

Strategy extension 2023

# **West Sussex Tobacco Control Strategy 2019-2022**

# INTRODUCTION

## Background and context

In 2019, the West Sussex Tobacco Control Strategy and Action Plan were launched.

Actions were aligned to the Ten High Impact Changes to achieve excellence in tobacco control published by the Department of Health. This was accepted by the Health and Wellbeing Board in January 2019.

The current strategy finishes this year, with **three quarters of the 69 actions completed as at May 2022.**

The Khan 'Making Smoking Obsolete' independent report, commissioned by the Secretary of State for Health and Social Care, was published in June 2022.

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

Originally published by the Department of Health, 2008



A new national strategy/guidance is expected some time in 2023 which will incorporate the Khan review findings. When this is available, a new full West Sussex strategy and action plan will be developed.

Engagement with the Smokefree Partnership and a Public Health Directorate workshop has influenced the refresh of the action plan.

The review has resulted in seven actions being removed and 26 new actions, resulting in a total of 88 actions over the whole strategy. Whilst there are a large number of actions, these span a range of stakeholders and organisations.

The current action plan with progress and updates can be found at <https://sfws-action-plan-review-2022.netlify.app/>

*Please note that whilst this is a Tobacco Control strategy, we do consider the function of vaping as a quit tool for adult smokers but also the potential risks of vaping in young people. Our approach in vaping is in the context of the extreme harms of tobacco use and we aim to take a balanced response to this issue.*

# SUMMARY OF KHAN REVIEW RECOMMENDATIONS TO THE UK GOVERNMENT

## The Khan Review: Independent review into smokefree 2030 policies

Four critical recommendations are boxed in red. These are 'must dos' for the government to achieve a smokefree England by 2030, around which all other interventions are based.

### Part 1: Invest Now

#### **REC 1: Urgently invest £125m per year in interventions to reach smokefree 2030.**

Option 1: Additional funding from within government  
Option 2: A 'polluter pays' industry levy  
Option 3: A corporation tax surcharge

### Part 3: Quit for Good

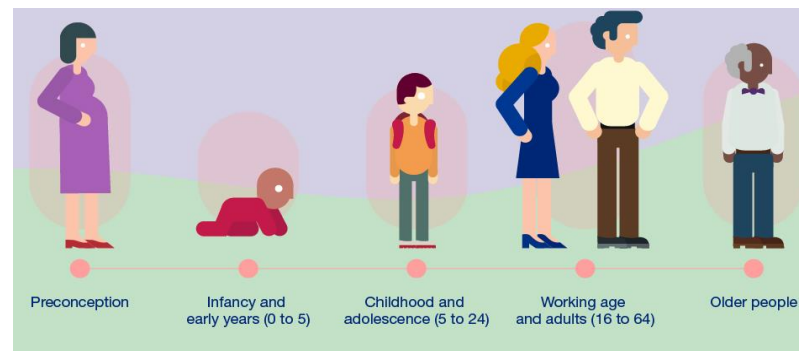
#### **REC 8: Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.**

**REC 9:** Invest an additional £70 million per year into 'stop smoking services', ringfenced for this purpose.

**REC 10:** Invest £15 million per year in a well-designed national mass media campaign, supported by targeted regional media.

### Part 2: Stop the Start

#### **REC 2: Raise age of sale of tobacco by one year, every year.**



The image above shows **the lifecycle of a smoker**. From smoking in pregnancy and the impact on the unborn baby, to old age, where 2/3 lifetime smokers will likely die from smoking. Interventions are needed at all stages of a person's life.

**REC 3:** Substantially raise the cost of tobacco duties (more than 30%) across all tobacco products, immediately. Abolish all duty free entry of tobacco products at our borders.

**REC 4:** Introduce a tobacco licence for retailers to limit where tobacco is available.

**REC 5:** Enhance local illicit tobacco enforcement by dedicating an additional funding of £15 million per year to local trading standards.

**REC 6:** Reduce the appeal of smoking by radically rethinking how cigarette sticks and packets look, closing regulatory gaps and tackling portrayals of smoking in the media.

**REC 7:** Increase smokefree places to de-normalise smoking and protect young people from second-hand smoke.

### Part 4: System Change

#### **REC 11: The NHS needs to prioritise prevention, with further action to stop people smoking, providing support and treatment across all its services, including primary care**

**REC 12:** Invest £15m per year to support pregnant women to quit smoking in all parts of the country.

**REC 13:** Tackle the issue of smoking and mental health.

**REC 14:** Invest £8m to ensure regional and local prioritisation of stop smoking interventions through ICS leadership.

**REC 15:** Invest £2 million per year in new research and data, including investing £2 million in an innovation fund.

## STRUCTURE OF THE STRATEGY EXTENSION

---

### 1) Where are we now?

This describes the current situation regarding prevalence, inequalities, and outcomes, using the latest data.

We also provide an overview of the current service provision and a summary of achievement against the strategy to date.

### 2) Where do we want to get to?

This describes our vision for tobacco control in West Sussex.

### 3) How are we going to get there?

This section describes key priorities and actions we need to undertake to progress our vision.

### 4) How will we know when we get there?

This outlines the Key Performance Indicators we will be monitoring progress against.

## WHERE OUR DATA COMES FROM

---

Data on prevalence comes from two data sources:

### Annual Population Survey

Based on the 2020 prevalence (11.2%),  
there are an estimated **77,300** current smokers  
in West sussex (18+\*)

This is one of the largest household surveys in the UK and has a broad focus on social and socio-economic factors at local levels. It is run by the Office for National Statistics.

The Annual Population Survey is the data source from which the 2030 smokefree target (<5% prevalence) will be assessed.

As a result of the COVID-19 pandemic, methodology changed from face-to-face interviewing to entirely telephone surveying which is expected to have had some impact on self-reported smoking status (see appendix A).

