report	Key findings
National drivers	
Delivering a Smokefree 2030: The All-Party Parliamentary Group on Smoking and Health recommendations for the Tobacco Control Plan 2021	<p>The recommendations in this report include:</p> <ul style="list-style-type: none"> • Global leadership to end smoking. • ‘Polluter pays’ Smokefree 2030 Fund for tobacco control. • Comprehensive strategy: targeted investment to reduce inequalities; plus, tougher regulations to further denormalise smoking. • Improved data collection and analysis to inform progress. • Interim targets for 2025: further action to be taken if not on track by then.
November 2021, NICE published new guidelines on tobacco: preventing uptake, promoting quitting, and treating dependence.	<p>This guideline brings together and updates all previous guidelines on using tobacco. It covers stop smoking support for everyone aged 12 and over, preventing uptake for children, young people and young adults aged 24 and under, and harm reduction for those not ready to stop smoking.</p>
The Khan review: making smoking obsolete, June 2022	<p>Established that without further action, England will miss the smoke-free 2030 target by at least 7 years, with the poorest areas not meeting it until 2044.</p> <p>The review sets an ambition for every community in every area to have a smoking prevalence below 5% by 2035 and asks government to set a new ambition to make smoking obsolete by 2040.</p> <p>It recommends 15 with 4 critical interventions to give the government the best opportunity of meeting its national target to be smoke-free by 2030.</p>

Paper/Report	Key findings
Local drivers	
10 high impact actions for local authorities and their partners, By ASH	<p>A guide for elected members, senior leaders and officers to support members and officers in local authorities and their partners in the NHS and civil society to sustain and renew their commitment to this goal.</p> <p>It identifies ten ways in which local authorities can continue to drive down smoking prevalence in their communities and reduce the many health, social and economic costs of smoking. It offers ideas and suggestions that may be useful in drawing up a local tobacco control strategy.</p>
The NHS Long Term Plan - The Tobacco Dependency Delivery Plan for Nottingham and Nottinghamshire Integrated Care Board (ICB)	<p>It is a commitment to provide all smokers in hospital, pregnant women, and long-term users of mental health services with tobacco dependence treatment.</p> <p>At a local level, it reflects how the ICS aims to meet the NHS Long-Term Plan ambitions of treating tobacco dependency. This is being delivered through the health inequalities strategy and the delivery plan.</p> <p>It includes an Early Implementer Site for smoking in pregnancy, focusing initially on Mansfield, Ashfield and Nottingham City.</p>
The Nottingham and Nottinghamshire ICS Health Inequalities Strategy 2020-2024	<p>It includes smoking as one of the Health Inequality Strategic Objectives (Lifestyle factor). The strategy advocates a place-based approach to resources, investing in actions to reduce the prevalence of smoking with a focus on low-income groups, experiencing poor mental health and maternity.</p>
The Nottinghamshire Plan 2021-2031 and Nottingham City Council Strategic Council Plan 2021-23	<p>Recognises different factors affecting the health and wellbeing of the citizens and proposes to work towards a vision of a healthy place, where people look after themselves and make healthy choices.</p>
The Nottinghamshire Joint Health and Wellbeing Strategy 2022-2026 (24) and Joint Health and Wellbeing Strategy for Nottingham April 2022-March 2025	<p>Included tobacco control as a priority. This includes work on illegal tobacco and working with schools to deliver prevention programmes and addressing tobacco dependency.</p>

