



**WIRRAL
INTELLIGENCE
SERVICE**

JSNA: Tobacco

**Wirral Intelligence
Service**

March 2020

JSNA: Tobacco

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Background to JSNA – Joint Strategic Needs Assessment

What is a JSNA?

A Joint Strategic Needs Assessment, better known as a JSNA, is intended to be a systematic review of the health and wellbeing needs of the local population, informing local priorities, policies and strategies that in turn informs local commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities throughout the Borough.

Who is involved?

Information from Council, NHS and other partners is collected and collated to inform the JSNA and this reflects the important role that all organisations and sectors have (statutory, voluntary, community and faith) in improving the health and wellbeing of Wirral's residents.

About this document

This JSNA section looks to contain the most relevant information on the topic and provides an overview of those related key aspects

How can you help?

If you have ideas or any suggestions about these issues or topics then please email us at wirralintelligenceservice@wirral.gov.uk or go to <https://www.wirralintelligenceservice.org/>

| Version Number | Date | Authors |
|----------------|------------|-----------------------------------------------------------------------------------------------------------|
| 1.0 | March 2020 | Aoife Blanchard, Matthew Ray, Jack Font, Sarah Kinsella, John Highton and Rebecca Mellor (Wirral Council) |

Content overview

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| Abstract | <p>The Tobacco JSNA provides an in-depth analysis of the impact of smoking upon the residents of Wirral compared to regional and national figures. It aims to identify key smoking priorities and pledges as well as needs to improve health and wellbeing outcomes to reduce inequalities throughout Wirral.</p> |
| Intended or potential audience | <p>External</p> <ul style="list-style-type: none"> • A Better Life (ABL) • Trading Standards • Wirral NHS Providers • Wirral CCG • Wirral Health and Care Commissioning Members • General public via Wirral Intelligence Service website <p>Internal</p> <ul style="list-style-type: none"> • Local Councillors • Senior Public Health Managers • Senior Leadership Teams |
| Links with other topic areas | <ul style="list-style-type: none"> • Adult Obesity • Black Asian and Minority Ethnic Groups • Children and Young People • Cancer • Chronic Obstructive Pulmonary Disease • Drug Misuse • Equality Diversity and Protected Characteristics • Fire • Health and Wellbeing • Indices of Deprivation • Lesbian, Gay, Bisexual and Transgender • Long-term Conditions • Maternity and Pregnancy • Mortality • Outdoor Air Quality • Respiratory |

Key Findings

- Smoking is the single largest cause of preventable ill health and premature mortality in the UK, responsible for over 79,000 deaths per year in England, and 1,817 deaths in 2016-18 in Wirral
- It is estimated that one in five deaths each year in Wirral are related to smoking, making it the single greatest risk factor for poor health and early death.
- Smoking has considerable health and social costs both for the individual smoker and society, not to mention the burden on the UK economy, estimated at £12.5 billion/year
- The total current estimate of smoking cost on the Wirral is just over £70 million pounds per annum
- The UK's tobacco control plan '[Towards a Smokefree Generation](#)' aims to reduce adult smoking rates to 12% or less, childhood smoking to 3% or less, and smoking in pregnancy to 6% or less by 2022
- In 2018, Wirral's adult smoking prevalence declined to its lowest ever recorded level of 12%, which is lower than the national average (14.4%), however considerable variation remains
- More than half (56%) of all those who smoke in Wirral live in areas classed as the most deprived areas in England. For comparison, the least deprived (or most affluent areas of Wirral) contain only 4% of all Wirral's smokers
- The four wards with the highest 18+ smoking prevalence rates are also the four most deprived wards in Wirral according to the Index of Multiple Deprivation (IMD) 2019; Birkenhead and Tranmere, Seacombe, Bidston and St. James, and Rock Ferry
- The highest proportion of people reporting they have never smoked were those in the youngest age group of 18-34 at 70%
- Approximately one in seven (15.1%) people aged 40-74 who had an NHS Health Check in Wirral in 2018/19 reported being either a current or occasional smoker
- Locally, illicit tobacco continues to be an issue, which the Wirral Trading Standards Team works hard to combat through underage sales test purchasing, business advice, and intelligence lead enforcement work with [Wagtail](#) and Merseyside Police
- Since 2010/11, Wirral, the North West, and England have all shown a reduction in the proportion of maternal smoking at time of delivery. However, the percentage of women smoking at time of delivery in Wirral (13.9%) is considerably higher than the national average (10.6%)
- In Wirral, 22% of people reported that they have ever vaped, while 78% of people said they had never vaped. People most likely to ever have vaped lived in Birkenhead Constituency, while those least likely to have vaped lived in Wirral West.
- Locally, Wirral's successful 4 week quit rate of 4,848 per 100,000 is considerably better than the Northwest average of 2,040 per 100,000 and the national average of 1,984 per 100,000
- Since 2017/18, A Better Life (ABL; Wirral's Stop Smoking Service) has consistently met the targets of 4-week quitters as well as the proportion of those quitters that are still smokefree at 12 weeks
- Overall the 30-74 age-band comprised of just over 80% of all users of ABL in 2018/19
- Wirral's Smokefree Strategy commits to tackling tobacco use via the four pillars of communicating risk, supporting people who want to quit, creating smokefree environments and acting on illicit tobacco
- Although Wirral's well-established smoking service is achieving excellent quit rates and smoking prevalence overall is declining, more must be done to support the most disadvantaged groups in order to reduce health inequalities.
- Young people are an underrepresented group among the demographics of ABL's service users, and there is a dearth of local data around their behaviours and attitudes despite the smokefree generation vision being pinned on them as the (non)smokers of the future.
- Smoking services in Wirral focus more on smoking cessation than they do on prevention and the broader tobacco control policy.

Wirral JSNA: Tobacco

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What do we know?

Why is this important?

Introduction

Tobacco use is the single largest cause of preventable ill health and premature mortality in the UK, responsible for over 79,000 deaths per year in England and 1,817 deaths in 2016-18 in Wirral (ASH, 2019a; PHE, 2019). It accounts for more than the total number of deaths caused by alcohol, obesity, illegal drugs, murder, suicide, road traffic accidents, and HIV combined, indicating the importance of understanding smoking patterns and local population needs in order to implement effective tobacco control (HSCIC, 2013).

Wirral's smoking prevalence has continued to decrease to reach its lowest recorded level of 12% in 2018, in line with the national picture. Considerable variation remains, however, with smoking prevalence as high as 26.1% in some of Wirral's most deprived areas (PHE, 2019).

That certain groups' smoking prevalence remains persistently high is indicative of wider socio-economic inequalities, with smoking accounting for approximately half of the difference in life expectancy between the lowest and highest income groups nationally (Marmot, 2010).

Smoking cessation services and broader tobacco control initiatives must therefore be tailored towards the groups who need it most if the health inequality gap is to be closed and the government's Smokefree Generation vision is to be achieved.

Impacts of Smoking

Smoking is known to kill one in two of its users and is a major risk factor for many diseases including chronic obstructive pulmonary disease (COPD), heart attack and cancers such as lung, mouth, throat, bladder, kidney, stomach, liver and cervix (DHSC, 2017). Tobacco smoke contains over 4,000 chemicals of which 69 are carcinogenic, meaning tobacco smoke not only damages the smoker's health but also the health of those around them (WHO, 2005). Smoking can be deleterious for the health of non-smokers via second-hand smoking and the risks of miscarriage, stillbirth and preterm delivery are increased by smoking during pregnancy.

Passive smoking is particularly harmful for children who are more likely to develop asthma, bronchitis, pneumonia and ear infections as a result of exposure (Vardavas et al, 2016). Smoking is therefore one of the deadliest lifestyle choices an individual can make, as evidenced by the 38,690 deaths attributed to smoking in the North West alone between 2015-2017 (ASH, 2019a).

Not only does smoking cost lives, it also poses a significant financial burden to the UK economy, estimated at £12.5 billion per year (ASH, 2019b). Of this, the largest losses are £8.9 billion lost in productivity as a result of premature death, £2.4 billion carried by the NHS when treating smoking related illnesses and £883.5 million in social care costs (ASH, 2019b).

This is not to mention the financial burden on the individual smoker, with ASH (2017a) estimating a 20-a-day smoker of a premium cigarette brand will spend roughly £3,600 a year on cigarettes.

Smoking prevalence is almost three times higher amongst lower earners meaning that those who have least financial security are disproportionately burdened by the costs of smoking (DHSC, 2017). This is supported by Belvin et al (2015), who found that smoking exacerbates poverty for a large proportion of children in the UK, revealing another of the wide-reaching impacts of smoking.

Illicit Tobacco

Illicit or illegal tobacco remains a challenge to tobacco control because it limits the impact of tobacco tax increases, undermining efforts to make tobacco unaffordable and more difficult to obtain for new and existing smokers. Since the 1980s, tobacco prices have risen more than the retail price index, increasing by as much as 97% between 2008 to 2018 (NHS Digital, 2019a). As a direct result of this price inflation, tobacco has become 30% less affordable since 2008, but the same cannot be said for illicit tobacco (NHS Digital, 2019a).

To counter illicit tobacco's undercutting effects and associated crime, the UK has made concerted enforcement efforts which have cut illicit cigarettes in the UK market from 21% to 13% and hand rolled tobacco from 63% to 32% between 2000 and 2016 (ASH, 2017a). The tobacco tax gap, which is driven by the illicit markets in cigarette and hand-rolling tobacco, was estimated at £2.5 billion in 2016-17 (HMRC, 2017).

As a consequence of the government's comprehensive strategy, the illicit cigarette trade has been reduced to approximately 15% of the UK cigarette market with revenue lost reduced by £900 million since 2000 (HMRC, 2019).

Importantly, it has been noted that more could be done to target the demand side of illicit tobacco in addition to tackling supply. ASH (2019c) suggest that drawing on the risks of youth access is more effective than traditional narratives around crime when working in communities to make illicit tobacco less acceptable.

Locally, Wirral's Trading Standards Tobacco Control Report (2019) finds that illegal tobacco continues to be an issue, with several recent investigations finding duty divert and counterfeit tobacco products. In response, Wirral Trading Standards service has worked with the police, community, and other agencies to tackle the issue, primarily via targeted underage sales test purchasing, providing business advice and preventative work, and intelligence led enforcement work with [Wagtail](#), who use detective dogs to uncover hidden tobacco.

In Wirral in 2018, 4 out of 167 tobacco display compliance visits were in breach of legislation, 4 out of 71 premises tested sold tobacco to underage customers, and 6 out of 12 premises tested sold e-liquids to underage customers. All misconduct was dealt with via warning letters and follow up checks, with training provided as required. For the period of 2019-20, three seizures were carried out (all in Birkenhead), with a total of 7,920 illicit cigarettes seized. The largest of the cases involved almost 5,000 cigarettes of which 1,460 were counterfeit and 3,530 had foreign labels, indicating the scale of some such criminal activities in Wirral.

As recently as November 2019, Wirral Trading Standards team uncovered 2,320 counterfeit cigarettes concealed in a Birkenhead shop when working on a joint operation with Merseyside Police, Wagtail sniffer dogs, and HMRC.

Overall, Wirral's Trading Standards report (2019) identifies the sale of vaping e-liquids to children as an area of growing risk in the future and highlights the importance of gathering localised intelligence on the ground.

Groups at Risk

Despite the overall decline in smoking prevalence in England, inequalities remain, meaning certain groups continue to be disproportionately burdened with smoking-related health problems (Smith et al, 2018). These groups tend to be those living in more deprived areas, low income or unskilled workers, people living with mental health conditions, and those with other substance abuse issues.

Deprivation

Health inequalities are best understood as unjust, preventable differences in health outcomes between different population groups, with smoking being the single most important driver of health inequality (National Centre for Smoking Cessation, 2013). In 2016, people living in the most deprived areas of England were more than four times as likely to smoke than those living in the least deprived areas, and thus suffer more from the associated health problems (ONS, 2018).

In line with this, [Wirral's 2017 Resident Survey](#) found that social tenants are more likely to smoke, with 56% of social tenants smoking compared to 32% among all 1,306 respondents surveyed (Ipsos MORI, 2017). Furthermore, Jackson et al (2019) have recently shown that despite having a similar level of motivation to stop, those living in social housing are half as likely to be successful in their quit attempt than those from any other housing types.

Smith et al (2018) suggest this is because smokers of lower socio-economic status face additional barriers to quitting, including higher levels of dependence, more accepting social norms around smoking, and difficult life circumstances which deprioritise quitting.

Supporting smokers to quit is therefore one of the most effective ways to tackle health inequalities and the broader socio-economic inequalities they mirror (ASH 2019d).

Mental Health

People living with mental health conditions are twice as likely to smoke as the general population, and will die an average of 10-20 years earlier, largely driven by smoking (ASH, 2016). While smoking prevalence across the general population has dropped over time, 40.5% of adults with a serious mental health illness continue to smoke, a figure that has remained steady over the last 20 years (Szatkowsk and McNeil, 2015).

The association between smoking and poor mental health becomes stronger the more severe the mental health condition, with psychiatric in-patients found to have the highest smoking prevalence (Royal College of Physicians, 2013). ASH (2019b) estimate that about 30% of smokers in the UK have a mental health condition but it is unclear whether smoking is a cause or effect of poor mental health.

Research does suggest that smoking is associated with increased risk of major depression and links have also been made between Attention deficit hyperactivity disorder (ADHD), Posttraumatic stress disorder (PTSD), schizophrenia and smoking (Hamalainen et al 2001, ASH 2019b). It is thought that people with mental health conditions use tobacco to self-medicate, however the relief from nicotine withdrawal is temporary and smokers become more heavily addicted, exacerbating the problem and resulting in worsening physical, as well as mental, health (ASH, 2019b).

A concerted effort, therefore, needs to be made to tailor smoking cessation services to the needs of those with a variety of mental health disorders, particularly those with more serious conditions, such as psychiatric inpatients. In their 2017 annual report, Wirral's smoking cessation service provider, A Better Life (ABL), recorded that 79.5% of their clients with quit dates set had mental health conditions, suggesting that some work is already underway to support this group in Wirral.

Children and Pregnant Women

Children and pregnant women make up a key part of the 'at risk' demographic, with tobacco impacting them in several ways. Smoking during pregnancy poses serious risks from premature delivery to miscarriage, stillbirth, and sudden infant death (PHE, 2018). This is particularly important for Wirral, where smoking at time of delivery (SATOD) rates are at 13.9%, which is higher than the regional (12.7%) and national (10.6%) averages, and more than double the national target for 2022 (6%) (PHE, 2019).

Children who are born into smoking households are exposed to second-hand smoke and so are at higher risk of developing respiratory infections, asthma, bacterial meningitis and ear infections, with second-hand smoking linked to 165,000 new cases of disease among children in the UK per year (Cancer Research UK, 2016). Furthermore, smoking is expensive and places an additional burden on household budgets which may already be stretched.

Belvin et al (2015) study found an estimated 1.1 million children (almost half of all impoverished children) live with at least one parent who smokes, and that smoking exacerbates poverty. These children are up to three times more likely to go on to smoke as a result of living with a smoker, fuelling the cycle of intergenerational smoking and poverty (Leonardi-Bee et al, 2011, ASH, 2019e).

Corliss et al (2013) found that young lesbian, gay, bisexual and transgender (LGBT) people are more likely to smoke, start smoking at a younger age, and smoke more heavily. Similarly, bisexual and transsexual people appear to be more likely to smoke in adulthood (NHS England, 2016). A recent national survey of secondary school pupils found that 16% of pupils had ever smoked, among whom only 2% identified as regular smokers. However, 74% of those who regularly smoked admitted that they would find it fairly or very difficult to quit (NHS Digital, 2019b). Most smokers start as teenagers, making prevention and targeting young people a major concern for the tobacco control agenda (DHSC, 2017).

National Context and Legislation

In the UK, availability of ready-rolled cigarettes has dropped considerably over time. In 2018, 26.2 billion sticks were released for home consumption, which is 8% less than 2017 and 69% less than in 1996 (NHS Digital, 2019a). On the other hand, the availability of hand rolling tobacco more than doubled between 2004-2012, reflecting the increase in the proportion of adults who smoke hand-rolled cigarettes, most likely because this option is cheaper (NHS Digital, 2019a).