### GP Patient Survey

Based on the 2020/21 prevalence (12.6%),  
there are an estimated **87,000** current smokers  
in West sussex (18+)

This is an independent survey run by Ipsos on behalf of NHS England. Respondents may be motivated to complete the survey to help shape their local health services or to give feedback about the care they receive from their GP.

The GP Patient survey asks different questions about respondents demographics and so offers additional insight into inequalities around smoking status.

Smoking prevalence in this survey has historically been lower than in the Annual Population Survey, locally and nationally, however the latest data available show that GP Patient survey estimates are slightly higher.

\*figure derived by applying percentage to mid-2020 population estimate for over 18s in West Sussex (690,272) from the **Office for National Statistics**.

## WHERE ARE WE NOW?

### Prevalence and trends



Around one in ten adults (11.2%) in West Sussex currently smoke. This is similar to England (12.1%)  
**Annual Population Survey, 2020**

Males have a higher rate (13.2%) compared to females (9.1%) in West Sussex although the difference is not statistically significant.

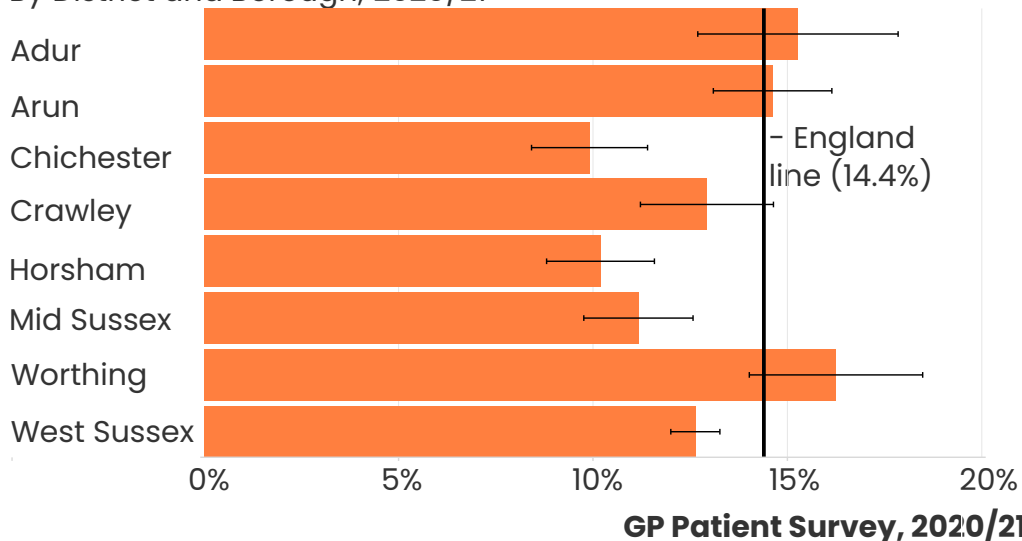


Whilst national data across different sources suggest there may have been a decline in national prevalence, although the pace of decline has slowed, this downturn is not present in all local areas of the county (Appendix A).

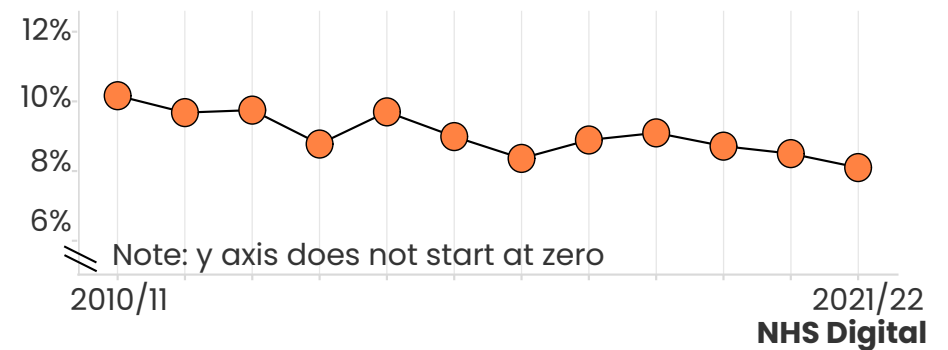
Moreover, the average prevalence in West Sussex masks variation in our districts and boroughs. Chichester, Horsham, Mid Sussex, and West Sussex overall have significantly lower prevalence compared to England.

Despite being similar to the national rate, Worthing has significantly higher smoking prevalence compared to the county overall.

### Current smoker prevalence; Adults aged 18+; West Sussex; By District and Borough; 2020/21



### Smoking at time of delivery; all ages; West Sussex 2010/11 to 2021/22;



8.5% of pregnant people smoking at the time of delivery of their babies  
**NHS Digital, 2021/22**



Whilst this remains significantly better than England (9.6%), progress in reducing this rate has slowed

Data is no longer routinely collected on smoking among young people in local areas. In 2014/15, 7.1% of 15 year olds in West Sussex were estimated to be regular smokers., This was significantly higher than in England.

Almost two in five of those working in routine and manual occupations in West Sussex were current smokers.

**19.7%**  
18-64 year olds  
**Annual Population Survey, 2020**

**24.9%** One in four of those with a long term mental health condition reported current smoking (18+ years)  
**GP Patient Survey, 2020/21**



## WHERE ARE WE NOW?

### National inequalities

Much of the data on inequalities in smoking come from national data.

Representing a much larger population, the national data can highlight statistically significant differences (denoted by non-overlapping error bars) amongst key demographic cohorts such as those in more deprived neighbourhoods, those who rent rather than own their home, and those with different ethnic groups or countries of birth.