Inputs	Activities	Outputs	Outcomes	Impacts
<p>STRATEGIC: Executive Sponsorship Prioritisation of work within the ICB</p> <p>PARTNERSHIP: An engaged Smoking & Tobacco alliance with champions and advocates within key stakeholder organisations.</p> <p>INSIGHT: Data & Intelligence capacity Citizen survey Provider datasets</p> <p>RESOURCES: Support from city, county, district and boroughs to lead smokefree public spaces. Public Health AND NHS investment in smoking cessation pathways. Public Health AND Police investment in an Illegal tobacco taskforce. Public Health investment in a school education programme.</p>	<p>THEME 1: Helping vulnerable groups to quit smoking</p> <ol style="list-style-type: none"> Working with vulnerable population to reduce inequalities in communities Ensure services are coordinated and take a holistic approach to care. Implementation and evaluation of Long-Term Plan Pathway to support a sustainable plan for the NHS tobacco dependency services Communication of harms of smoking and support to quit <p>THEME 2: Effective regulation for tobacco products</p> <ol style="list-style-type: none"> To promote good practice with retailers and other businesses and to prevent illegal sales through intelligence gathering, enforcement and public communication. Increasing the awareness of public and local organisations to report suspicious illegal tobacco related activities and underage sales of e-cigarettes. <p>THEME 3: Reducing exposure to secondhand smoke</p> <ol style="list-style-type: none"> Supporting and promoting smokefree hospitals, schools, public places, and workplaces. Encouraging adults to protect children through encouraging smokefree homes <p>THEME 4: Prevention & engagement with Children & Young people</p> <ol style="list-style-type: none"> Communication and mass media Co-production with children and young people and families Supporting evidence-based prevention programmes. 	<p>(All the outputs are mentioned in detail in the document)</p> <p>THEME 1 –</p> <ul style="list-style-type: none"> Better access to the services for vulnerable groups Increase the numbers of people quitting smoking in the county and city Seamless pathway for all patients from secondary care to community service. <p>THEME 2 –</p> <ul style="list-style-type: none"> Increase in enforcement activity Increased awareness about illegal tobacco across various organisations. <p>THEME 3 –</p> <ul style="list-style-type: none"> Increased smokefree hospital sites, school gates, public spaces Increased social housing homes with smoking policies Reduction in fires caused from smoking related materials. Improve smokefree legislation enforcement for smokefree cars. <p>THEME 4 –</p> <ul style="list-style-type: none"> Improved communication developed aimed at children and young people Increased social norms around majority of young people don't smoke 	<p>Smoking Prevalence in Adults (18+) - current smokers</p> <p>Smoking Prevalence in priority populations</p> <p>Smoking status at time of delivery</p> <p>Smoking prevalence in Adolescents – current smokers</p> <p>Smoking attributable hospital admissions</p> <p>Smoking related mortality</p> <p>Smoking related ill health</p> <div style="background-color: #e6f2e6; padding: 10px; margin-top: 20px;"> <p>This document focuses on the action plan for our 4 key delivery themes for the next 3 years, monitoring of the actions and details on system working. It is a live document which will be periodically reviewed every 3 years.</p> <p>The above logic model is the summary of our actions for the next 3 years and their related outputs, outcomes, and impacts. The outputs will be monitored over the period of 3 years as and when the associated action is completed (Table 2-5). The outcomes will be monitored as mentioned in the table below (table 1).</p> </div>	<p>Integrated Care System Outcomes Framework – System indicators</p> <ul style="list-style-type: none"> Increase in healthy life expectancy Reduction in health inequalities Reduction in neonatal mortality Reduction in illness and disease prevalence (In particular respiratory diseases and cardiovascular disease) Reduction in premature mortality

Indicator	Source	Frequency of reporting	City value	County value	England	2030	2040
Outcome measures							
Smoking prevalence in adults (18+) – current smokers (APS)	PHOF	Annual	16.5%	13.3%	13.0%	↘↘	↘
Smoking status at time of delivery	PHOF	Annual	13.0%	12.6%	9.1%	↘↘	↘
Smoking prevalence in adults in routine and manual occupations (18-64) – current smokers (APS)	PHOF		22.5% (2020)	26.5% (2020)	24.5% (2020)	↘↘	↘
Smoking prevalence in adults (18+) with serious mental illness (SMI)	PHOF	Annual	46.0% (2014/15)	38.7% (2014/15)	40.5% (2014/15)	↘↘	↘
Smoking prevalence in adults with a long-term mental health condition (18%) – current smokers	PHOF		29.9%	26.2%	26.3%	↘↘	↘
Smoking prevalence in adults with anxiety or depression (18+) – current smokers	PHOF		32.8% (2016/17)	24.0% (2016/17)	25.8% (2016/17)	↘↘	↘
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) – all opiates	PHOF		64.2% (2019/20)	84.7% (2019/20)	70.2% (2019/20)	↘↘	↘
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) – alcohol & non-opiates	PHOF		59.4% (2019/20)	86.1% (2019/20)	64.6% (2019/20)	↘↘	↘
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) – non-opiates	PHOF		56.9% (2019/20)	81.9% (2019/20)	62.0% (2019/20)	↘↘	↘
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) – alcohol	PHOF		54.2% (2019/20)	54.2% (2019/20)	43.9% (2019/20)	↘↘	↘
Smoking attributable mortality	PHOF		315.3 (2017-19)	218.7 (2017-19)	202.2 (2017-19)	↘↘	↘
Smoking attributable hospital admissions	PHOF		2370 (2019/20)	1609 (2019/20)	1398 (2019/20)	↘↘	↘