Over the last thirty-five years, smoking prevalence in Great Britain has halved to become one of the lowest in Europe, with fewer than one in six adults smoking (ONS, 2019; OECD, 2018). This achievement is primarily due to the UK's extensive tobacco control efforts which have greatly influenced the production, promotion, supply, and use of tobacco products in the UK. In 2007, England followed Scotland, Wales and Northern Ireland in banning smoking in public places and raised the legal purchasing age to 18.

Since then, a swathe of tobacco control legislation has been introduced; from banning cigarette displays in shops and vending machines in 2011, to criminalising smoking with under 18s in the car in 2015 and enforcing standardised cigarette packaging with graphic warnings in 2016.

In 2017, these policies were followed up by the UK's ambitious tobacco control plan '[Towards a Smokefree Generation](#)' which aims to reduce smoking rates to 12% or less by 2022 (DHSC, 2017).

National Policy Drivers

Towards a Smokefree Generation is structured around four primary pillars. Firstly, it looks to achieve the first 'smokefree generation' with the measurable targets of lowering adult smoking rates from 15% to 12%, childhood smoking from 8% to 3%, smoking in pregnancy from 10.7% to 6%, as well as reducing the health inequality gap. Secondly, it aspires to ensuring a smokefree pregnancy for all, arguing every child deserves the best possible start in life. Thirdly, mental health and esteem are placed centre stage, with targets to make all mental health inpatient service sites smokefree and improve data collection around smoking and mental health. Finally, the strategy commits to evidence-based policy making and innovations to support quitting, for example by harnessing risk reduction tools like vaping (DHSC, 2017).

These themes are underlined by the UK's tobacco control measures framework, which prioritises helping tobacco users to quit, reducing exposure to second-hand smoke, effective communications for tobacco control (warning people of dangers), effective regulation of tobacco products (monitoring sales and marketing) and making tobacco less affordable.

Building on the 2017 strategy, the NHS Long Term Plan and Government's Prevention Green Paper '[Advancing our health: prevention in the 2020s](#)' show an intensified commitment to establishing a smokefree UK. In acknowledgement that smoking is linked to nearly half a million hospital admissions each year, the NHS Long Term Plan commits to offering all inpatients NHS-funded tobacco treatment services by 2023-24 (NHS, 2019). This model will be adapted for expectant mothers and their partners with a new smoke-free pregnancy pathway introduced to lower smoking prevalence at time of delivery.

Tackling smoking in pregnancy is a priority area as the Royal College of Paediatrics and Child Health (2018) estimated that nearly a quarter of women in the UK smoke during pregnancy, an estimate which is much higher than the 10.6% Public Health Outcomes Framework (PHOF) national average, reflecting the range of estimates available depending on data source used but emphasising the importance of tackling smoking in pregnancy.

The NHS Long Term Plan (2019) also states that a new universal smoking cessation offer will be available as part of specialist mental health services and learning disability services. More ambitious still, in its Prevention Green Paper, the UK government outlines its 'smokefree by 2030' proposal which envisages a national smoking prevalence of 5% or less (APPG, 2019). This vision includes an ultimatum for industry to make smoked tobacco obsolete by 2030, with smokers quitting or moving to reduced risk products like e-cigarettes (DHSC, 2019).

ASH (2020) similarly produced their own '[Roadmap to a Smokefree 2030](#)' which acknowledges the challenge of delivering the government's ambition for England to be smokefree by 2030 and maps out how to get there. It urges the government to commit to the following:

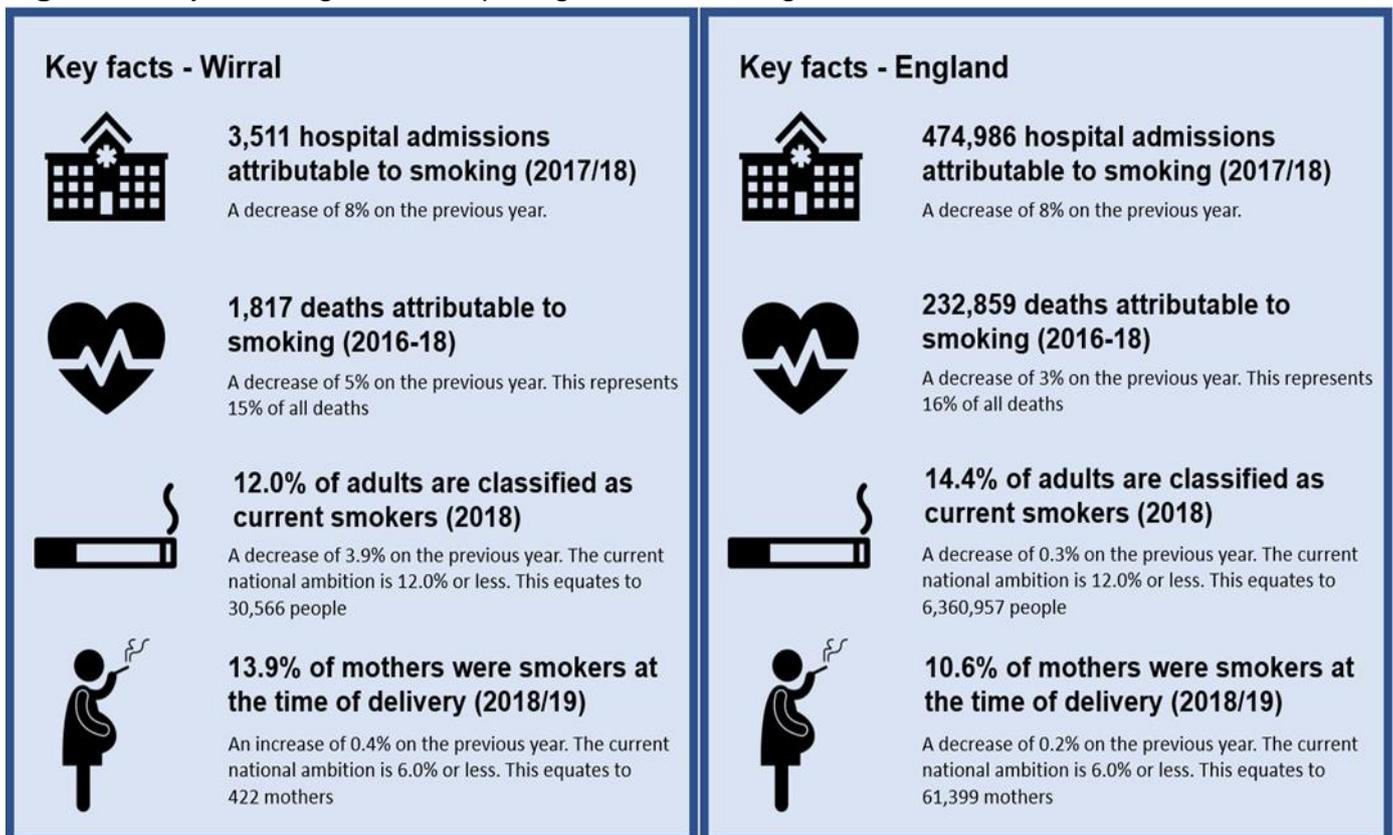
- tobacco manufacturers to finance a Smokefree 2030 Fund as 'the polluter pays principle'
- creating multi-channel education campaigns at national and regional levels to motivate quits and discourage youth uptake
- setting up regional and local tobacco control programmes
- ensuring universal access to support for smokers to quit
- consulting on the policy proposals submitted in response to the Green Paper
- ensuring the NHS Long Term Plan commitments to providing smoking cessation are met
- reviewing e-cigarette regulation to ensure it is fit for purpose as a quitting tool rather than encouraging uptake by never smokers
- increasing tobacco taxation to reduce its affordability
- refreshed tobacco control plan (England) and strategy to control illicit trade in tobacco
- and sustaining government commitment to support the World Health Organisation's Framework Convention on Tobacco Control

Local Context

One in five deaths each year in Wirral are related to smoking, making it the single greatest risk factor for poor health and early death. Although smoking prevalence has fallen considerably since the 1960s, as of 2018, over 30,000 adults (12%) in Wirral still smoke (Public Health Outcomes Framework, 2020).

Figure 1 below highlights key smoking statistics for Wirral in relation to England. Significantly, Wirral's adult smoking prevalence (12%) is currently lower than the national average (14.4%) which meets the government's target for 2022. However, smoking prevalence at time of delivery in Wirral (13.9%) is considerably higher than the national average (10.6%), and is a long way off the 2022 goal, so further work is indicated.

Figure 1: Key smoking facts comparing Wirral and England, 2016-2019



Source: [Public Health Outcomes Framework, 2018](#)

Much like the national picture, the costs of smoking in Wirral are extensive and have been estimated at £73.3 million a year when costs to the NHS, social care, and lost productivity are considered (CLear, 2018). The local population in Wirral spends a further £83.1 million per year on tobacco related products. As smoking is closely associated with socio-economic deprivation, this money is disproportionately drawn from Wirral's poorest communities (CLear, 2018).

As has been discussed, those most at risk in Wirral are those from economically deprived areas, routine and manual labour groups, individuals with mental health conditions and alcohol and/or drug dependence, thus a tailored strategy which seeks to address underlying inequalities is key (ABL, 2016).

Local Policy Drivers

Wirral's approach to tackling tobacco is driven by its [Smokefree Strategy](#) which sets out a comprehensive plan informed by evidence-based action intended to drive down rates of tobacco use among adults, young people, and expectant mothers.

As part of Wirral's 'Healthier Lives Pledge', Wirral Council aims to "make smoking history for the children of Wirral" through prevention of uptake and reshaping social norms around tobacco in addition to offering quitting support to current smokers (The Wirral Partnership, 2015: Page 7).

In the 2015-2020 strategy, efforts are focused on four key areas: communication to ensure people understand the risks of smoking and how to quit, supporting those who want to quit, creating healthy smokefree environments, and acting against illegal tobacco activity (Wirral Partnership, 2015). An action plan regarding how each of the four targets can be met is detailed below.

1. Communicating the risks of smoking:

- Put in place an effective communication and marketing campaign which targets people in our community who are at higher than average risk of smoking or being exposed to smoking
- Promote and signpost to the local stop smoking service

2. Supporting people who want to quit:

- Develop materials that employers can use to establish smokefree policies in their workplaces
- Provide training to front-line staff to deliver advice about the benefits of stopping smoking
- Make sure that people know how to access the stop smoking service
- Focus on helping pregnant women to quit smoking

3. Creating healthy smokefree environments:

- Develop a voluntary code for smokefree outdoor spaces e.g. hospital sites, in parks and outside school gates
- Ensure people understand the risks and the importance of not exposing vulnerable people to second-hand smoke, in particular we will work with carers and foster carers
- Continue to promote home fire safety

4. Taking action on illegal tobacco:

- Work with schools and young people workforce to raise awareness of the dangers of illegal tobacco
- Deliver a responsible retailer's scheme for tobacco
- Enforce age of sale legislation relating to tobacco products and e-cigarettes
- Ensure legislation relating to advertising is enforced
- Ensure compliance with smokefree legislation in enclosed places

Wirral's Smokefree Strategy is being updated for the 2020-2025 period.

Summary: Why is this important

- Tobacco is the single largest preventable cause of ill health and premature mortality in the UK, responsible for over 79,000 deaths per year in England and 1,817 deaths in 2016-18 in Wirral (ASH, 2019a; PHE, 2019).
- It is estimated that one in five deaths each year in Wirral are related to smoking, making it the single greatest risk factor for poor health and early death.
- Smoking has considerable health and social costs both for the individual smoker and society, not to mention the burden on the UK economy, estimated at £12.5 billion/year (ASH, 2019d)
- Wirral's smoking prevalence among adults has declined to its lowest recorded level of 12%, which is lower than the national average, however considerable variation remains, with higher rates in more deprived parts of the borough (PHE, 2019)
- Locally, illicit tobacco continues to be an issue which the Wirral Trading Standards Team works hard to combat through underage sales test purchasing, providing business advice, and intelligence lead enforcement work with Wagtail and the Police
- Wirral's smoking prevalence among expectant mothers at time of delivery (13.9%) is higher than the national average (10.6%) (PHE, 2019)
- Smoking during pregnancy presents serious risks from premature delivery to miscarriage and still birth, while children born into smoking households are exposed to second-hand smoking and are up to three times as likely to become smokers themselves

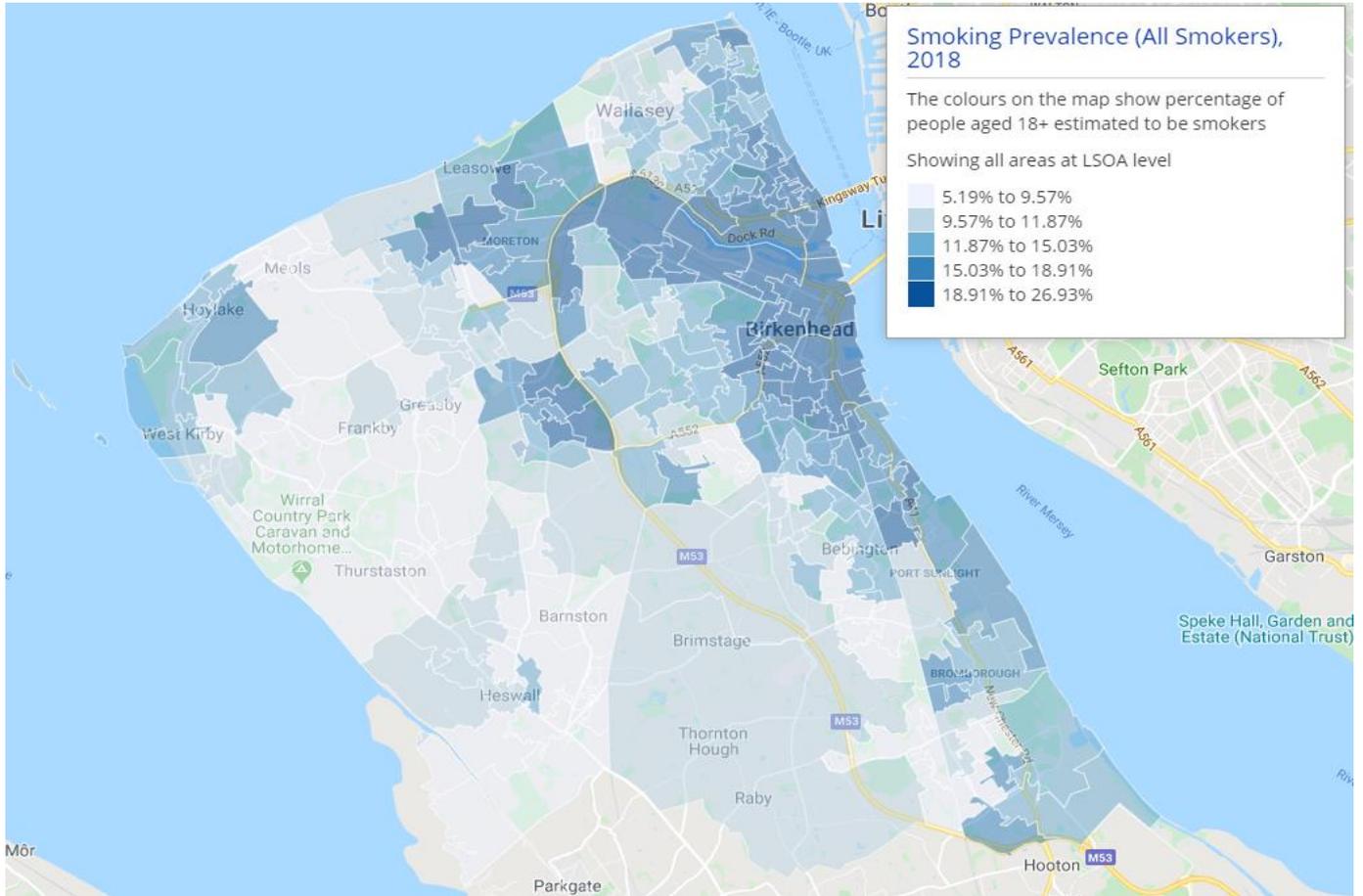
Facts, figures and trends (Wirral and beyond)

Local Smoking Prevalence and Estimates

Estimates of smoking prevalence vary according to the data source used. Public Health England estimates smoking prevalence in Wirral to be 12%, whilst locally produced estimates (using Mosaic Public Sector to calculate small area estimates) approximate smoking prevalence to be 14% of the adult population (or around 1 in 7 adults). Prevalence varies considerably between geographical areas (and other demographic factors).