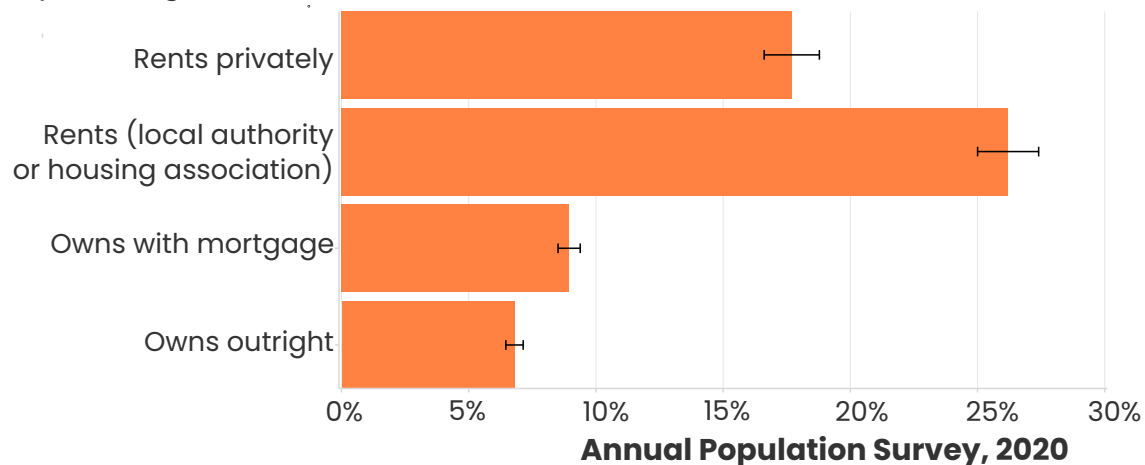
Data on this page come from the Annual Population Survey for England.

Prevalence is **significantly higher amongst those living in the most deprived parts of the country** (15.5%) compared to the least deprived areas (9.2%)

Prevalence is **almost doubled among those whose country of birth is Poland** (20.1%) compared to other countries such as England (12.3%), Scotland (12%), Wales (10.1%), or Pakistan (9.1%).

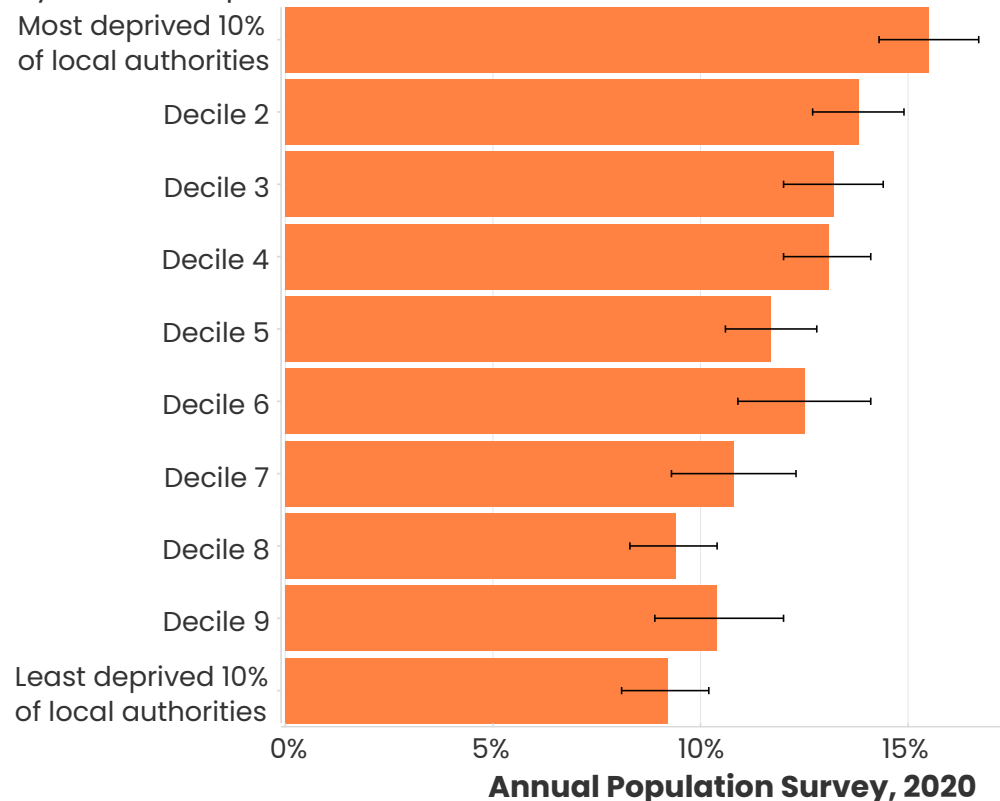
### Current smoker prevalence; Adults aged 18+; England;

By housing tenure; 2020



### Current smoker prevalence; Adults aged 18+; England;

By IMD2019 deprivation decile; 2020



Prevalence is **significantly higher amongst those living in local authority rented** (26.2%) or privately rented (17.7%) accommodation compared to those who own with a mortgage (8.9%) or own outright (6.8%).

Prevalence is **significantly higher amongst those from White or Mixed ethnicity groups** (12.6% and 17.1% respectively) compared to those in Asian (7%), Black (7.8%), or Chinese groups (4.3%).

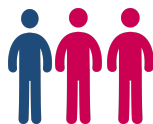
## WHERE ARE WE NOW?

### National inequalities – additional data sources

Data on this page come from the GP Patient Survey.