↘↘ Steady decline ↘ Remain below the national average

Delivery theme 1 -	Helping vulnerable groups to quit smoking
Aim	Have a comprehensive offer of support for anyone who wishes to give up smoking and ensure that our most vulnerable communities have equity of access and outcomes.
What we are doing	<ul style="list-style-type: none"> • Coproduction/co design of service user involvement/service development • Working with community champions to have initial conversations about quitting and signposting to community stop smoking services • Designing e-cigarettes pilot for patients attending the lung health checks in the city and county; pilot for clients and staff working in drug and alcohol treatment services in the county and a phased approach for inclusion across the county service • Piloting stop smoking staff app including e-cigarettes for use within NHS (phase 1 secondary care and phase 2 primary care). Aimed at addressing inequality within NHS staff groups • Representation from ethnic minority groups in the smoking and tobacco control alliance • Set up a task and finish group for all the stop smoking providers across city and county • Sharing of resources across secondary care and community stop smoking services for improved coordination • Mapping services landscape and resources • Designing integrated wellbeing service (IWS) specification for the city • Ensuring the delivery of outcomes from the county IWS • Task and finish groups set up with ICB, public health and secondary care to design and implement LTPs for inpatients and maternity patients • Partnership working between Local Authorities and Notts ICB(NHS) to agree on NRT funding from 2024 • Developing comms resources about e-cigarettes and illegal tobacco as a part of the alliance's task and finish groups

Delivery theme 1 -	Helping vulnerable groups to quit smoking	
Actions	What we will do	
<p>1. Working with vulnerable population to reduce inequalities in communities</p> <ul style="list-style-type: none"> - Routine & Manual Workers - Homeless population - Ethnic minorities - Areas of deprivation 	<p>Year 1</p> <ul style="list-style-type: none"> - Building a network of community groups who provide support to stop smoking, provide training. - Identify modes of delivery stop smoking support within communities, going to where people are. - Staff offer – output 4 weeks quit 	<p>Year 2</p> <ul style="list-style-type: none"> - Completing equality impact assessment, includes access and outcomes across the system - Culturally sensitive comms campaigns – ethnic diverse population. <p>Year 3</p> <ul style="list-style-type: none"> - Exploring the support available for helping people who smoke cannabis and other smoked products and work by the alliance are aligned to the drugs and alcohol strategy.
<p>2. Ensure services are coordinated and take a holistic approach to care</p>	<p>Year 1</p> <ul style="list-style-type: none"> - Increasing uptake to services and making self-referral easy - Strengthening link of providers with other wellbeing services such as - mental health services, welfare advice, social prescribing, substance use support services 	<p>Year 2</p> <ul style="list-style-type: none"> - Improving referral pathway - Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals. - VBA (Very Brief Advice) training for GPs and primary care staff. <p>Year 3</p> <ul style="list-style-type: none"> - Development and implementation of integrated wellbeing service in the city
<p>3. Implementation of LTP and evaluation to support a sustainable plan for the NHS tobacco dependency services</p> <ul style="list-style-type: none"> - Smoking in pregnancy - SMI 	<p>Year 1</p> <ul style="list-style-type: none"> - Clear and coherent offer for pregnant women and their partners to quit smoking - Targeted stop smoking intervention to people while they are inpatient and a seamless pathway from secondary care to community services. 	<p>Year 2</p> <ul style="list-style-type: none"> - Agree sustainable funding and resource model to implement evidence-based pathways to smoking cessation interventions from health services (Long term plan (LTP)).