Map 1 shows estimated smoking prevalence in Wirral, notably higher in the east of the borough, in places like Birkenhead, Bidston and Rock Ferry (although there are also pockets of high smoking prevalence in Moreton, Woodchurch and Hoylake).

Map 1: Smoking prevalence (all smokers), Wirral, 2018

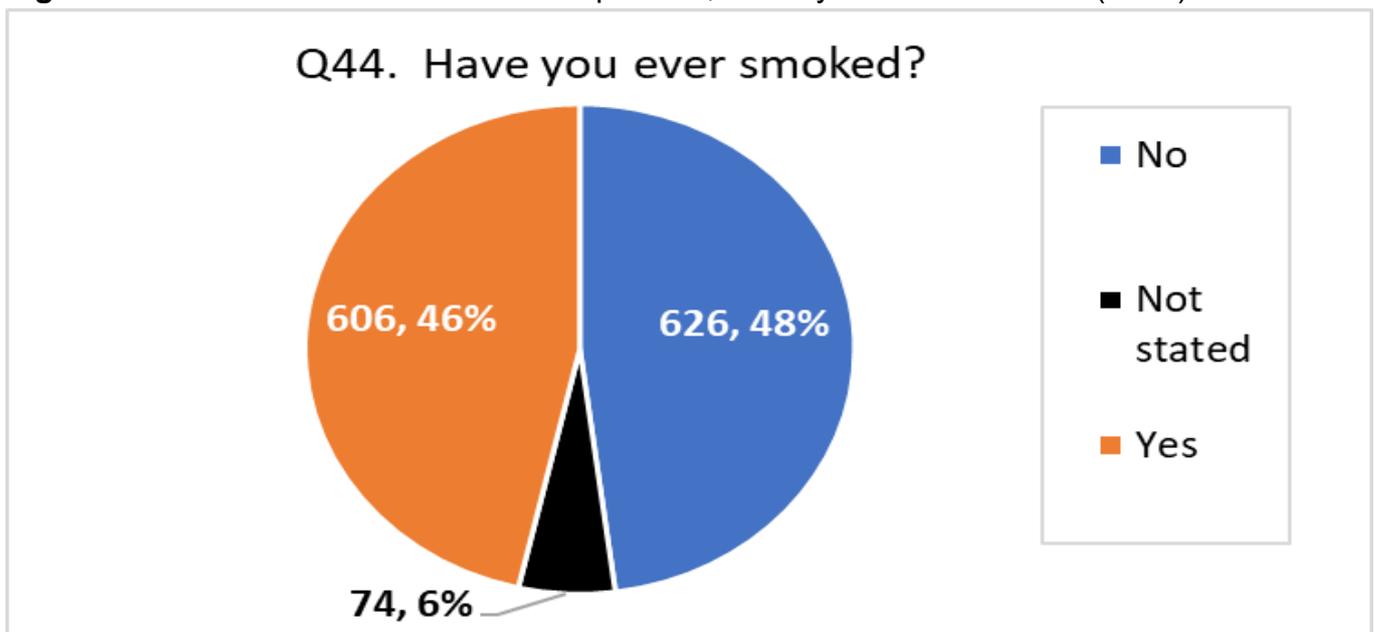


Source: [MOSAIC and Local Insight](#)

Note: Mosaic is a geo-demographic population classification tool used to segment the population according to the type of neighbourhood in which they live. It is constructed from a range of sources including the Census, consumer behaviour, financial data, hospital episode statistics (HES) and lifestyle factor data

Figure 2 below shows self-reported data from the 2017 Wirral Residents Survey (conducted by Ipsos Mori) on smoking prevalence (both past and current).

Figure 2: Wirral residents answer to the question, 'Have you ever smoked?' (2017)



Source: [Wirral Residents Survey, 2017](#) (conducted by Ipsos Mori on behalf of Wirral Borough Council)

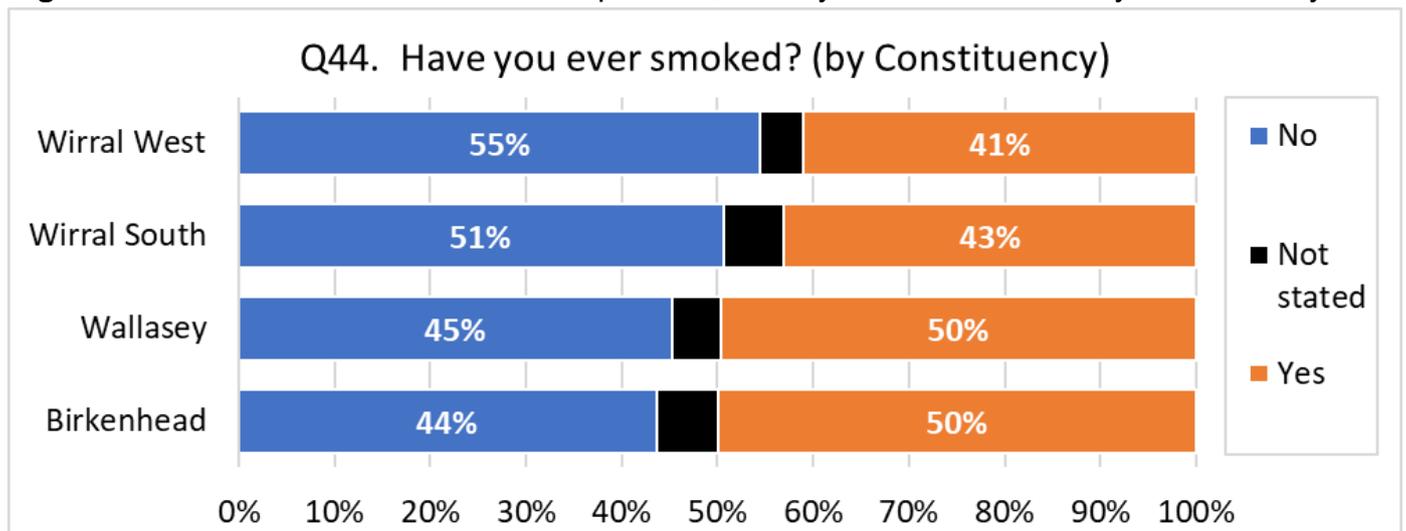
Note: There were 1,232 respondents to this question on the Wirral Residents Survey

As **Figure 2** shows around half of people (all ages, all areas of Wirral) indicated that they had never smoked (48%), while 46% responded that they had smoked at any point. Answers to this question by geography (constituency in which people lived) are shown below.

Constituencies and Wards

Figure 3 shows self-reported answers to the question, 'Have you ever smoked?' by geography (Wirral constituency). It shows that people living in the Birkenhead and Wallasey constituency areas were more likely to report ever having smoked, while those in Wirral West were the least likely to report ever having smoked.

Figure 3: Wirral residents answer to the question, 'Have you ever smoked?' by Constituency



Source: [Wirral Residents Survey, 2017](#) (conducted by Ipsos Mori on behalf of Wirral Borough Council)

Note: There were 1,232 respondents to this question on the Wirral Residents Survey

Smoking data at a smaller geographical area than Constituency is estimated using Mosaic Public Sector (a geodemographic package) and shows that smoking prevalence varies considerably between Wirral wards. As **Figure 4 in the Appendix** shows, there was a difference of around 13% between Birkenhead and Tranmere ward (22.0%) and Greasby, Frankby and Irby ward (9.3%) for cigarette smoking prevalence among those aged 18+ in 2018.

Using Mosaic, the average Wirral smoking prevalence was 14.05% of 18+ year olds for 2018. The four wards with the highest 18+ smoking prevalence are also the four most deprived wards in Wirral according to the Index of Multiple Deprivation (IMD) 2019; Birkenhead and Tranmere, Seacombe, Bidston and St. James and Rock Ferry. A map of deprivation in Wirral (**Map 3**) can be found on page 26.

Two of the most affluent wards (Heswall and Greasby, Frankby and Irby wards) are estimated to have the lowest smoking rates in Wirral. It should be noted that, compared to 2017, each ward has shown a decrease in smoking prevalence besides Heswall – which showed a minimal increase from 9.4% to 9.7%.

Figures 5, 6 and 7, again can be seen [in the Appendix](#) document show the prevalence of 'light', 'medium' and 'heavy' smoking levels. These charts have been used collectively to create the overall smoking prevalence chart in **Figure 4**. The definition of a 'light' smoker is those who smoke less than 16 cigarettes a day. Those categorised as 'medium' smokers are those who smoke between 16 and 20 cigarettes a day, and 'heavy' smokers are those who smoke more than 20 cigarettes a day.

These charts show a clear relationship with deprivation, as those wards with higher levels of deprivation are shown to have a higher prevalence of all of the different levels of smoking.

It should also be noted that the prevalence of 'light' smokers (estimate of 7.50% of people aged 18+ in Wirral) is greater than the estimated Wirral average for both 'medium' smokers (5.04%) and 'heavy' smokers (1.51%).

There was a 6% variation between the ward with the highest (Birkenhead and Tranmere, 11.9%) and the lowest (Greasby, Frankby and Irby, 5.3%) prevalence of 'light' smokers. **Figure 5** also shows that, compared to 2017, all wards showed a decrease in prevalence of 'light' smokers. The greatest decreases in 'light' smoking prevalence were observed in the 4 most deprived wards: Birkenhead and Tranmere, Bidston and St. James, Seacombe and Rock Ferry.

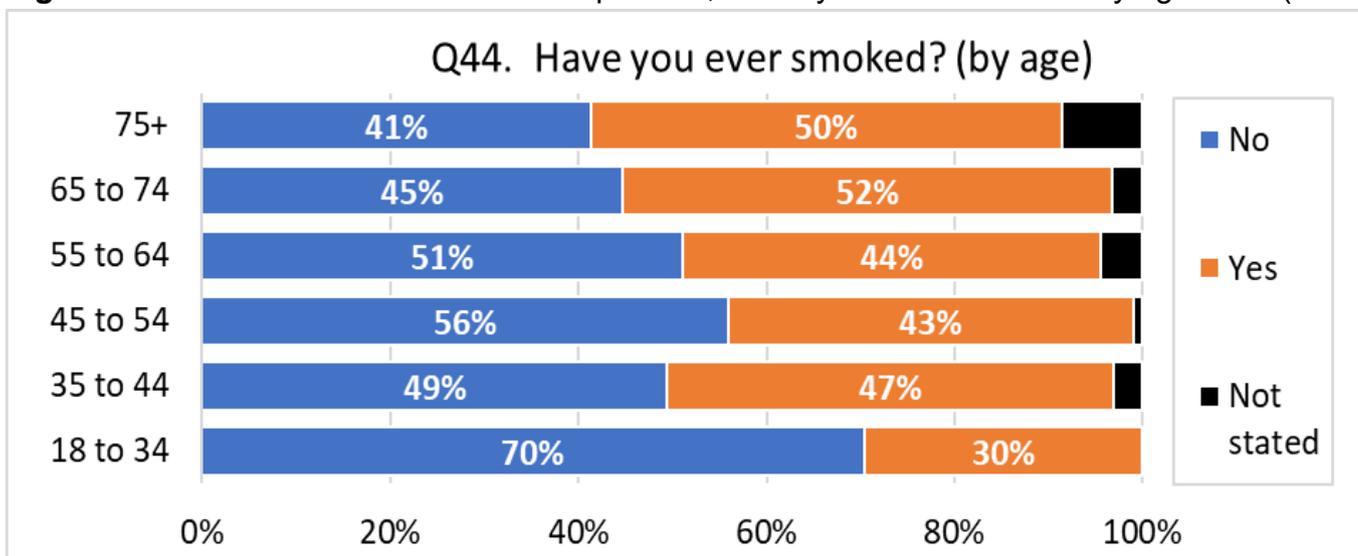
For 'medium' smokers, there was a 4% variation between the wards with the highest prevalence (Birkenhead and Tranmere with 7.7%) and the lowest prevalence (Greasby, Frankby and Irby with 3.2%). Finally, for 'heavy' smokers, there was just under a 2% variation between the ward with the highest prevalence (Birkenhead and Tranmere with 2.50%) and the lowest prevalence (Heswall 0.75%).

Similar to 'light' smokers, all wards showed a decrease in prevalence rates for 'heavy' smokers between 2017 and 2018. The greatest magnitude of decrease was again observed in the 4 most deprived wards: Birkenhead and Tranmere, Bidston and St. James, Seacombe and Rock Ferry. These 4 wards, however, still showed the highest prevalence of 'heavy' smokers.

Age

Nationally, evidence shows that smoking status is associated with age. Data from the Wirral Residents Survey indicates that this is also true locally, as shown in **Figure 8** below.

Figure 8: Wirral residents answer to the question, 'Have you ever smoked?' by age band (2017)



Source: [Wirral Residents Survey, 2017](#) (conducted by Ipsos Mori on behalf of Wirral Borough Council)

Note: There were 1,232 respondents to this question on the Wirral Residents Survey

As **Figure 8** shows, the highest proportion of people reporting they have never smoked is in the youngest age group (aged 18-34), with more than 2 in 3 people (70%) reporting that they have never smoked. The lowest proportion of never smokers are found in the oldest age groups, who were young when smoking was more commonplace. Among those aged 75+ for example, just 41% said they had never smoked, meaning the majority of people of this age in Wirral have smoked at some point in their lives.

[NHS Health Check](#) data can provide an indication of smoking prevalence by age for residents aged between 40 and 74. NHS Health Checks are designed to detect early signs and lower the risk of stroke, kidney disease, heart disease, type 2 diabetes or dementia as we get older. To be eligible for an NHS Health Check, individuals need to be aged between 40 and 74 and not have any of the following pre-existing conditions:

- Heart disease
- Chronic kidney disease (CKD)
- Diabetes
- High blood pressure (hypertension)
- Atrial fibrillation
- Transient ischaemic attack
- Inherited high cholesterol (familial hypercholesterolemia)
- Heart failure
- Peripheral arterial disease
- Stroke
- Currently being prescribed statins to lower cholesterol
- Previous Health Checks have found that you have a 20% or higher risk of getting cardiovascular disease over the next 10 years

Data from local NHS Health Checks conducted in Wirral GP practices in 2018/19 was queried to assess how many people had a recorded smoking status. This is the first time the data has been analysed in this way and therefore won't be published elsewhere to the levels in the figures below. You can find overall health check figures published by NHS England or via the public health framework website.

Table 1 shows that approximately one in seven people who had an NHS Health Check in Wirral in 2018/19 reported being either a current smoker (14.6%) or occasional smoker (0.5%). Importantly, smoking status was unknown for almost 7% of people presenting for an NHS Health Check. This represents a missed opportunity to identify individuals who may need support to quit smoking.