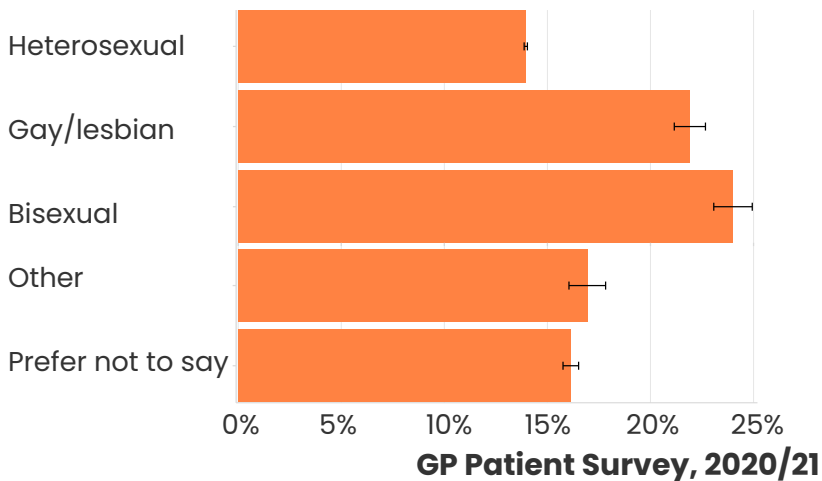
There are significant differences in smoking status by age nationally, with **prevalence dropping substantially after the age of 35**.

Almost one in three who reported being **unemployed (28%) or permanently sick or disabled (29.1%)** were current smokers compared to 15.1% of those in full time paid work.



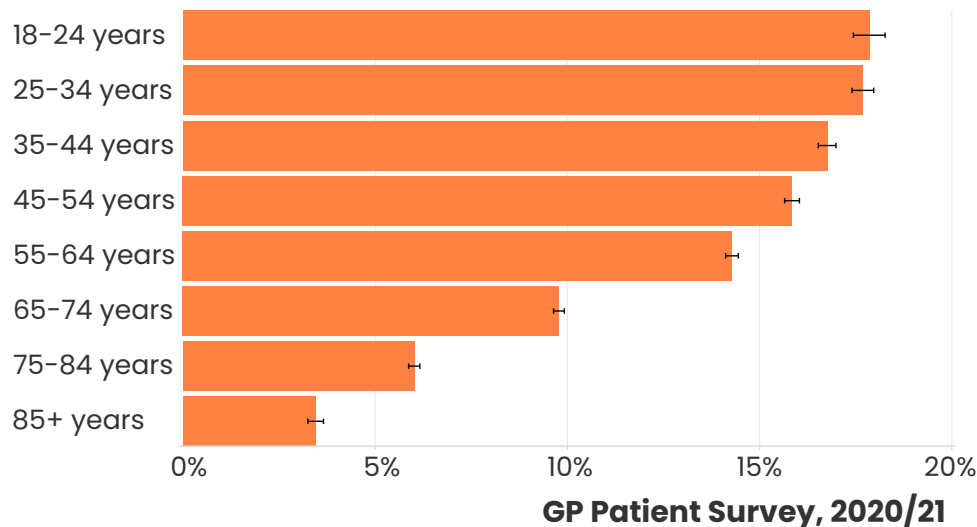
### Current smoker prevalence; Adults aged 18+; England;

By sexuality; 2020/21



### Current smoker prevalence; Adults aged 18+; England;

By age group; 2020/21



Prevalence is **significantly higher amongst those who reported their sexuality as anything other than heterosexual/straight**.

**24%**



One in four of those reporting being bisexual and one in five reporting their sexuality as gay/lesbian reporting being current smokers

GP Patient Survey 2020/21



## WHERE ARE WE NOW?

### Outcomes and costs

Smoking continues to have significant health impacts in West Sussex, as well as costs to our local health and care services and our economy:

**£40.8m** spent on smoking related primary care use and hospital admissions



**£18.5m** on smoking related social care costs



**£126.4m** lost economic productivity due to smoking



**33** tonnes of waste from filtered cigarettes including **14** tonnes of street litter



**£3.3m** lost due to smoking related fires



Data from **Action on Smoking and Health**, ready reckoner 2022

Smoking is a key risk factor for many cancers, including lung, oral, and oesophageal cancers.

Smoking is typically responsible for **70%** of lung cancer cases  
**Cancer Research UK**, accessed November 2022

Between 2017 and 2019, there were **1,796** new lung cancer registrations in West Sussex.

**National Cancer Registration and Analysis Service, NHS Digital**

Tobacco use remains the top risk factor for all cause mortality and morbidity in West Sussex.

Smoking is attributed to  
**24,000** potential years of life lost prematurely each year in West Sussex  
**Global burden of disease, 2019**

**5,600** smoking attributable hospital admissions each year among those aged 35+

Admissions data 2019/20 from **Hospital Episode Statistics**

Mortality attributed to smoking in West Sussex remains significantly lower than national rates, and is generally not statistically different to regional rates of mortality.

Nonetheless, each year smoking contribute to:



**1,000** deaths among those aged 35 year and over attributed to smoking each year

**Office for National Statistics, 2017-19 data**



including **450** deaths from cancers



**140** deaths from heart disease



and **50** deaths from strokes each year



## WHERE ARE WE NOW?

---

### West Sussex progress towards national targets

The Tobacco Control Plan for England (2017–2022) identified **four key national ambitions**, which are highlighted in the local strategy. These ambitions were outlined as key to delivering 'Smokefree by 2030'.

These were targets we were working to and assessment of the West Sussex position against these ambitions gives an indication of how West Sussex is progressing.

**1** Reduce the prevalence of 16 year olds who regularly smoke from 8% to 3% or less by the end of 2022

It is difficult to assess progress due to lack of local or modelled data on prevalence among young people. In 2014/15, 7.1% of 15 year olds in West Sussex were estimated to be regular smokers. This is significantly higher than the national average.

**2** Reduce smoking prevalence among adults in England from 15.5% to 12% or less by the end of 2022

In 2020/21, 11.2% of adults in West Sussex were current smokers. The prevalence in 2017 was 12.8%, and 10% in 2019. However, the data collection methodology changed in 2020 which could in part explain the increased rate.

**3** Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population by the end of 2022.

In 2017, routine and manual occupation smoking prevalence was 23.4% compared with 12.8% in the general adult population (a gap of 10.6 percentage points). In 2020/21, the gap had reduced to 8.5 percentage points (19.7% among those in routine and manual occupations, compared to 11.2% in the general population).