Delivery theme 1 -	Helping vulnerable groups to quit smoking
Actions	What we will do
4. Communication of harms of smoking and support to quit	Year 1 <ul style="list-style-type: none"> - Development of a central communication point – shared website
Outputs	
<ul style="list-style-type: none"> - Better access to the services for vulnerable groups - Increase in the number of service users - Improve coordination and partnership working across different organisations - Increase in number of primary care staff receiving VBA training - Increase the numbers of people quitting smoking in the county and city - Seamless pathway for all patients from secondary care to community service - Improved support for people smoking cannabis and other smoked products - Improved access to information on harms of smoking 	

Delivery theme 2 -	Effective regulation of tobacco products
Aim	Working together to reduce the access to illegal tobacco and having a city and county where retailer environment promotes good practice around illegal sales of tobacco and/or vaping product
What we are doing	<ul style="list-style-type: none"> • Working on comms campaign on illegal sales for public and retailers in the task and finish group set up as a part of the smoking and tobacco control alliance • Development of resources regarding underage sales of vapes related information to inform the INTENT model. • Set up a city and county task and finish group for intelligence sharing and designing enforcement tasks. • Developing a tobacco enforcement taskforce for city to align with county. (police being embedded in it)
Actions	What we will do
1. To promote good practice with retailers and other businesses and to prevent illegal sales through intelligence gathering, enforcement and public communication.	<p>Year 1</p> <ul style="list-style-type: none"> - Working with retailers for them to have IBVTA (Independent British Vape Trade Association) registration <p>Year 2</p> <ul style="list-style-type: none"> - Training for retailers about illegal tobacco, vaping and vaping products - Training for Environmental health team, neighbourhood policing team and community protection teams about illegal tobacco enforcement. - Work with shisha places on effective regulation <p>Year 3</p> <ul style="list-style-type: none"> - Supporting national work to introduce a tobacco licence for retailers to limit where tobacco is available
2. Increasing the awareness of public and local organisations to report suspicious illegal tobacco related activities and underage sales of e-cigs	<p>Year 1</p> <ul style="list-style-type: none"> - Training and comms plan to increase awareness - Education in schools, stop smoking service staff. <p>Year 2</p> <ul style="list-style-type: none"> - Clear reporting pathway - Creating age appropriate content - Understand around the exposure to tobacco imagery and licensing and classification powers locally

Delivery theme 2 -	Effective regulation of tobacco products
Actions	What we will do
3. Strengthen partnership working	<p>Year 1</p> <ul style="list-style-type: none"> - Building agreements on creating a consistent way of complaints handling and notifications - Creating a shared picture of prevalence of illegal tobacco and priorities for action - All those involved in illegal tobacco enforcement are signed up and follow the local TD, particularly in relation to the tobacco industry <p>Year 2</p> <ul style="list-style-type: none"> - Working with magistrates to ensure legal action taken in city and county is consistent with rest of UK.
Outputs	
<ul style="list-style-type: none"> - Increase in enforcement activity: - Quantity of illegal tobacco products seized (includes both cigarettes and other tobacco products) - Total number of inspections (non-warrant) for illegal tobacco (will include revisits) - Number of warrants executed on commercial premises for illegal tobacco - Number of warrants executed on private premises for illegal tobacco - Number of fines and costs received from prosecutions - Increased awareness about illegal tobacco across various organisations 	