Table 1: Smoking status of people aged 40-74 who had received a Health Check in Wirral in 2019

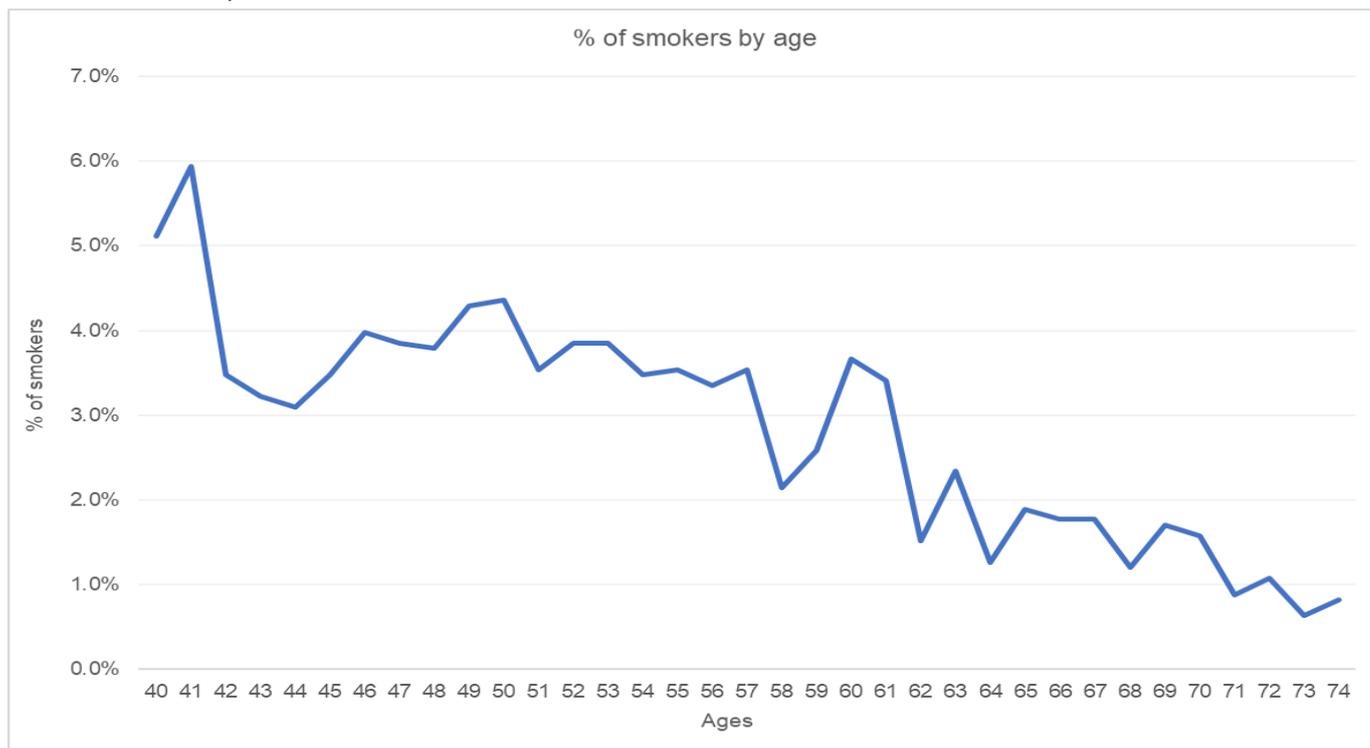
| Smoking Status | Totals | Total Percentage (%) |
|--------------------|---------------|----------------------|
| Current Smoker | 1,531 | 14.6% |
| Ex-Smoker | 2,869 | 27.4% |
| Never smoked | 5,312 | 50.7% |
| Occasional smoker | 51 | 0.5% |
| Unknown | 712 | 6.8% |
| Grand Total | 10,475 | 100.0% |

Source: Wirral GP Health Checks data, 2018/19

Note: This data is operational data and not published.

Among people attending NHS Health Checks in 2019, 3-5% of 40-45-year olds were recorded as being smokers by their GP, decreasing to less than 1% of those aged 70-74 (**Figure 9**). When looking at the demographics of the one in seven recorded as being a current or occasional smoker age was a major factor, with 3-5% of smokers in the 40 to 45 age groups, trailing off to less than 1% in the 70-74 age bands, as shown in **Figure 9** below.

Figure 9: Prevalence of GP-recorded smoking in patients aged 40-74 attending an NHS Health Check in Wirral, 2019



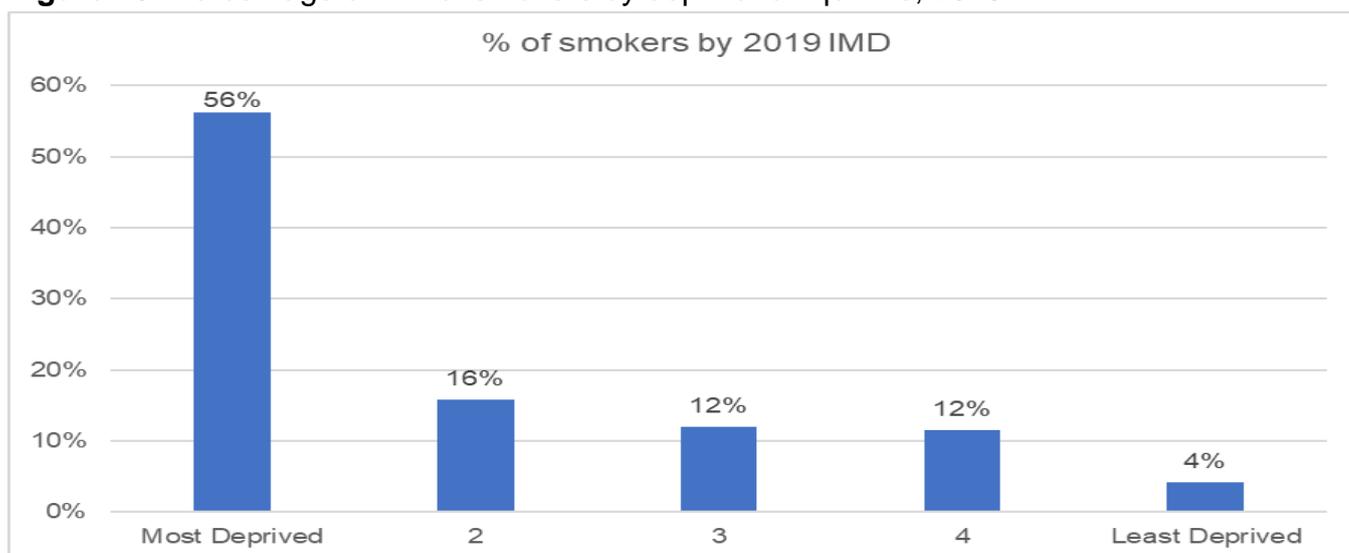
Source: Wirral GP Health Checks data, 2018/19

Note: This data is operational data and not published.

Deprivation

The majority of smokers in Wirral come from the most deprived quintile of the population. Local data below shows just how strong this association is. More than half (56%) of all smokers in Wirral live in areas classed as the most deprived areas in England. In comparison, the least deprived (or most affluent areas of Wirral), contain only 4% of all the smokers in Wirral (see **Figure 10**).

Figure 10: Percentage of Wirral smokers by deprivation quintile, 2019



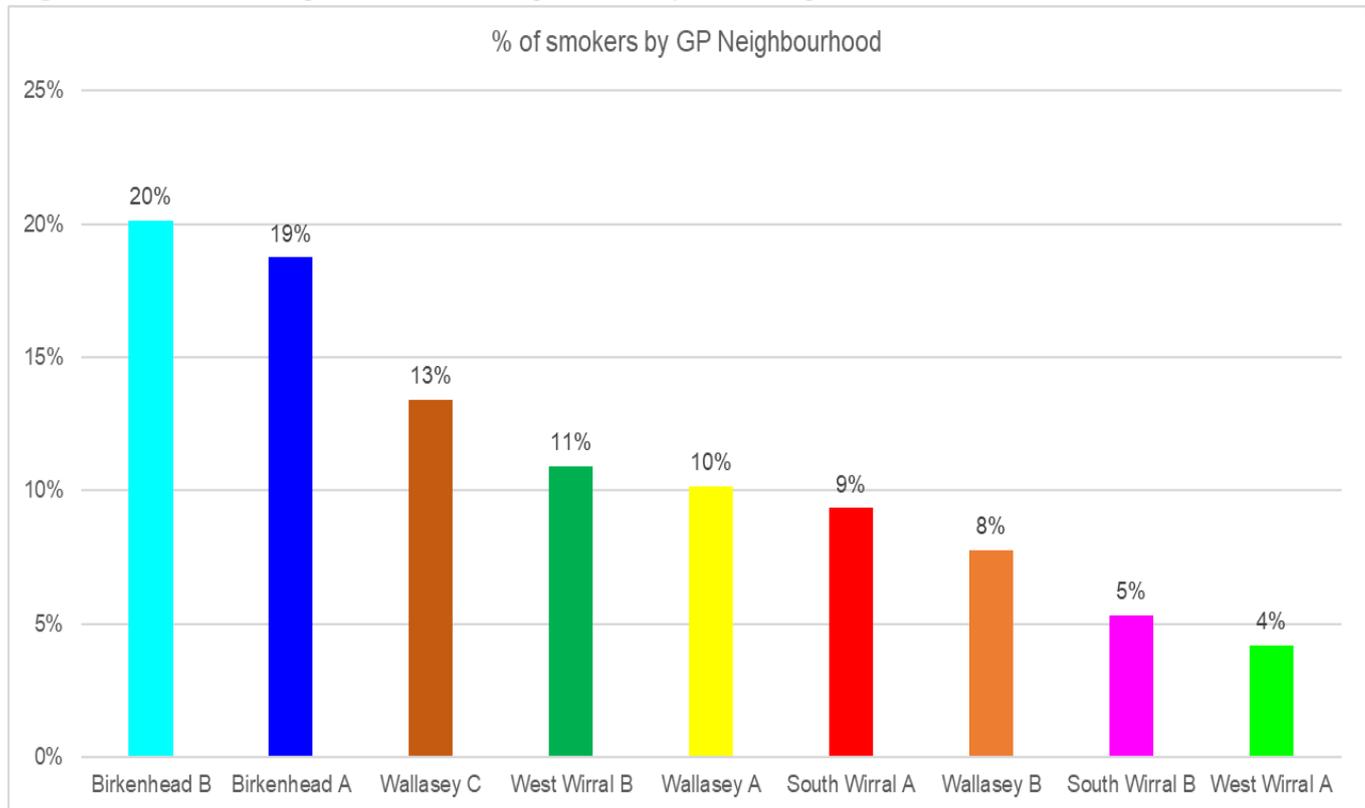
Source: Wirral GP health check data, 2018/19

Note: This data is operational data and not published.

Note: The Indices of Deprivation (IMD) are a unique measure of relative deprivation by small area. It is based on nine Census variables. Those classified as being in the 20% most deprived areas those in Quintile 1 whilst those in Quintile 5 represent those in the 20% least deprived areas in Wirral. More information on IMD can be found on the [Wirral Intelligence Service website](#).

Similarly, the most deprived (as measured by the Index of Multiple Deprivation) GP neighbourhoods (Birkenhead A & B) have the highest proportions of current smokers, while the most affluent GP neighbourhoods (West Wirral A), have the lowest proportions of smokers, see **Figure 11** below.

Figure 11: Percentage of smokers aged 40+ by GP Neighbourhood, 2019



Source: Wirral GP Health Check data, 2018/19

Note: This data is operational data and not published.

Note: More information about GP neighbourhoods and the rationale in using these areas can be found on the [Wirral Intelligence Service website](#).

Vaping (E-Cigarettes)

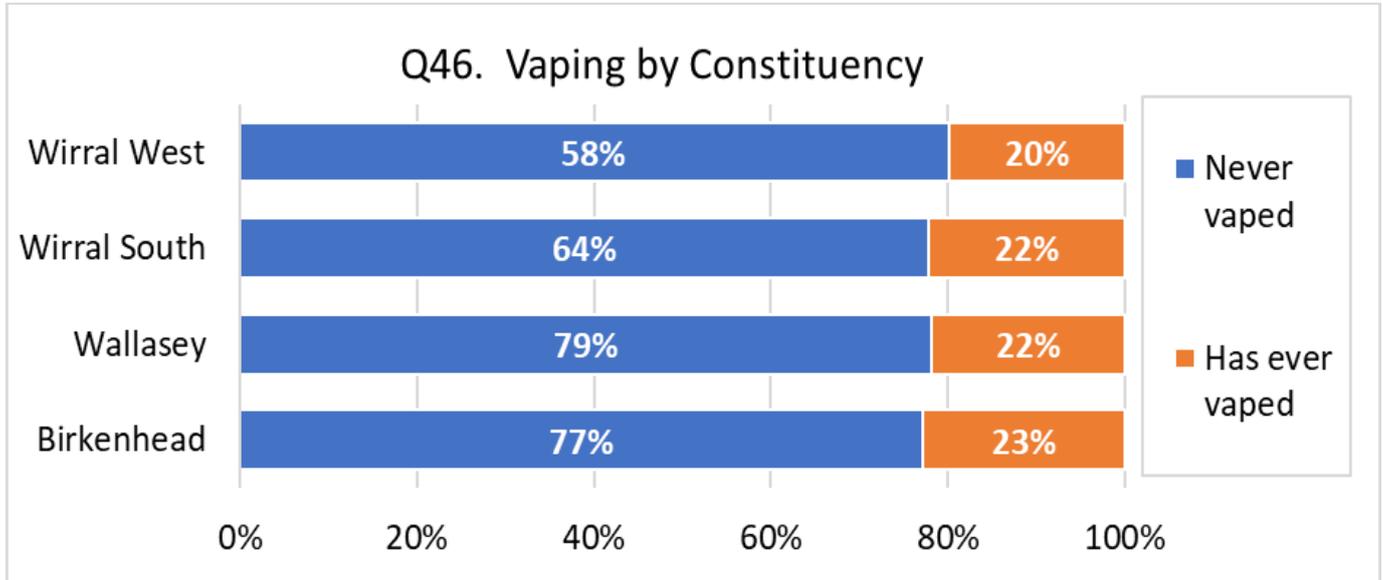
Vaping is the term used to describe the use of e-cigarettes. E-cigarettes allow individuals to inhale nicotine in the form of a vapour rather than smoke. They do not burn tobacco, nor do they produce tar or carbon monoxide, two damaging elements in tobacco smoke. In recent years, e-cigarettes have become a very popular stop smoking aid in the UK (NHS, 2019).

The [Health Survey for England](#) is used to monitor trends in the nation's health and care. In 2018, national figures from this survey show that 8% of adult males (aged 16+) and 5% of adult females (aged 16+) are currently using e-cigarettes. Among males, 25-34-year olds have the highest prevalence of e-cigarette use (13%), whereas among females, 25-34 and 45-54-year olds most commonly use e-cigarettes (both 7%).

National vaping statistics are also available by cigarette smoking status. For males, 19% of those who currently smoke cigarettes also use e-cigarettes, whereas 13% of ex-cigarette smokers currently use e-cigarettes. For females, 16% of those who currently smoke cigarettes also use e-cigarettes, whereas 12% of ex-cigarette smokers currently use e-cigarettes.

Self-reporting vaping in Wirral appears to show (as with cigarette smoking) a relationship with geography (and by association, deprivation). In 2017, people most likely to self-report having ever have vaped lived in Birkenhead Constituency, while those least likely to self-report having ever vaped lived in Wirral West – see **Figure 12** below.

Figure 12: Wirral residents answer to the question, 'Have you ever vaped?' (2017)

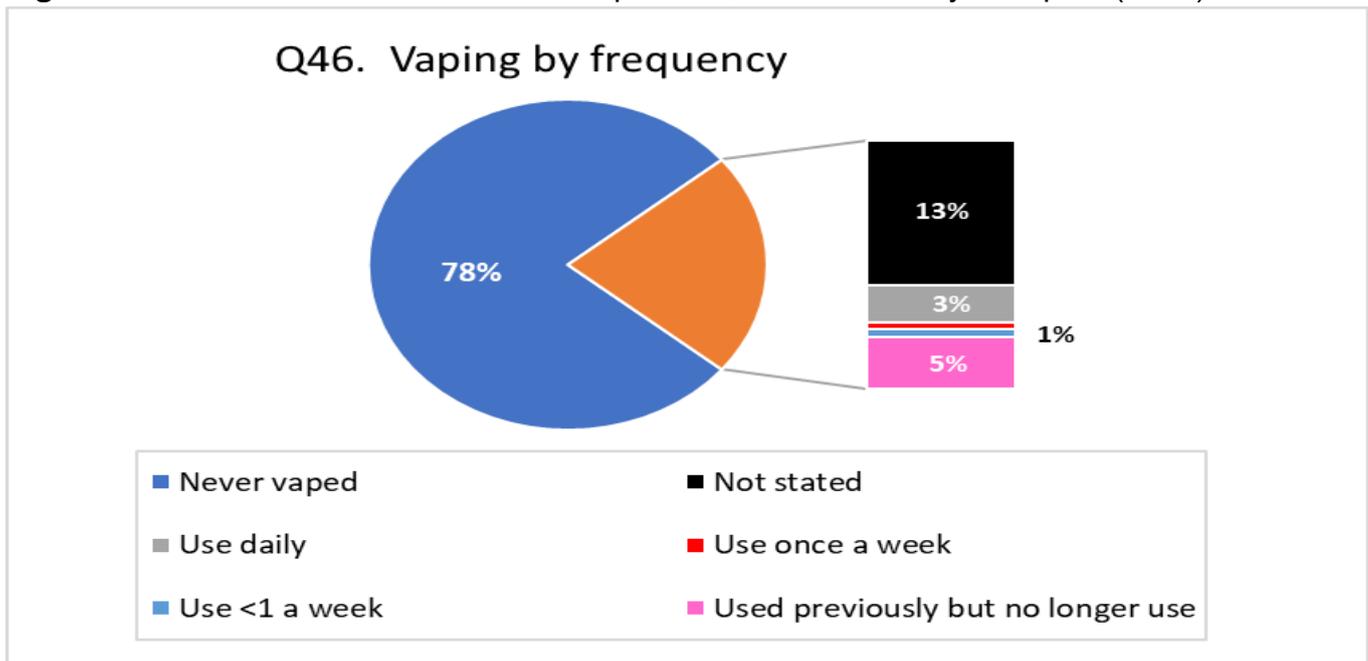


Source: [Wirral Residents Survey, 2017](#) (conducted by Ipsos Mori on behalf of Wirral Borough Council)

Note: There were 1,139 respondents to this question on the Wirral Residents Survey

Overall in Wirral, 22% of people reported that they had ever vaped, while 78% of people said they had never vaped (see **Figure 13**).