**4** Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less by the end of 2022

In 2018/19, 9.1% of pregnant people were smoking at the time of delivery, reducing marginally to 8.5% in 2020/21.

## WHERE ARE WE NOW?

### Smoking cessation services in West Sussex

There are currently **139** smoking cessation providers across **149** sites across West Sussex (some providers deliver from multiple sites).

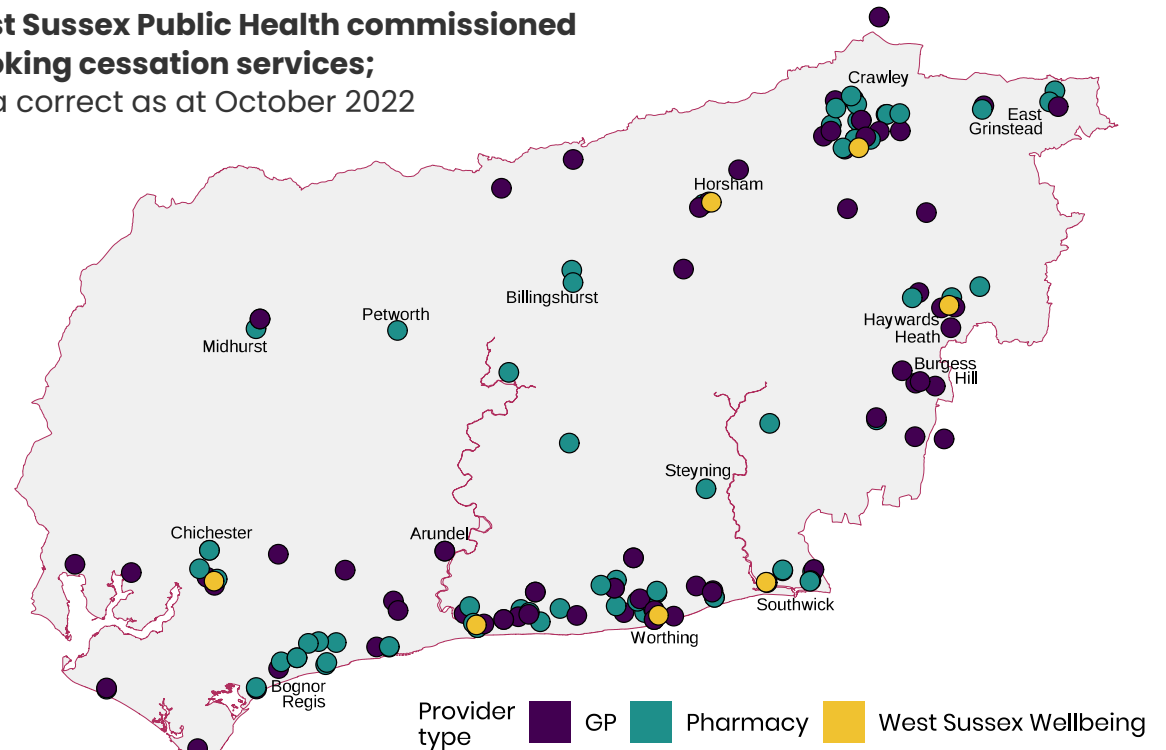
This includes West Sussex Wellbeing service operating a hub in each of the Districts and Boroughs, as well as GP practices and community pharmacies.

There are currently 53 active smoking cessation providers with at least one new starting intervention in 2022/23 (April–September 2022).

Services are e-cigarette friendly, in accordance with the best available evidence highlighting that e-cigarette devices are effective quitting aids and are 95% less harmful than cigarettes (**Public Health England, 2015**).

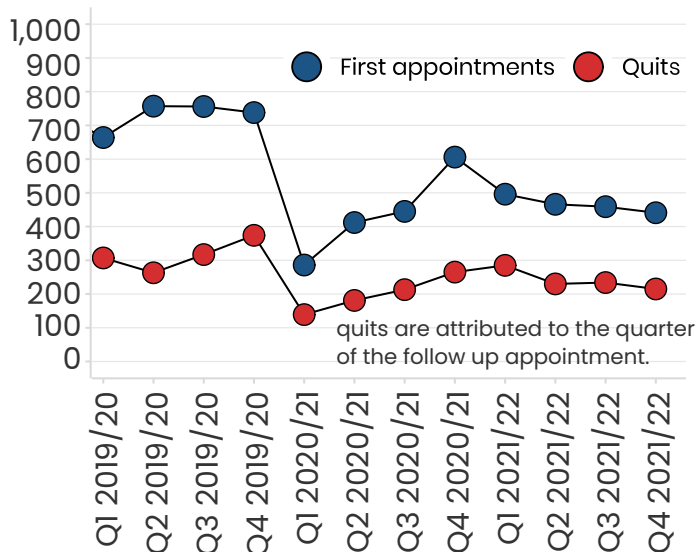
### West Sussex Public Health commissioned smoking cessation services;

Data correct as at October 2022



### West Sussex Public Health commissioned smoking cessation services;

Number of first appointments and quits by financial quarter



In 2021/22, providers delivered a total of **1,866 first appointments with a recorded quit rate of 39% (725 quits)**.

This is a reduction from 2019/20 'pre-pandemic' levels (see appendix B for trends) although it reflects a pattern seen nationally.

In West Sussex, a new provision was developed within the West Sussex Wellbeing service to mitigate some of the reduced capacity within primary care providers.

In addition to community services, a new **maternity stop smoking service launched in 2022**, as part of the NHS Long Term Plan.

## WHERE ARE WE NOW?

---

### Current governance arrangement – West Sussex Smokefree Partnership

The purpose of the **West Sussex Smokefree Partnership** is to provide strategic direction and leadership to achieve a smoke free West Sussex (defined as an adult smoking prevalence below 5%) by 2030.