Delivery theme 3 -	Reducing exposure to secondhand smoke
Aim	Creating smokefree places and reducing exposure to secondhand smoke
What we are doing	<ul style="list-style-type: none"> • Implementing the LTP for inpatients, maternity and mental health supporting all those admitted to hospital who some offered NHS – funded tobacco treatment services. • Audit being carried out with housing and social landlords. • Developed a Tobacco declaration toolkit to support organisations implanting the tobacco declaration. • Creation of a task and finish group to support extending smokefree environments and reducing harm from secondhand smoke • Learning from previous work in to extending smokefree environments/events to develop forward plans • Best practice examples of smokefree work polices • Mapping work regarding resources across the partnership • Development of a central communication point – shared website
Actions	What we will do
1. Smokefree hospitals	<p>- Each trust should develop a clear smokefree strategy which outlines actions for how they will work towards a completely smokefree campuses.</p> <p>Year 1 - Audit of smokefree hospitals</p> <p>Year 2 - Complete the CLeaR deep dive for secondary care and mental health trusts</p>
2. Smokefree public spaces	<p>Year 1</p> <ul style="list-style-type: none"> - All partners of the smoking and tobacco alliance have clear smokefree workplace policies <ul style="list-style-type: none"> • Declaration toolkit - Working with schools/further education to create smokefree environments /workplaces. - Work with schools and local areas to create smokefree school gates <p>Year 2</p> <ul style="list-style-type: none"> - Work to extend smokefree places for example in parks and recreation, football side-lines, local events <ul style="list-style-type: none"> • Mapping smokefree places • Explore opportunities like partnership for heathy cities • All avenues to explore encouraging smokefree places – explore and report - Consideration of use of littering and other regulations PSPO

Delivery theme 1 -	Helping vulnerable groups to quit smoking
Actions	What we will do
3. Supporting workplaces to promote smokefree workplaces	Year 1 and 2 - Further education partners to develop smokefree spaces strategy to implement smokefree spaces. Examples - Universities, Student accommodation, Boots, Capital one, Experian
4. Encouraging adults to protect children through encouraging smokefree homes	Year 1 - Develop consistent and shared communications around the dangers of smoking in homes - Support smokefree social housing and tenancy <ul style="list-style-type: none"> • Social housing audit and policy – consider feasibility of smokefree rent agreements - Work with fire service safe and well checks to support smokefree homes Year 2 - Utilise and/or develop smokefree training - Work with police to understanding actions taken regarding smokefree legislation enforcement for smokefree cars - Encourage parents to have smokefree homes through pledges - Work with private rental market to encourage students lets to have smokefree agreements
Outputs	
<ul style="list-style-type: none"> - Increased smokefree hospital sites - Increased smokefree places and school gates - Increased social housing homes with smoking polices - Reduction in fires caused from smoking related materials. - Improve smokefree legislation enforcement for smokefree cars - Smokefree and tobacco control initiatives embedded into organisations strategies and plans. - Increased smokefree workplaces/alliance organisations - Increased awareness of the harms of secondhand smoke - Increased smokefree homes where children under 18 live 	

Delivery theme 4 -	Prevention and engagement with children and young people
Aim	<p>To prevent children and young from starting to smoke in the first instance and breaking generational smoking patterns. Including regulation of products and underage sales, engagement, and de-normalising smoking</p> <p>Of note: we know one of the biggest factors around children smoking is being influenced by their environment. Through supporting the other 3 delivery actions we will have an impact on preventing children and young people from starting to smoke – however know that some children continue to smoke so we need to understand why.</p>
What we are doing	<ul style="list-style-type: none"> • Commissioned INTENT programme and encouraging schools to sign up • Working to understand young people's local prevalence and their smoking and vaping behaviours • Linking in with key partners around children and young people including schools' health hub and youth parliament • Trading standards developing age appropriate resources and continuous enforcement work re underage sales. • City and County public health are working with Evidence to Impact (company that developed INTENT) to develop vaping resources for secondary school aged children.
Actions	What we will do
1. Communication and mass media	<p>Year 1</p> <ul style="list-style-type: none"> - Commission Behavioural Insight and Research campaign to help understand vaping behaviours of young people and perceptions on smokefree in city and county. <p>Year 2</p> <ul style="list-style-type: none"> - Develop consistent and shared communication around the harms of smoking, dangers of secondhand smoke, health and financial benefits from not smoking and what support is available. Promoting the fact that most young people do not smoke.
2. Co-production with children and young people and families	<p>Year 1 and 2</p> <ul style="list-style-type: none"> - Develop a co-production approach with children and young people for all aspects of smoking and tobacco control - Work with parents, care givers and those who support vulnerable children, in particular children who are looked after - (Fostering teams, looked after children team – training around smoking)