Figure 13: Wirral residents answer to the question, 'How often do you vape?' (2017)



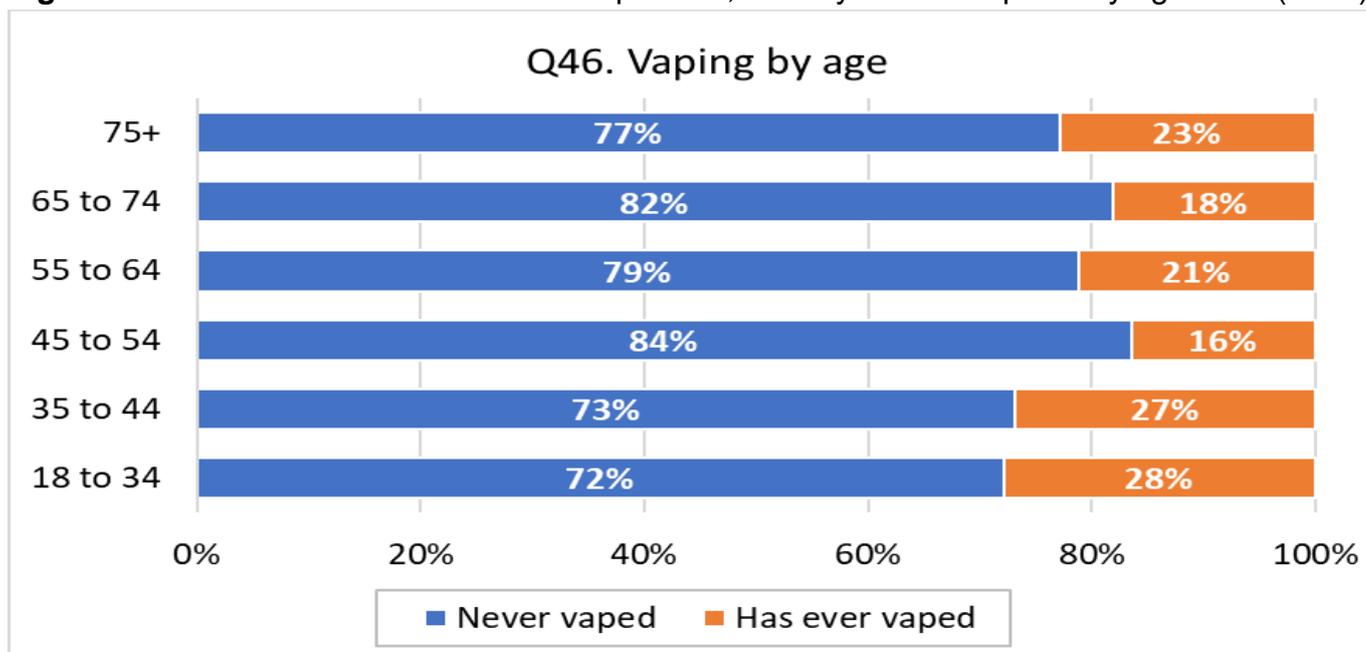
Source: [Wirral Residents Survey, 2017](#) (conducted by Ipsos Mori on behalf of Wirral Borough Council)

Note: There were 1,139 respondents to this question on the Wirral Residents Survey

Vaping by age band is shown in **Figure 14** below.

Interestingly, although cigarette smoking is least common in the younger age bands, those in the younger age bands are *most* likely to self-report having ever vaped. This appears to be at odds with the assertion that vaping is used as a tool to quit smoking, as younger people are the least likely to smoke, but the most likely to vape. However, in 2018 Public Health England (PHE) published a new e-cigarette evidence review which found that the evidence does not support the concern that e-cigarettes are a route into smoking among young people (youth smoking rates in the UK continue to decline, regular use is rare and is almost entirely confined to those who have smoked).

Figure 14: Wirral residents answer to the question, 'Have you ever vaped?' by age band (2017)



Source: [Wirral Residents Survey, 2017](#)

Note: There were 1,139 respondents to this question on the Wirral Residents Survey

Costs of Smoking

Action on Smoking and Health ([ASH](#)) have produced a range of useful toolkits on the costs of smoking.

Toolkit One

- This toolkit looks at the [cost of smoking to the social care system in England](#) at local authority level. The estimated additional cost to social care as a result of smoking for adults aged 50 and over in Wirral was just over £5 million pounds. The tool also estimates costs incurred by smoking attributed illnesses for Wirral residents for whom no care is provided (1,731 people), and the extra cost of providing formal care for these individuals (£52.7 million) annually.

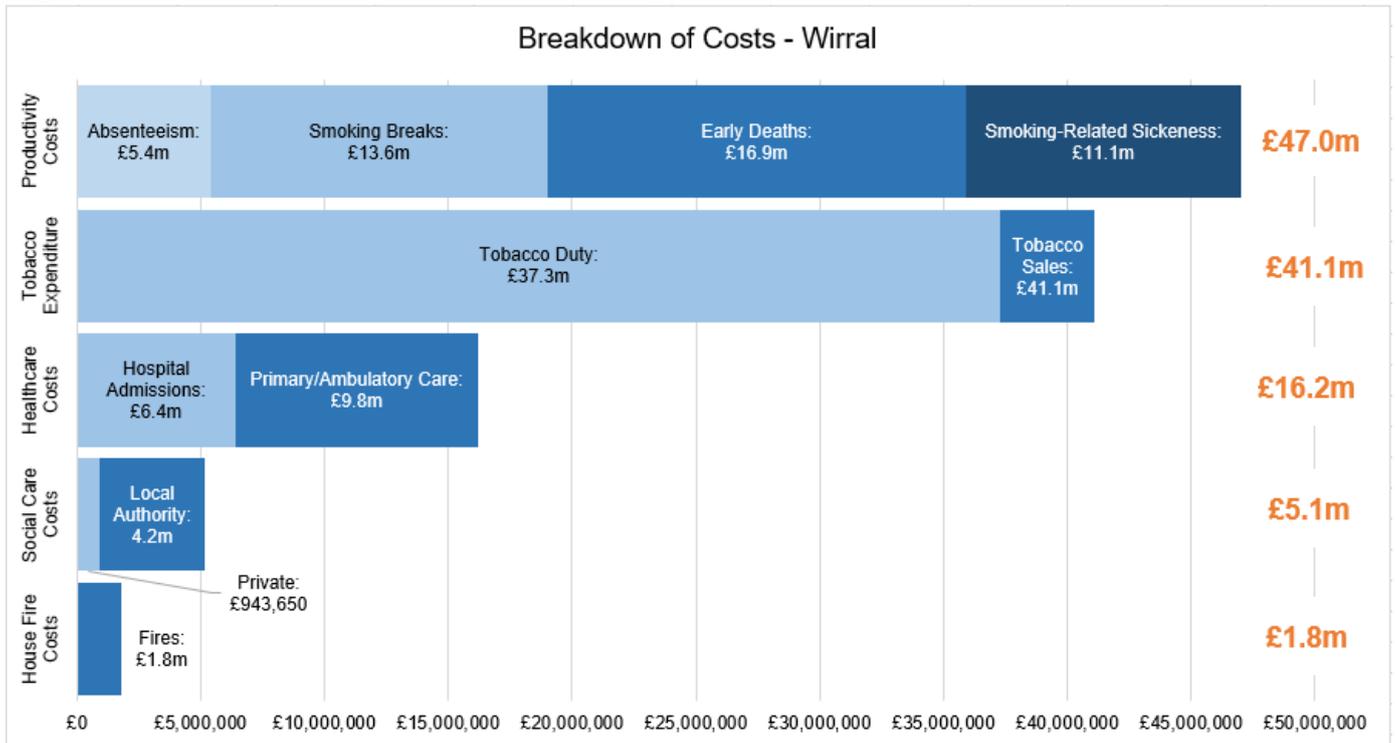
Toolkit Two

- The second calculator looks at the [cost of smoking among those in social housing in England](#). This calculator allows housing providers to estimate the number of households in their local area or housing stock who would need to be supported to quit in order to balance their total rental arrears. In Wirral, the total number of social housing units is slightly below 20,000 with 21.6% (4,232) of these estimated to be smoking households. It is also estimated that if 47.3% of social tenants were able to quit smoking, then those realised savings (if paid towards rent arrears) could cover this deficit in Wirral.

Toolkit Three

- The [ASH "Ready Reckoner"](#) was published in October 2019 with the most up to date estimates around the key costs that smoking incurs in England. Using this Ready Reckoner (**Figure 15**), overleaf are estimates from the Annual Population Survey looking at the cost of tobacco in Wirral. Overall, the current estimate of smoking costs on Wirral amount to just over £70 million per annum. This is broken down into key areas of productivity costs, tobacco expenditure, healthcare costs, social care costs, house fires and littering

Figure 15: Breakdown of the costs of smoking in Wirral in 2019

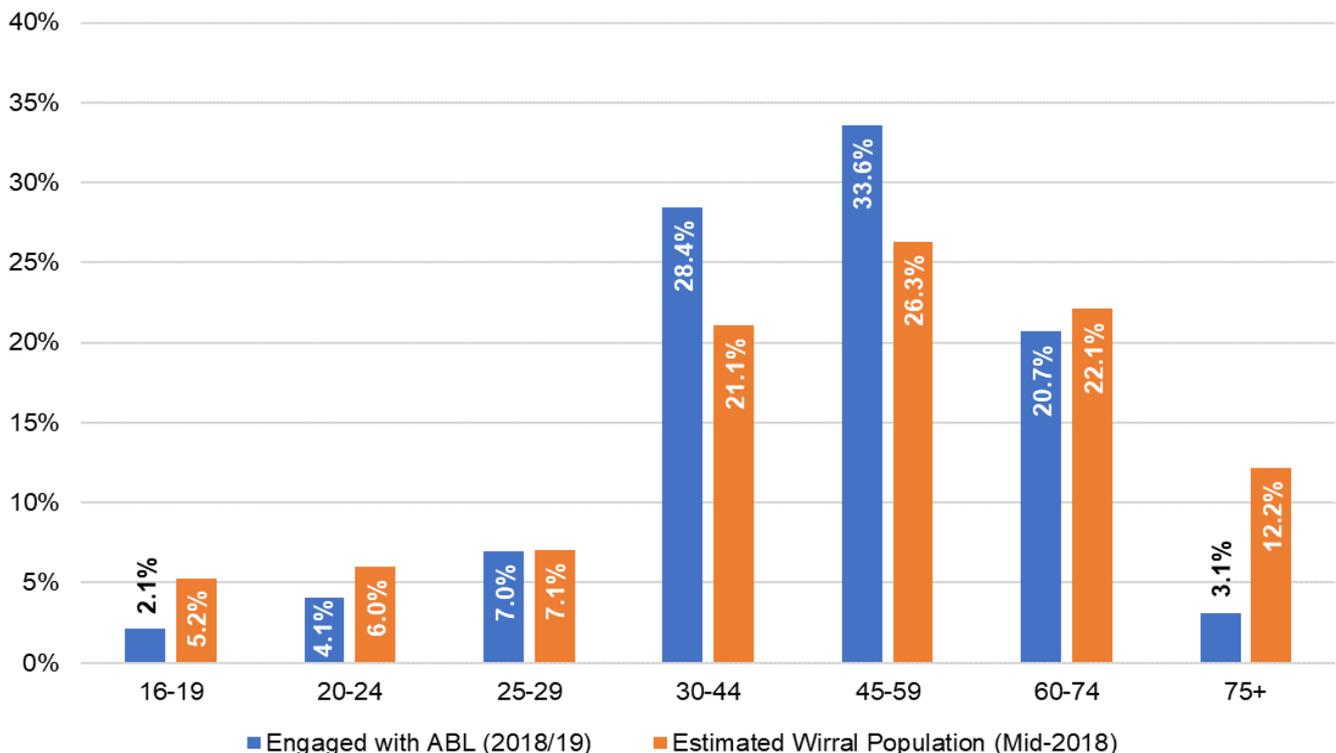


Source: [ASH Ready Reckoner 2019](#)

Stop Smoking Services in Wirral (ABL)

The main provider of stop smoking services in Wirral is an organisation called A Better Life ([ABL](#)). Analysis of clients who have used ABL during the last financial year of 2018/19 is shown in **Figure 16** below.

Figure 16 Proportion of people engaged with ABL and the Wirral population, by age-band, 2018/19

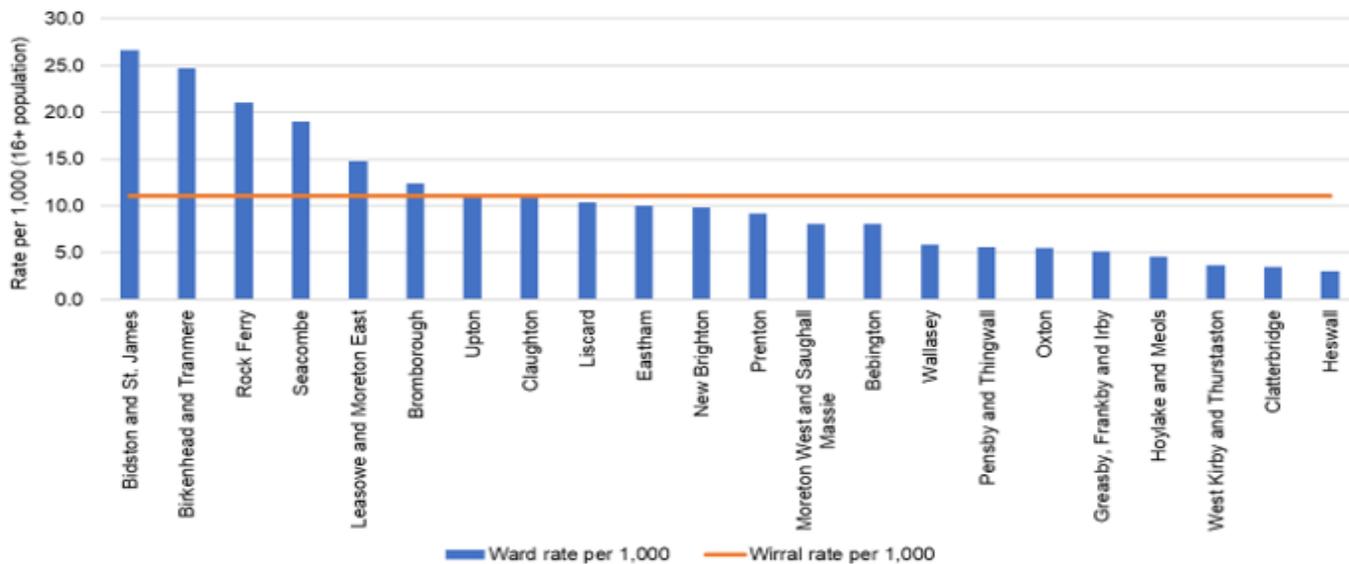


Source: [ABL](#) & [Mid-2018 population estimates, Office for National Statistics \(ONS\)](#)

Note: People aged ≤ 15 not included. Figures might not match to 100% due to rounding.