### Current membership

- West Sussex County Council Public Health
- West Sussex County Council Trading Standards
- West Sussex Wellbeing Service
- Primary Care Networks
- Sussex Integrated Care Board
- University Sussex Hospitals Trust
- Sussex Community Foundation Trust
- Sussex Partnership Foundation Trust
- Cancer Alliance
- West Sussex Fire and Rescue
- Education and Youth services representatives
- Environmental Health
- Regional Tobacco Control Team – Office for Health Improvement and Disparities

### Reporting arrangements

The group is accountable to the West Sussex **Health and Wellbeing Board**. It will also regularly report into the recently reconstituted **West Sussex Cardiovascular Disease Prevention Steering Group** (which itself reports to the Integrated Care System Prevention Board).

## WHERE ARE WE NOW?

---

### West Sussex Tobacco Control Strategy 2019–2022 review

In 2019, the West Sussex Tobacco Control Strategy and Action Plan was launched and ran from 2019 to 2022, overseen by the West Sussex Smokefree Partnership.

#### Actions completed successfully

Three quarters of the original 69 actions were considered complete in May 2022, despite disruption due to the COVID-19 pandemic. Some of the successes of the strategy include:

- Offer of smoking cessation services in the West Sussex Wellbeing Service hubs developed to improve capacity during the pandemic
- In 2021/22, Trading Standards seized 727 packets of illicit cigarettes and 279 pouches of illicit tobacco during eight inspections at five retailers
- Several of the West Sussex Wellbeing Services supported people experiencing homelessness to quit with the option of using a vape product; 132 people started the intervention with 62 successful quits. This is a quit rate of 47% and all but two successful quitters used vape products.
- A new training programme for providers was established regarding the co-use of cannabis and tobacco.

#### Actions carried forward

- Refresh the Tobacco Control Health Equity Audit
- Continue to improve data quality, reporting, and feedback from Stop Smoking Services
- Increase uptake of smoking cessation among substance misuse service users
- Safe and well visits to test individual levels of carbon monoxide
- Actively Quitting with physical activity pilot resuming following disruption due to COVID-19
- Establish clear reporting mechanisms for midwives regarding illicit tobacco
- Identify effective smoking cessations interventions for children and young people
- Smokefree environment policy related actions

#### Actions withdrawn or on hold

- Health4families service is no longer operational – actions have been incorporated into the rest of the plan
- Actions regarding tobacco control support in dentists
- CLear deep dive actions will be considered in the new full tobacco control strategy

## WHERE DO WE WANT TO GET TO?

---

### Our vision

By 2030, we will have achieved smokefree in West Sussex (<5% smoking prevalence).

Tobacco use is the top risk factor for all cause morbidity and mortality in West Sussex and the single largest driver of health inequalities.

Tackling tobacco use is considered one of the **priority areas** that we must make progress on to achieve our public health vision for West Sussex.

*"West Sussex is a great place in which to group up, achieve, raise a family and grow old...  
it is a place where improved health and wellbeing is experienced by all our residents,  
and the health and wellbeing gap between communities is reducing"*



### West Sussex Health and Wellbeing Strategy 2019–2024

## HOW ARE WE GOING TO GET THERE?

---

The following pages show the progression and revised key actions required to achieve the Ten High Impact changes and meet the ambitions of the strategy.

### Working in partnership

---

Achieving Smokefree in West Sussex requires a system wide response. The West Sussex Smokefree Partnership will provide the main mechanism to support partnership working.



#### Key actions

Establish specific smoking cessation support for housebound smokers

Establish a referral pathway for West Sussex Fire & Rescue service Safe and Well visits for housebound smokers

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

---

Ensuring local, robust, and timely data is available is essential for monitoring progress against this strategy and in ensuring resources are targeted where they are needed most.

Ensuring that our services collect data that allows analyses of inequalities will be key.



#### Key actions

Model the trajectory required to reach smokefree by 2030

Consider a health and wellbeing school survey which would provide a regular robust measure of smoking and vaping in children and young people

Update the Tobacco Control Joint Strategic Needs Assessment

Action recommendations identified in the Health Equity Audit to ensure services collect data allowing for inequality analyses.

### Use tobacco control to tackle health inequalities

---

Tobacco use is a key driver of inequalities in morbidity and mortality between the best off and worst off, and the prevalence of smoking between other communities (e.g. LGBTQ+ groups) differs significantly.

#### Key actions

Complete a Health Equity Audit and co-produce recommendations to reduce inequalities in prevalence, in service access and outcomes between groups

Consider the use of provider incentives to support increased quit rates among vulnerable groups

Embed smoking cessation signposting within District and Boroughs to support those in Local Authority rented or housing association accommodation, considering the use of Make Every Contact Count (MECC) principles

Development of a financial incentive scheme for pregnant people and a supporter

Explore the co-location of stop smoking services to support vulnerable groups (e.g. drug/alcohol services)

### Deliver consistent, coherent, and coordinated communication

---

Public stop smoking campaigns have been evaluated as effective. We will continue to actively participate in local and national tobacco control campaigns. We will specifically consider the needs of groups experiencing inequalities and develop targeted communications materials for these groups.

#### Key actions

Undertake engagement with vulnerable groups to understand motivations, perceptions, and experiences of services (using COM-B structure)

Produce targeted New Year Stop Smoking communications for Eastern and Central European groups and LGBTQ+ groups

Promote smoking cessation services in high prevalence areas

Develop supportive communications regarding the cost of smoking and support available to to quit



### An integrated stop smoking approach

---

Local authority stop smoking services are just one key facet of an integrated stop smoking approach.

In West Sussex, there are a range of community providers for residents to access and increasingly, smoking cessation support is provided directly within health services.