Delivery theme 1 -	Helping vulnerable groups to quit smoking
Actions	What we will do
3. Supporting evidence-based prevention programmes	Year 1 <ul style="list-style-type: none"> - Invest in evidence based smoking prevention programmes – INTENT <ul style="list-style-type: none"> • Support the update of schools participating in INTENT • Contribute to its evolving practices and e-cigarettes and vaping - Align work with the Healthy Schools approach - Supporting and training the role of VBA through people working in youth settings
4. Availability and Enforcement of Tobacco sales and vaping products for young people	Mentioned in delivery theme 2 action 2.
Outputs	
<ul style="list-style-type: none"> - Improved communication developed aimed at children and young people - Improved co-production approach for children and young people and families regarding smoking and tobacco - Increased social norms around majority of young people don't smoke - Increase in number of VBA conversations 	

Cross cutting themes delivery plan	Governance and System working
<p>Aim</p>	<ul style="list-style-type: none"> - To develop and work in partnership to ensure the success of tobacco control action. - To ensure clear and consistent communication to support people to quit smoking, to encourage communities to not see smoking as the norm and to continue to educate partners and the public about the harms and risk of tobacco use. - To improve the understanding and role of vaping/e-cigarettes that maximises their potential to help smokers quit, while minimising the risks of unintended consequences associated with promoting smoking and vaping to children and young people.
<p>What we are doing</p>	<ul style="list-style-type: none"> • Completed the CLearR process, reviewed the results, and developed the themes for smoking and tobacco control plan. • Set up a Smoking and Tobacco Control Alliance across city and county and established strategic and operational groups. • Developing the vision document and live delivery plan for the smoking and tobacco control plan. • Updating and re-invigorating Nottingham and Nottinghamshire's Tobacco Declaration • Commissioning Behaviour Insight work to understand public behaviours and perceptions on vaping and smoke free spaces • Developing the alliance's e-cigarettes consensus statement • Co-production – Working with patient groups, youth parliament, and service users to open up discussions about smoking and tobacco control • Developed a communications plan
<p>Actions</p>	<p>What we will do</p>
<p>1. Establish a whole systems approach to tobacco control</p>	<p>Year 1</p> <ul style="list-style-type: none"> - Engage partners to form a strategic smoking and tobacco alliance group - and supporting operational structures - Develop governance arrangements for smoking and tobacco work - Develop a vision and live delivery plan - Provide strategic leadership and drive for the smoking and tobacco agenda <p>Year 2</p> <ul style="list-style-type: none"> - Establish future tasks and finish groups to support vision and live delivery plan – smokefree environments and children and young people engagement - Review vision, delivery plans and governance arrangements

Cross cutting themes delivery plan	Governance and System working	
Actions	What we will do	
2. Commit organisations locally to take action on smoking and tobacco use	Year 1 <ul style="list-style-type: none"> - Refresh and reinvigorate the Nottinghamshire and Nottingham Tobacco Control Declaration - Expand the reach of the Tobacco Declaration to strategic partners and Health and wellbeing Board members Year 2 <ul style="list-style-type: none"> - Expand the reach of the Tobacco Declaration beyond strategic partners and Health and wellbeing Board members 	
3. Develop clear and consistent messages around all elements of smoking and tobacco including e-cigarettes	Year 1 and 2 <ul style="list-style-type: none"> - Develop a communications plan - Use the behavioural insights work to inform future work - Develop a platform for information regarding smoking and tobacco to be housed and processes for dissemination - Develop a consensus statement on the use and role of e-cigarettes across Nottinghamshire and Nottingham City. 	
4. Monitoring performance of actions	Year 1 <ul style="list-style-type: none"> - Task and finish Groups objectives developed - Regular reporting on objectives established and shared with partners 	Year 2 <ul style="list-style-type: none"> - Processes developed for sharing work of the strategic and operational groups
Outputs		
<ul style="list-style-type: none"> - Attendance at quarterly Strategic smoking and Tobacco meetings - Number of organisations signed up to the Nottinghamshire and Nottingham City Tobacco Control Declaration - Improved communication plan <div style="float: right;"> <p>Quarterly reports</p> <ul style="list-style-type: none"> - Reporting on strategic group objectives - Reporting on Task and Finish objectives - Monitoring of risk and actions log - Monitoring Public Health objectives </div>		

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