As **Figure 16** shows, the majority of people engaged with ABL are aged between 30-74 years. Both the 30-44 and 45-59 age groups are over-represented compared to the Wirral population, amounting to over 80% of all activity (82.7%) for 2018/19. The remaining age groups were all under-represented.

Figure 17: Rate per 1,000 of people engaged with ABL, by Ward and Wirral, 2018/19



Source: [ABL](#) & [Mid-2018 population estimates, Office for National Statistics \(ONS\)](#)

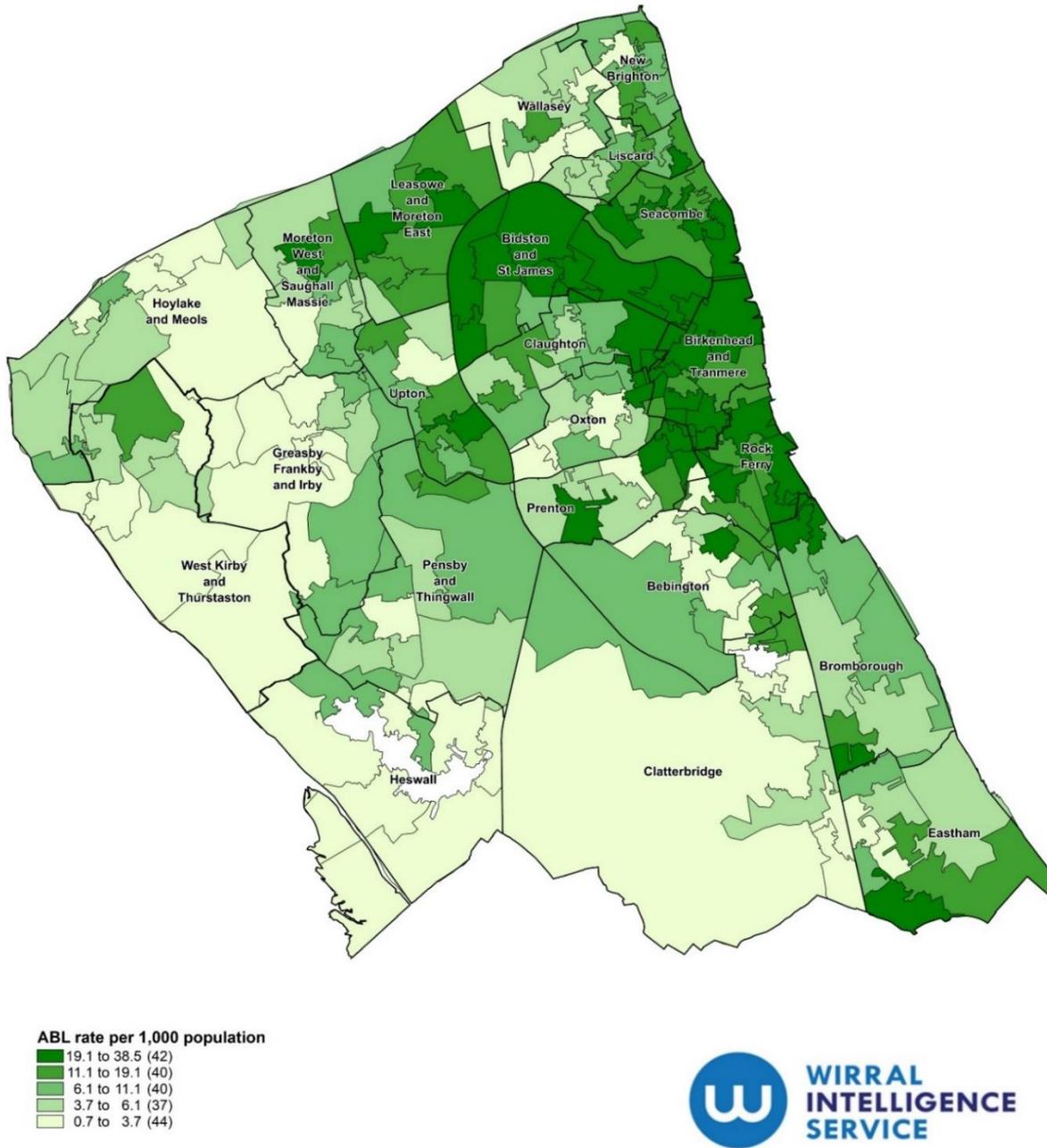
Note: People aged ≤ 15 not included.

Figure 17 shows the rate of engagement with ABL by wards, per 1,000 residents. Bidston and St. James, Birkenhead and Tranmere, Rock Ferry, Seacombe, Leasowe and Moreton East, Bromborough and Upton showed higher rates of engagement than the Wirral average (11.06 per 1000).

These wards are typically those with higher levels of deprivation. In comparison, more affluent areas according to Index of Multiple Deprivation (IMD) 2019 fell below the average rate of engagement for Wirral. **Map 2** below provides this information a comparator IMD can be found overleaf in **Map 3**.

Wirral’s successful quit rate at 4 weeks (4,848 per 100,000 smokers aged 16 and over) is considerably better than the Northwest (2,040 per 100,000) and national (1,894 per 100,000) averages, suggesting our smoking cessation services are working effectively (Public Health England, 2019).

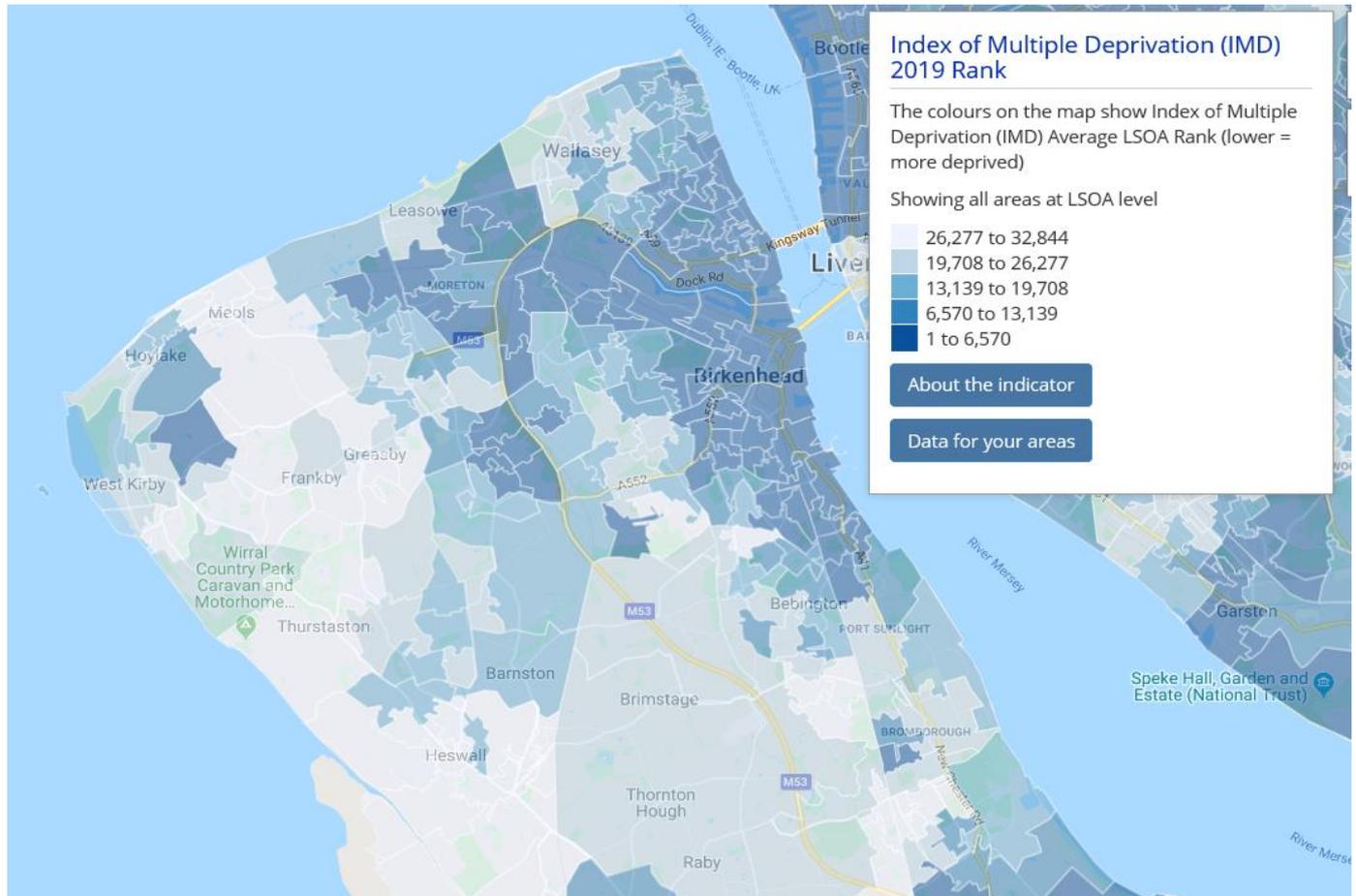
Map 2: Usage of A Better Life (ABL) Stop Smoking Service in 2018/19, by Lower Super Output Area (LSOA) (rate per 1,000)



Source: [ABL](#) & [Mid-2018 population estimates, Office for National Statistics \(ONS\)](#)

Note: People aged ≤ 15 not included.

Map 3: Indices of Multiple Deprivation (IMD) Rank, 2019



Source: [Local Insight](#)

Young People

In 2015 an estimated 7.4% of 15-year olds in Wirral were smokers and 4.9% were regular smokers (Public Health England (PHE), Local Tobacco Profiles, *Smoking Prevalence in Young People*). These figures are lower than the England averages (8.0% and 5.5% respectively). However, as with the adult population, smoking rates remain stubbornly higher amongst those who already suffer from poorer health and other disadvantages (young people in deprived areas of Wirral are twice as likely to smoke as those in non-deprived areas).

Home Oxygen Therapy Service (HOTS)

Current smoking is a contraindication to the provision of home oxygen provision due to the risk of fire and burn injury. Air Liquide (AL) Healthcare Ltd Regional Smokers Report (October 2019) shows that for the NHS Wirral CCG, 87 out of 497 patients were smokers, meaning 17.5% of AL patients on home oxygen still smoke in Wirral (much higher than the North West average of 7.985%). These numbers are derived from the number of Home Oxygen Therapy Service patients who are known to be 'smokers' and/or patients where the AL technician found evidence of the patient and/or someone within the property was known to be smoking either cigarettes or e-cigarettes during installation and/or a home risk assessment visit.

Key Findings: Facts & Figures

- Approximately one in seven (15.1%) people aged 40-74 who had an NHS Health Check in Wirral in 2018/19 reported being either a current smoker or occasional smoker
- More than half (56%) of all those who smoke in Wirral live in areas classed as the most deprived areas in England. For comparison, the least deprived (or most affluent areas of Wirral), contain only 4% of all the smokers in the Wirral
- The four wards with the highest adult smoking prevalence are also the four most deprived wards in Wirral according to the Index of Multiple Deprivation (IMD) 2019; Birkenhead and Tranmere, Seacombe, Bidston and St. James and Rock Ferry
- People living in the Birkenhead and Wallasey constituency areas were more likely to report ever having smoked, while those in Wirral West were the least likely to report ever having smoked
- The highest proportion of people reporting they have never smoked in Wirral are in the youngest age group, aged 18-34
- In Wirral, 22% of people reported that they have ever vaped. People most likely to ever have vaped lived in Birkenhead Constituency, while those least likely to have vaped lived in Wirral West.
- The 30-74 age-band accounted for over 80% of all A Better Life (ABL; smoking cessation service provider) clients in 2018/19
- The total current estimate of smoking cost on the Wirral is just over £70 million pounds per annum

Local, Community and Stakeholder views

General Public's Views on Smoking

Useful lessons can be learnt from engaging with public opinion on tobacco control measures. The north-western responses to ASH's (2019a) Smokefree Great Britain Survey indicate strong public support for stricter tobacco control. In 2018, an impressive 78% of respondents supported activities to limit smoking and felt the government could do more to limit smoking (ASH, 2019a). In terms of specific actions to tackle tobacco, 73% of adults in the North West strongly supported manufacturers being required to pay a levy, in line with the 'polluter pays' approach adopted in France and the US (ASH, 2019a, APPG, 2019).

Many respondents also prioritised protecting young people, with 83% in support of introducing a licence to sell tobacco which would be removed if retailers are caught selling to underage smokers, and 60% in favour of raising the age of sale to 21.

The proportion of north-western respondents who think the government could do more to limit smoking has grown substantially from 29% in 2009 to almost half (47%) in 2019, suggesting a shift in public opinion (ASH, 2019a). Similarly, in its review of the first decade of Smokefree legislation, ASH (2017b) found that support had increased across all regions in England, but most notably in regions where support was originally lower. The biggest increase came from the North West, reaching 85% in 2017, up from 76% in 2007.

Wirral's 2017 [Residents Survey](#) showed clear evidence of positive behaviour change in relation to smoking, as 68% of Wirral residents who had ever smoked described themselves as ex-smokers (Ipsos MORI, 2017). This attitudinal shift towards de-normalising smoking and the growth in public support for tobacco control represents a window of opportunity which Wirral must capitalise on.

Wirral Residents' Views on Smoking

Understanding the attitudes of local residents and smoking cessation service users is key to meeting demand and establishing effective smoking strategies. Wirral residents have been consulted on their smoking habits as part of Wirral Council's large resident's survey, the most recent of which was in 2017, and more in-depth data can be gleaned from smoking surveys carried out in 2011 and 2017. Although almost a decade old, the [Wirral Smokers Panel Survey](#) (Gowling, 2011) proves valuable as a qualitative baseline because it involved 496 interviews with self-identified smokers. The survey found that the reasons participants gave for quitting varied, but fell under four rough categories: economic reasons, concern about their own health, concern for the welfare of others and other reasons. One respondent commented that they "*added up the cost of cigarettes and it was expensive*" while another stated "*I have two small grand-children*" and many discussed health concerns such as "*I had severe breathing problems while on holiday*" and "*I thought it was time as my father died of lung cancer*" (Gowling, 2011).

In the Wirral [Smoking and Alcohol Prevalence Survey](#), the most deprived areas of Wirral were engaged, with 2,903 interviews completed between 2016-17 (Praxis, 2017). It found that respondents had attempted to quit 1.6 times on average in the previous 6 months, with the most popular methods being will power (299 respondents) and E-cigarettes (183 respondents) rather than the stop smoking service (87 respondents) (Praxis, 2017). Engagement of disadvantaged residents with Wirral's Smoking Cessation Service has since increased, as demonstrated by A Better Life (ABL) tailoring its service to user needs, exceeding its engagement targets, and being ranked 6th out of 169 smoking cessation services nationally for 2018/19 (ABL, 2017; E. Woodworth, 2019, pers. comm. 13 November).

Stakeholder Views

ABL (Wirral's commissioned smoking cessation service) have numerous positive testimonials from service users and partners such as social housing provider Magenta Living who state that their "*partnership with ABL is seeing measurable social value created within our communities*". This is thanks to ABL being based within Magenta Living office space, allowing them to offer their smoking cessation services directly to Magenta Living tenants and putting them "*at the heart of the local community*" (J. Martin in ABL, 2019).

Young People

Young people's habits regarding smoking were captured in the Trading Standards North West (2017) survey about alcohol, tobacco and e-cigarettes. It found that the percentage of young people self-reporting that they smoke had increased in Wirral, but that fewer people were starting to smoke at a younger age. Most young people had accessed cigarettes from their friends or tried to buy them from local off licenses and shops.

This data should be taken as illustrative rather than indicative because there were only 82 respondents from Wirral, which is far from statistically representative. More research needs to be conducted into young people's views and behaviours around smoking locally, particularly among young people living in care or in deprived areas of the borough.