#### Key actions

Hospital Trust Inpatient Tobacco Dependence service rolled out

Maternity smoking cessation service to be further developed in terms of capacity and virtual offer

Activity audit of community providers, offering support to providers with no/low activity who wish to continue providing the service

Source extra provision via additional providers

Develop a central triage function model to ensure ease of access to services

Expand free vape provision in stop smoking services

### Build and sustain capacity in tobacco control

---

Capacity building is a long-term process but in order to maintain progress and momentum in tobacco control it is essential that local capacity is strengthened and sustained.

Successful tobacco control will require infrastructure, resources, and political will.

#### Key actions

Expansion of carbon monoxide (CO) monitors in West Sussex Wellbeing Services

Vaping awareness session delivered for stop smoking providers and other key stakeholders

Provision of additional training for Family Nurse Partnership staff to deliver smoking cessation interventions to service users

## HOW ARE WE GOING TO GET THERE?

---

### Tackle cheap and illicit tobacco (including illicit vapes)


---

Illicit tobacco and vaping products includes goods which fail to comply with legislation.

Trading Standards also undertake an important role in tackling underage sales of tobacco and vaping products.



#### Key actions



Continue to disrupt the supply of illicit tobacco and vaping products in West Sussex

Continue to disrupt the supply of tobacco and vaping products sold to underage residents

### Influence change through advocacy


---

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 de-normalising tobacco use through changing social norms.



#### Key actions



Continue to support elected members and executive leadership to raise the issue of tobacco control in West Sussex

## HOW ARE WE GOING TO GET THERE?

---

### Helping young people to be tobacco and vape free

---

Preventing the uptake of smoking among young people and offering appropriate support for those that do smoke is essential in order to reach smokefree by 2030.

We also consider the issue of vape use among young people.

#### Key actions

Review effectiveness and acceptability of current smoking cessation provision and best practice for children and young people

Consider a smoking Key Performance Indicator as part of the Healthy Child Programme with ringfenced funding and specific consideration of vulnerable groups (e.g. care experienced young people)

Develop whole-schools approach to smoking/vaping including education on risks of vaping

### Maintain and promote smokefree environments

---

By implementing policies to make more of our environments smokefree we can protect citizens and workers from the harms of passive smoking, reduce morbidity and mortality due to passive smoking, motivate smokers to quit, and reduce the number of people who start smoking.

#### Key actions

Audit of public sector buildings with smokefree policies to serve as a baseline

Implement smokefree policies in County Council buildings

Implement smokefree policies in other public sector buildings

Develop a smokefree sidelines project

## HOW ARE WE GOING TO GET THERE?

### Governance process timeline



## HOW WILL WE KNOW WHEN WE ARE THERE?

---

### Key Performance Indicators (KPIs)

This strategy extension is one stepping stone towards smokefree by 2030.

As noted, a new local strategy will be developed when further national guidance is available.

An overall smoking prevalence target for the lifespan of this strategy extension will be developed following the production of a trajectory to reach smokefree by 2030.

Other key performance indicators include:

- 1** Increase number of first appointments in the community Stop Smoking Services to pre-Covid levels by November 2023
- 2** Increase engagement in Stop Smoking Services among routine and manual workers to 30% by November 2023

# ACKNOWLEDGMENTS

---

## Authors

**Dr Kate Bailey** – Public Health Consultant

**Alison Challenger** – Director of Public Health

**Tom Howell** – Primary Care Co-ordinator

**Rebecca Howells** – Public Health Lead

**Dani Plowman** – Public Health Specialty Registrar

**Dr Rich Tyler** – Senior Public Health Analyst

**Members of the Public Health Directorate**

**Members of the Smokefree West Sussex Partnership**

APPENDICES

Appendix A - Smoking prevalence trends;

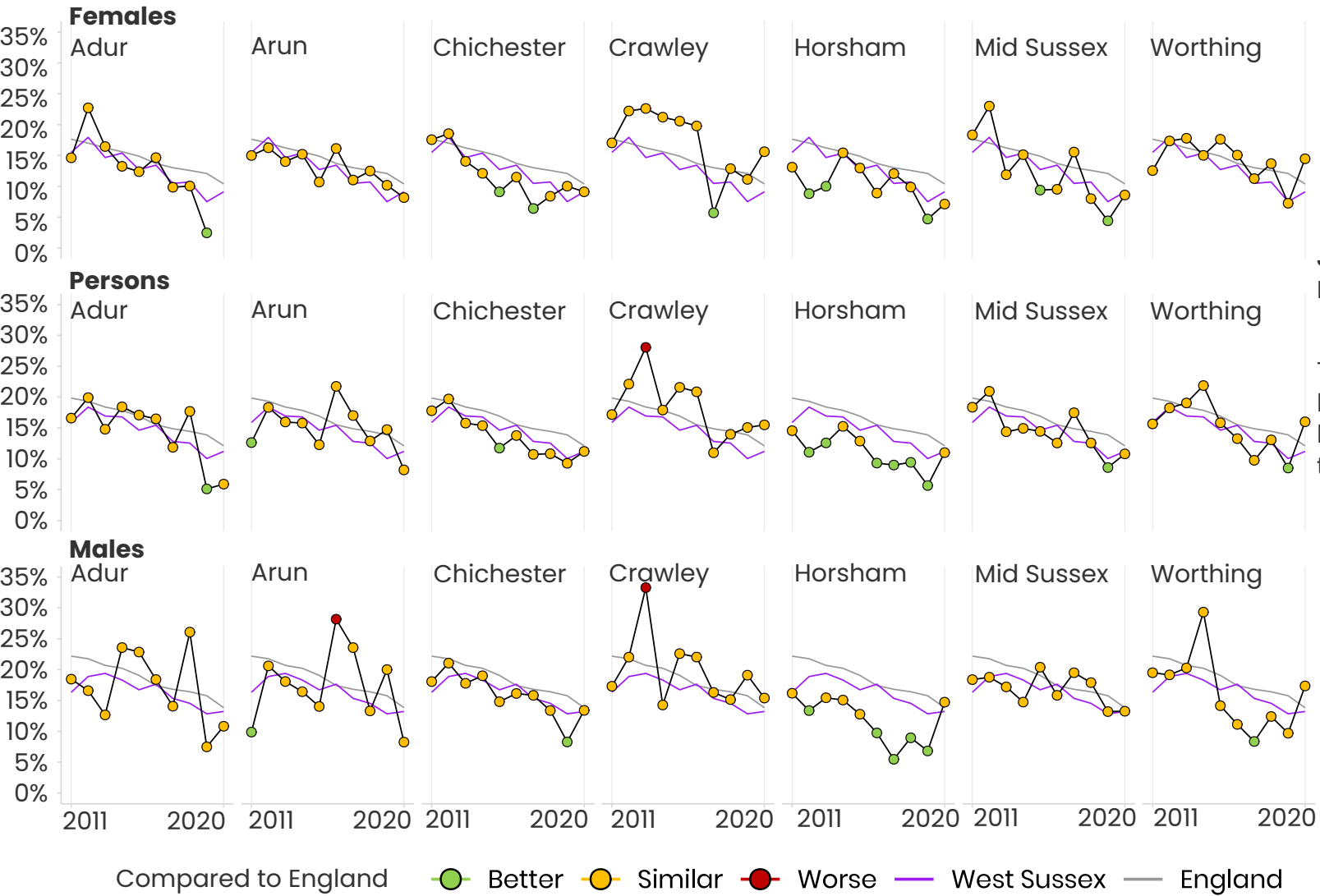
Current smoker prevalence; Adults aged 18+; West Sussex Districts and Boroughs

By sex; 2011-2020; values compared to national equivalent year and sex

The coronavirus pandemic has changed the way we can collect data and is likely to be a contributing factor to why we have seen an unrealistic decrease in the proportion of adults who smoked cigarettes in 2020 in our usual information source, the Annual Population Survey (APS).

Therefore, these numbers should be treated with caution.  
**James Tucker**, Health Analysis and Life Events, Office for National Statistics

This makes it difficult to compare the latest data with previous years and hinders using trends to model how to reach smokefree by 2030.





## APPENDICES

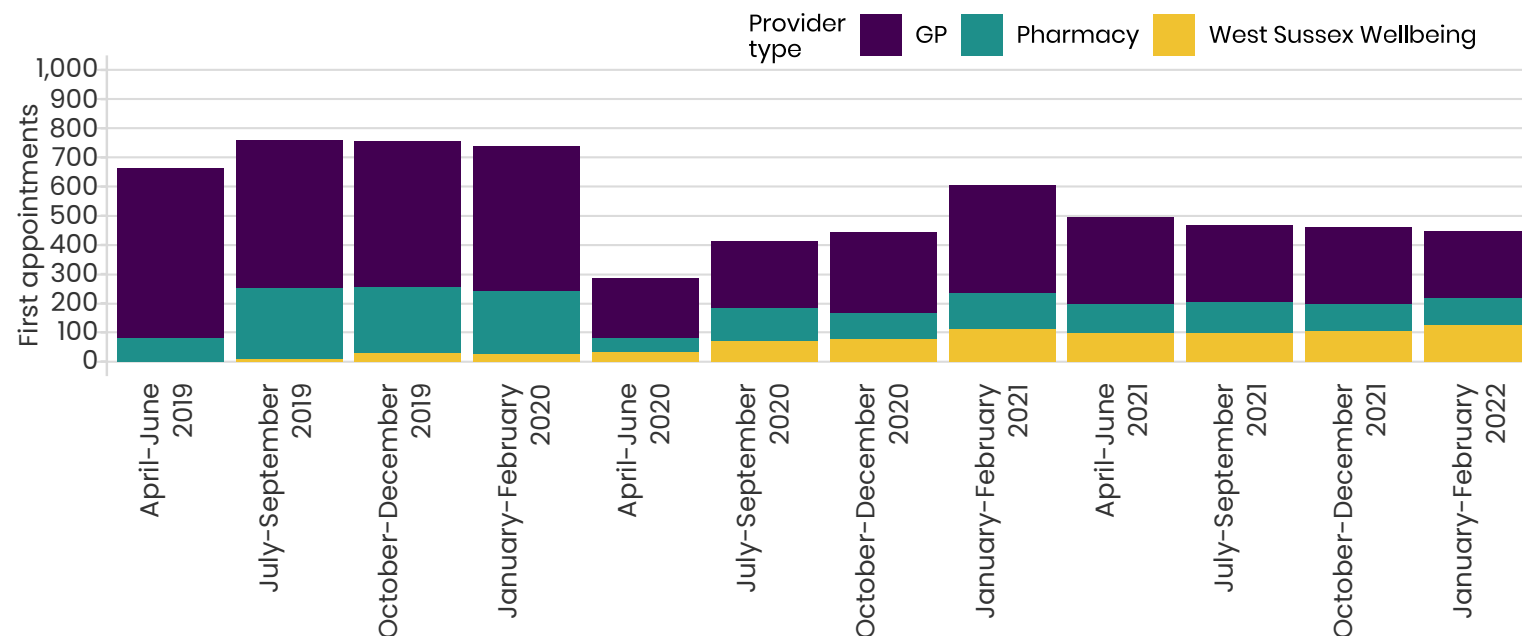
### Appendix B - Smoking cessation services overview

Note: successful quits are attributed to the quarter in which the follow up appointment was conducted. This can be several months later than the first appointment and may lead into the following quarter.

Also note the different y axis scales on each of the figures.

#### West Sussex Commissioned Smoking cessation services; 2019/20 - 2021/22

Number of first appointments by provider type and quarter;



#### West Sussex Commissioned Smoking cessation services; 2019/20 - 2021/22

Number of quits by provider type and quarter;