What are we expecting to achieve? (Targets)

National Ambitions

The [Tobacco Control Plan](#) contains several national ambitions that focus on pregnant smokers, routine and manual workers and children and young people, to name a few. The broad objectives of this plan are to:

- reduce the number of 15-year olds who regularly smoke from 8% to 3% or less
- reduce smoking among adults in England from 15.5% to 12% or less
- reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population
- reduce the prevalence of smoking in pregnancy from 10.5% to 6% or less

Local Ambitions

The current Wirral Plan, published in June 2015, set out a series of 20 pledges which the council and its partners will work to achieve by 2020, it focuses on three key themes:

- protecting the most vulnerable
- driving economic growth
- improving the local environment

Please note that the draft [Wirral 2025 plan](#) is out for consultation as of February 2020.

In 2016, a series of strategies were developed to deliver the Wirral Plan pledges, including the [Smokefree Strategy](#).

The aims of the Smokefree Strategy are inspired by the national ambitions above, while reflecting local priorities, seeking to:

- Reduce the number of people who smoke in the borough
- Reduce the number of women who continue to smoke during pregnancy
- Reduce and prevent the uptake of smoking among young people (Wirral Council Smokefree Strategy, 2019)

Commissioned Services

As mentioned earlier in this JSNA, the main provider of stop smoking services in Wirral is A Better Life (ABL). They, together with the Wirral Council Public Health Team, came up with a set of targets to reach each year to help its service users as well as the wider population of Wirral.

These include:

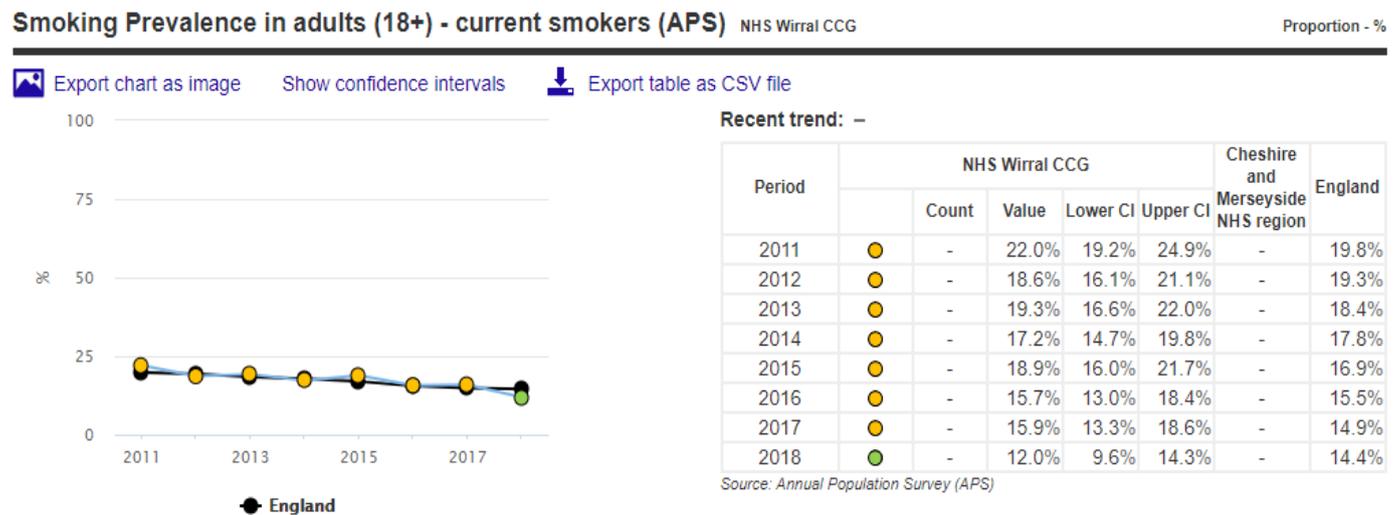
- An annual target of 1,356 4-week smoking quitters
- 35% of successful 4-week quitters are still smokefree at 12 weeks
- An annual target of 170 pregnant smokers quitting
- At least 6% of 4-week smoking quits to come from BME groups
- At least 70% of 4-week smoking quits to come from routine and manual workers, long-term unemployed and never worked groups
- An annual target of 1,000 new homes signed to the ABL scheme since 2015-16, of which 50% are from households in areas classified as the most deprived 20% (or most deprived quintile) nationally based on the Index of Multiple Deprivation (IMD)

What are we achieving? (Performance)

National Ambitions

Since 2011, the proportion of adult smokers has decreased considerably within Wirral from 22.0% to 12.0% in 2018 (**Figure 18**). The most recent year shows the lowest smoking prevalence on record and is the first time that Wirral figures are significantly better than England's – before then, there was no significant difference between Wirral and England. Nationally, smoking prevalence amongst adults has also decreased from 19.8% in 2011 to 14.4% in 2018.

Figure 18: Smoking prevalence in adults (18+), Wirral and England, 2011 - 2018



Source: [Inhale Profile, Public Health England, 2019](#)

Table 2 overleaf shows that since 2010/11, Wirral, the North West, and England all show a reduction in the proportion of maternal smoking at the time of delivery. Work still needs to be done, however, to achieve the national target of 6% or less pregnant smokers. As of 2018/19, Wirral figures for smoking during pregnancy were shown to be 13.9%, whilst the North West are slightly lower at 12.7% with England being the lowest of the areas at 10.6%

Table 2: Trend in maternal smoking at the time of delivery, by area, 2010/11 – 2018/19

| Year | Wirral (%) | North West (%) | England (%) |
|---------|------------|----------------|-------------|
| 2010/11 | 14.6 | 17.8 | 13.6 |
| 2011/12 | 13.2 | 17.1 | 13.3 |
| 2012/13 | 12.0 | 16.5 | 12.8 |
| 2013/14 | *15.7 | 15.5 | 12.2 |
| 2014/15 | *13.9 | 14.8 | 11.7 |
| 2015/16 | *12.4 | 13.8 | 11.0 |
| 2016/17 | *12.0 | 13.4 | 10.7 |
| 2017/18 | *13.5 | 13.4 | 10.8 |
| 2018/19 | 13.9 | 12.7 | 10.6 |

Source: [Local Tobacco Control Profile](#), 2020

Note: Asterisks in the table (*) indicate that there is a data quality issue with this value

Local Ambitions

For the latest Wirral Plan 2020 progress, including the performance of all of the 20 different pledges, please visit [the Wirral Council website](#). Please note that a new plan, the 2025 Plan, is due to begin soon and can also be found on [the Wirral Council website](#).

Pledge 16; '[Wirral residents live healthier lives](#)', contains performance indicators for our delivery of the Smokefree strategy. The performance so far shows that smoking prevalence in adults in Wirral is decreasing whilst the number of smokers remaining smokefree at 4-weeks continues to improve.

Commissioned Services

A Better Life (ABL) became a Public Health commissioned provider in 2016/17 and, since 2017/18, they have consistently met the target of 4-week quitters as well as the proportion of those quitters that are still smokefree at 12 weeks. For the first year, however, they were 150 individuals short of hitting the annual target. The annual target of reducing the rate of pregnant smokers has not been achieved. This reflects regional and national figures, where rates of maternal smoking remain much higher than the national target of 6% by the end of 2022.

Each year has seen a rise in the number of Black, Asian and Minority Ethnic (BAME) service users in ABL, from 38 in 2016/17 to 59 in 2018/19. However, this number represents just 4% of ABL users, slightly below the 6% target. In addition, the proportion of smoking quits coming from routine and manual workers, long-term unemployed and never worked groups has increased each year, from 57% in 2016/17 to 60% in 2018/19.

Despite only 745 homes in the 20% most deprived areas in Wirral in 2016/17 pledging to become smokefree, ABL have since engaged 2,510 and 2,402 homes in 2017/18 and 2018/19, respectively. As of November 2019, ABL have signed up 1,513 homes to pledge to become smokefree households from the 20% most deprived areas in Wirral – already 513 homes above target.

Key Findings: What are we achieving?

- Since 2011, the proportion of adult smokers has decreased considerably within Wirral from 22.0% to 12.0% in 2018
- Nationally, smoking prevalence amongst adults has also decreased from 19.8% in 2011 to 14.4% in 2018
- Since 2010/11, Wirral, the North West, and England have all shown a reduction in the proportion of maternal smoking at the time of delivery
- As of 2017/18, Wirral figures for smoking during pregnancy are shown to be at 13.9%, whilst the North West are shown to be slightly lower at 13.4% with England being the lowest of the areas at 10.8%
- Since 2017/18, ABL has consistently met the targets of 4-week quitters as well as the proportion of those quitters that are still smokefree at 12 weeks

What is this telling us?

Key challenges and inequalities

Wirral faces challenges with overcoming inequalities in smoking prevalence, attributed mortality and morbidity, and reducing the prevalence of smoking in pregnancy.

Targeting Disadvantaged Groups

Although PHE (2019) data shows that Wirral is performing much better than the national benchmark for smoking prevalence among adults overall, this average hides the socio-economic gap and far higher smoking prevalence among disadvantaged groups (see Figure 19). That those living in more deprived areas have a higher smoking prevalence is indicative of Wirral's health inequalities and its distinct east-west divide.

Figure 19: Wirral's Tobacco Control Profile for 2019 showing smoking prevalence



Source: Fingertips Profile, Public Health England (PHE), 2019

NHS Health Check data for 2019 supports this correlation in Wirral, with 56% of Wirral smokers falling into the most deprived quintile, and the highest proportion of smokers coming from Birkenhead A and B GP Neighbourhoods versus Wirral West with the lowest. This marked geographic socio-economic inequality poses a considerable challenge to reducing Wirral's smoking prevalence.

Given the number of smokers living with mental health conditions in Wirral, and the large majority (79.5%) of ABL's clients recorded as having mental health conditions, it must be a top priority to continue tailoring smoking cessation services to their specific needs. In addition to poor mental health, intensive smokers may live with competing social issues, such as insecure living, low or no income, problems with domestic violence, and problems with addiction.

These issues represent additional barriers to engagement and retention in health services, requiring personalised, cross-service support.

Lowering Smoking at Time of Delivery (SATOD) Rates

As mentioned earlier, 2019 estimates suggest the prevalence of SATOD is higher in Wirral than the national average. Pregnant smokers are therefore an at-risk group, particularly those from disadvantaged backgrounds.

There is one dedicated smoking cessation midwife in Wirral, so supporting her and ensuring that all community midwives are trained to deliver brief smoking intervention is crucial. In 2017/18, ABL had 364 pregnant smokers referred to their service for support, with the figure increasing to 557 in 2018/19.

Ensuring referral rates and stop smoking support matches the level of need among pregnant smokers is a priority in order to lower Wirral's SATOD rates from 13.9% to the national target of 6% and give every child the best start in life (PHE, 2019; DHSC, 2017). Introducing carbon monoxide testing to validate self-reported smoking status at initial assessment may help to ensure no pregnant women exposed to smoke during pregnancy are overlooked by the smoking cessation service.

Challenges Identified by Peer Assessment

CLear is an evidence-based approach to tobacco control developed by ASH, which allows local authorities to assess the effectiveness of their tobacco control plan. It involves an in-house assessment as well as a peer assessment by the national PHE Team, highlighting successes and points for improvement.

In the CLear (2018) report, Wirral was commended for its commitment to delivering quality tobacco control and partnership work with a range of agencies, although further opportunities to secure wider ownership of the strategic goals were highlighted. Wirral's well-established stop-smoking service was noted to be achieving good 4-week quit outcomes and reaching high prevalence groups, however there was some criticism over the emphasis on the service at the expense of any wider tobacco control activity.

Other issues identified were a lack of clarity in messages around vaping, a lack of systematic smoking cessation training for front line staff, and communications lacking coordination due to underfunding, leading to very limited promotion of the stop smoking service. Concerns were also raised over work carried out by trading standards being vulnerable to external funding losses, with the solution of sharing budgets and resources on a supra-local scale being underdeveloped.

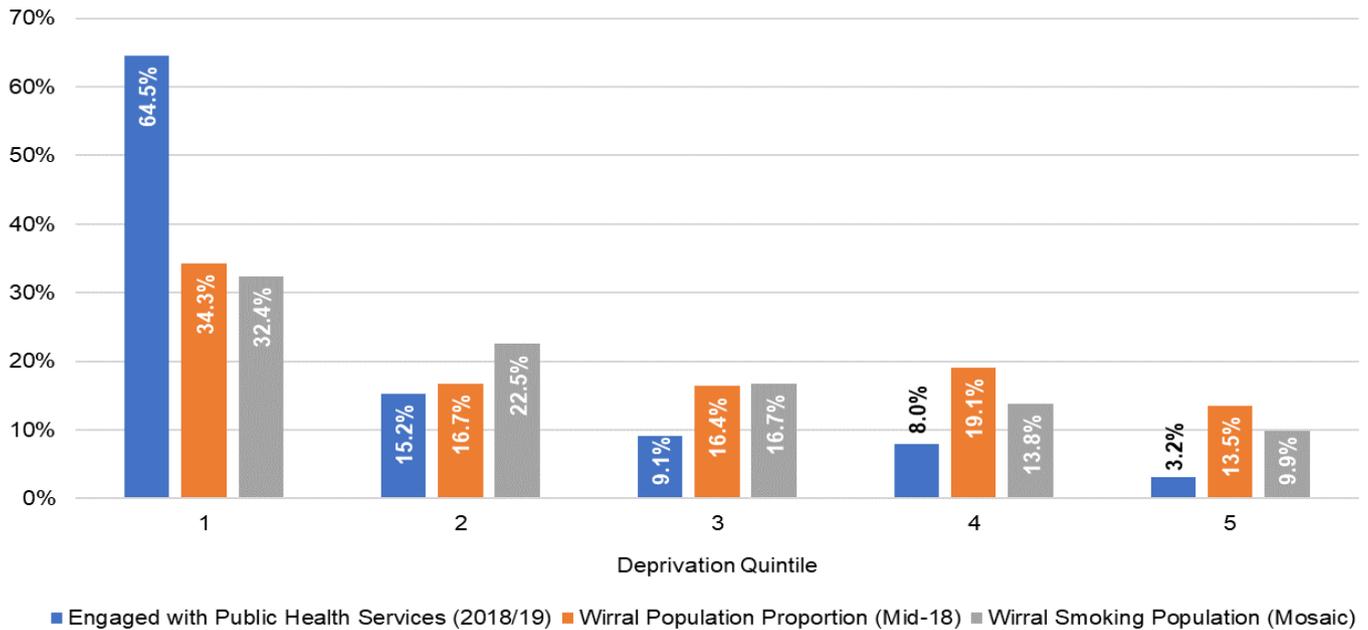
Finally, there was recognition of the need to improve on the reliability of smoking in pregnancy data and reduce prevalence, with the suggestion that the acute trust in Wirral (WUTH or Wirral University Teaching Hospital NHS Trust) could provide more active support in this (CLear, 2018).

Deprivation

Almost two thirds of clients engaging with ABL come from the most deprived quintile (64.5%), compared to other less deprived quintiles (15.2% from quintile 2, 9.1% from quintile 3, 8.0% from quintile 4 and 3.2% from quintile 5), shown in **Figure 20**.

Figure 20 shows that there was greater engagement with ABL services from individuals in the most deprived quintile (quintile 1) when compared to the estimated smoking population of that quintile. Quintiles 2 to 5, however, show lower engagement when compared to the estimated smoking population of those areas.

Figure 20: Proportion of people engaged with ABL Services and Wirral population, by 2019 Deprivation Quintile, 2018/19



Source: [ABL](#) & [Mid-2018 population estimates, Office for National Statistics \(ONS\)](#) & [Mosaic 2016](#) & [IMD 2019, Department for Communities and Local Government](#)

Note: ABL had 2.4% of clients with a non-Wirral or missing postcode so have not been included in the figure above.
Note: Areas are usually referred to as deprived if they fall into the most deprived quintile (20%) of areas in England (quintile 1) as according to the Indices of Multiple Deprivation (IMD). Quintile 5, on the other hand, contain the 20% least deprived areas of England.

Wirral Intelligence Service’s ‘Estimated Smoking Prevalence in Wirral’ (2014) report shows a large variation in smoking prevalence (from 8%-36%) depending on Mosaic group (reflecting socioeconomic status) within Wirral. The Mosaic groups ‘Transient Renters’ and ‘Municipal Challenge’, which are characterised by deprivation and low incomes, have considerably higher smoking prevalence and are concentrated in Birkenhead and Tranmere, Seacombe, Rock Ferry, Bidston and St James, and Upton (particularly Woodchurch). **Figure 21** below shows that deprived adults nationally are over twice as likely to smoke than less deprived adults. A targeted approach to help the most deprived groups is therefore needed to reduce health inequalities.

Figure 21: Inequalities in Smoking Infographic, 2019



Source: Cancer Research, 2019

Key findings: Key Challenges and Inequalities

- Wirral faces challenges with overcoming health inequalities driven by higher smoking prevalence in deprived groups
- Overcoming the marked geographic socio-economic divide whereby East Wirral is more deprived and has higher smoking rates compared to the more affluent West Wirral continues to be a challenge, as indicated by 2019 GP health check data where 56% of Wirral smokers fell into the most deprived quintile and the highest proportion of smokers came from Birkenhead
- Disadvantaged smokers tend to smoke more intensively and live with multiple issues from poor mental health to insecure living, debt, other addictions, and even domestic violence, making cessation intervention challenging as cases are complex
- Wirral's smoking at time of delivery rates are higher than the regional and national averages so pregnant smokers are an at-risk group in need of attention. Improving referral pathways to capture more expectant mothers in Wirral's smoking service and maintaining their engagement will be crucial
- The CLear evaluation argued that the narrow local focus on the performance of the downstream stop smoking service overshadows wider tobacco control activities in the region

What are we doing and why?

Current activity and services

Wirral's current activities and services are directed to meet the four main pillars of Wirral Partnership's (2015) smokefree strategy – to ensure people understand the risks of smoking and how to quit, to support those who want to quit, to create healthy smokefree environments, and to tackle illegal tobacco activity. The following list outlines all the smoking services within Wirral.

A Better Life (ABL) Wirral Nicotine and Smoking Cessation Treatment Service

ABL delivers comprehensive, equitable and accessible smoking cessation, tobacco and nicotine cessation treatment for Wirral residents who wish to quit.

- Provision is targeted towards groups with high smoking prevalence to reduce health inequalities. ABL aims to achieve 70% of its quits from priority groups, such as routine and manual workers, long-term unemployed, people living in deprived areas, people with a diagnosed mental health condition, and pregnant women.
- ABL works to raise awareness of harms associated with smoking and second-hand smoke.

A link to the ABL website can be found here: <http://www.ablhealth.co.uk/wirral/>

Please note that a tri-annual report and an e-cigarette pilot evaluation is expected from ABL in the Spring of 2020.

Smoking Cessation and Substance Use Midwives at Wirral University Teaching Hospital

- Deliver advice and support to pregnant smokers around the risks posed by smoking to themselves and their baby and the benefits of quitting.
- Work to lower rates of smoking at time of delivery

Services targeted at younger people

- Healthy Child programme (0 to 19) – provided by Wirral Community NHS Foundation Trust
- School Nursing team
- Teenage pregnancy adviser– provided by Barnardo’s as part of the 0 to 19 service
- Substance Misuse worker (Teen team) – provided by Barnardo’s as part of 0 to 19 service
- Young people substance misuse programme – provided by Response
- TeenWirr@l – a site for 13 to 19 year olds in Wirral covering all aspects of health and wellbeing (<https://www.teenwirral.com/stop-smoking>)
- ABL provide a stop smoking service for those aged 12 years and above

A link to the ABL website can be found here: <http://www.ablhealth.co.uk/wirral/>

Wirral Trading Standards

<https://www.wirral.gov.uk/trading-standards>

<https://www.wirral.gov.uk/trading-standards/business-advice/businesses-and-underage-sales>

Wirral’s Trading Standards team delivers a Tobacco Control Policy supported by Public Health within which they:

- Carry out targeted test purchasing and offer business advice and training to combat underage sales.
- Deliver intelligence lead enforcement work in partnership with the Police and Wagtail to tackle illicit tobacco.
- Enforce compliance with smokefree legislation such as controls around the advertising and display of tobacco and the ban on smoking in enclosed spaces and vehicles

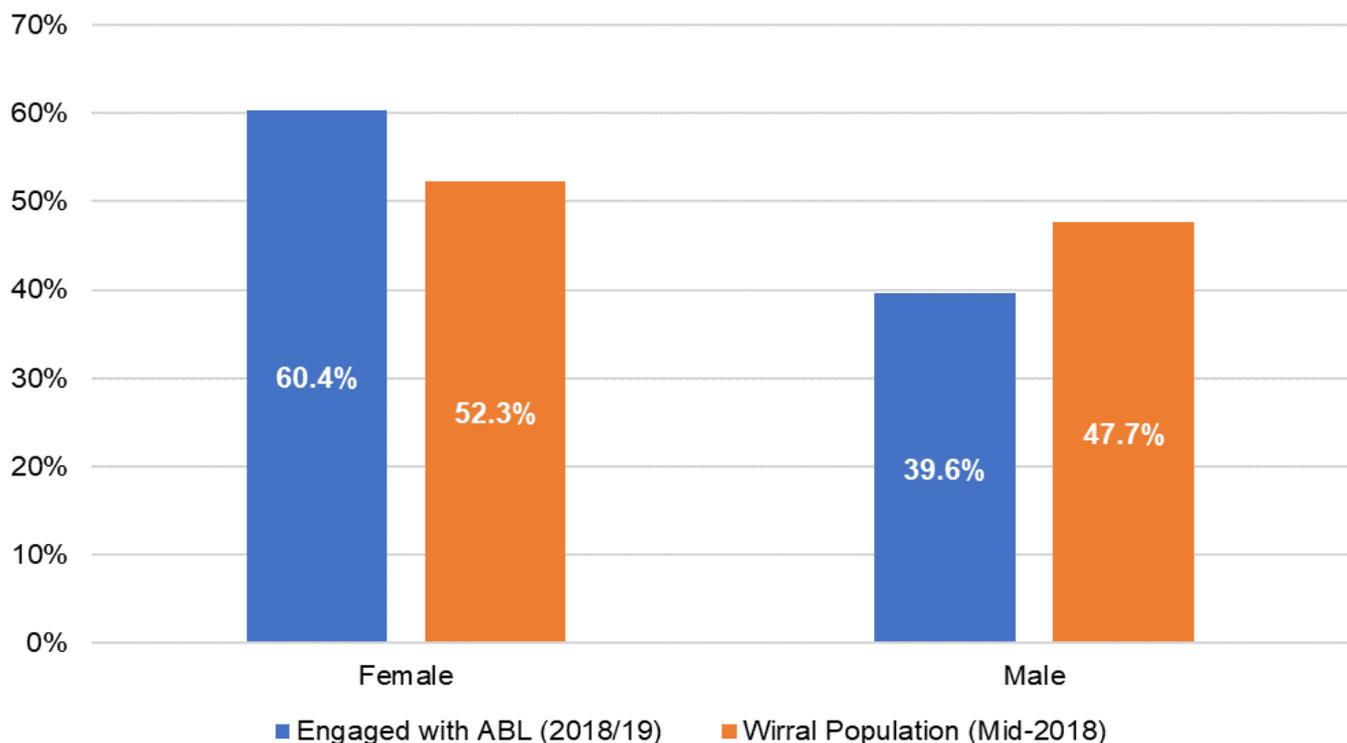
What are the challenges?

Key gaps in knowledge and services

Gender

Figure 22 shows that more females access ABL services (60.4%) compared to males (39.6%). This may be partly driven by the fact that women are over-represented within Wirral’s population, making up 52.3% of residents aged over 15 years, compared to 47.7% of men.

Figure 22: Proportion of people engaged with ABL and the Wirral population, by gender, 2018/19



Source: ABL & Mid-2018 population estimates, ONS

Note: People aged ≤ 15 not included.

However, this gendered difference in engagement may reflect the fact that similar service models were traditionally associated with women. For example, weight management services are more likely to be accessed by women despite men being more likely to be overweight. More work is needed to understand this gendered difference in service engagement.

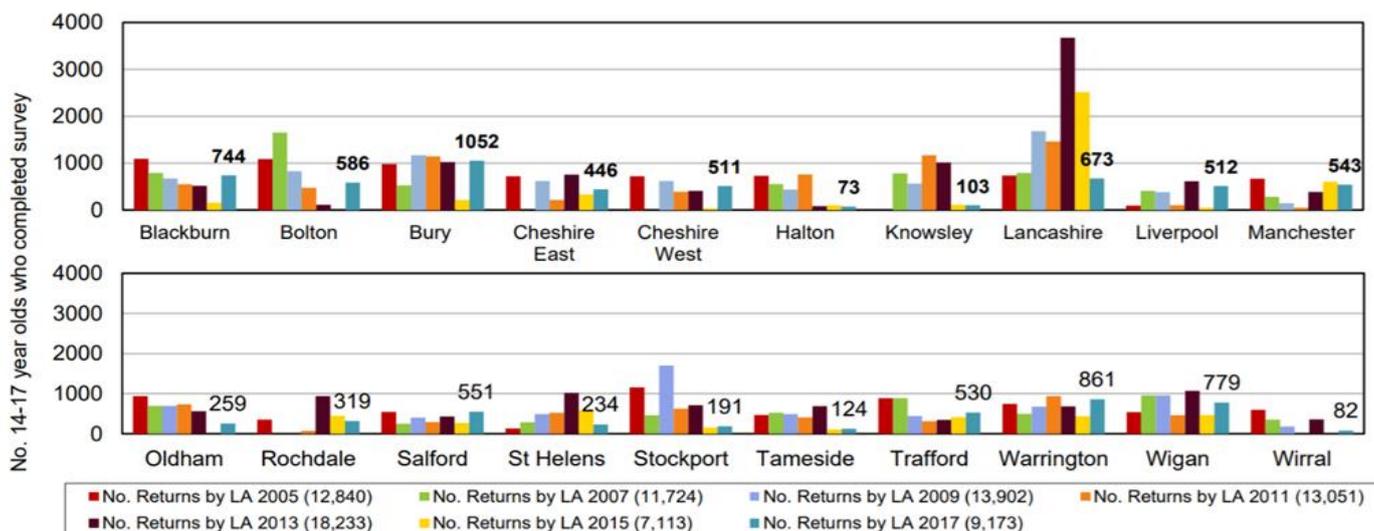
Young People

Availability of representative smoking data for young people is lacking at the local level. Currently the best data comes from the Trading Standards North West (2017) report, however this was informed by responses from 20 of 23 Local Authorities from across the North West and the Wirral specific response number was low. In 2017 (see **Figure 23**) Wirral contributed only 82 responses compared to 1,052 from Bury, or 861 from Warrington. Although illustrative of smoking patterns among young people in the North West, the results of this report are unlikely to be representative of Wirral's young people.

Data around vaping and e-cigarettes is even more limited and the relationship between vaping and smoking is unclear, with some concerned e-cigarettes could be used as a gateway to tobacco cigarettes by young people. More research needs to be done in this area both nationally and locally.

Lastly there is a dearth of qualitative data relating to young people's experiences and attitudes towards smoking which would enrich understanding and potentially improve prevention approaches. Furthermore, ABL's service user age demographics (**Figure 16** – see page 23) indicated that while the 30-74 age band were well catered for, young people age 16-24 were underrepresented, suggesting more needs to be done to engage young smokers with the service.

Figure 23: Young Persons' Alcohol and Tobacco North West 2017 Survey Sample Breakdown by Local Authority



Total Base for 2017: 9,173 Respondents

N.B. Cheshire East and West reported separately for first time in 2011. Previous data for these local authorities shown at aggregated level. Blackpool, Cumbria and Sefton did not take part in this year's survey.



Pregnant Smokers

Wirral's smoking prevalence among pregnant women at time of delivery is known to be high. More needs to be done to reduce local prevalence (13.9%) to reach national targets (6%) by 2022 (DHSC, 2017). Wirral's CLeaR (2018) report identified the need to ensure that reducing smoking in pregnancy is a priority for all relevant organisations. One smoking cessation midwife and a substance use midwife are now in post to support expectant mothers to quit at Wirral University Teaching Hospital, however continuity of care must be strengthened across the local health service.

High priority women who smoke very heavily are flagged and contacted by the smoking cessation midwife, but lighter smokers may not be offered the same level of support given the high demand. Work therefore needs to be done to ensure all pregnant Wirral smokers are identified and referred to support services.

Qualitative Research

In addition to the quantitative data gleaned from residents' surveys, data from the stop smoking service provider (ABL), and regional data from Public Health England, Wirral's tobacco agenda could benefit from more qualitative research. A good example would be in-depth interviews with key stakeholders such as current service users and residents who smoke but are not currently accessing support.

The last qualitative work of this nature was carried out in 2011 (Gowling, 2011). This gap was also recognised by the CLeaR (2018) report which outlined understanding the attitudes and behaviours of the most vulnerable groups as a key challenge, which could be answered in part by gathering more qualitative data in order to better target available resources to meet local needs.

Primary Care and community care providers are fundamental in delivering an integrated smoking cessation pathway. This includes the identification of smokers, provision of advice and access to effective support to quit. Shared ownership and responsibility in the local health and social care system is essential to ensure the continuity of care between primary, community and inpatient settings.

Key findings: Key gaps in knowledge and services

- More women access ABLs smoking cessation service than men. Younger and older residents are under-represented compared to Wirral's population among ABL service users
- Wirral's high smoking at time of delivery rates suggest more needs to be done to engage pregnant smokers with smoking cessation services and maintain continuity of care.
- A wider focus on prevention that extends beyond downstream smoking cessation services is indicated, reflecting the CLeaR 2018 recommendation
- Wirral's tobacco agenda could benefit from more qualitative research in order to better understand the needs of the most vulnerable smokers (including young people) and assign resources accordingly

What is coming on the horizon?

ABL introducing Quit Genius

Quit Genius is a smartphone app that can be used to quit smoking using cognitive behaviour therapy. The app offers a human qualified Stop Smoking Practitioner for the client to contact 24/7 via the app and quits are validated using a carbon monoxide (CO) breath tester which connects to the client's mobile phone. Pharmacotherapy (stop smoking medicines such as patches, gum, inhalators) will be provided by ABL to support the client. ABL will be piloting Quit Genius in January 2020 and this pilot will be subsequently evaluated.

ABL piloting E-Cigarettes

ABL are currently carrying out a small pilot investigating the use of e-cigarettes as a quitting tool. Depending on the results, e-cigarettes may be incorporated as part of their smoking cessation support package.

WUTH smoking cessation midwife

Wirral University Teaching hospital have recently hired a dedicated smoking cessation midwife who will provide tailored assistance to expectant mothers, supporting them to quit and lowering Wirral's Smoking at Time of Delivery (SATOD) statistics. In 2020, all community midwives will be trained on how to give brief smoking advice and intervention.

A smokefree Cammell Laird

Cammell Laird, a large Birkenhead-based shipbuilding company, plans to become a smokefree site in 2021. This may help to encourage smoking cessation among the routine and manual labour group, who have a higher smoking prevalence in Wirral.

Wirral Partnerships Smokefree Strategy

The current Smokefree Strategy will be updated in 2020 following key stakeholder consultation to refocus attention on Wirral's Tobacco Control Agenda and set ambitious targets for the new decade.

National Vision

The UK Government aims to be 'smokefree by 2030', which envisages smokers quitting or moving to harm reduction products like e-cigarettes. A detailed plan on how this will be achieved is yet to be released (DHSC, 2019; APPG, 2019).

Changing tobacco landscape

The production and distribution of illegal cigarettes is continuously evolving as new crime hotspots appear, meaning the police and trading standards must work together to seek out the best intelligence possible and act accordingly. It is also important to be aware of the context in which stop smoking services are operating.

Cancer Research and ASH's (2019) report notes that LAs have suffered considerably from budget cuts, with local authority spending on tobacco control and stop smoking services falling by 30% across England between 2014 and 2018. This has made maintaining the same level of provision across local authorities difficult and poses a continued challenge.

Vaping

Public Health England (PHE) (2019b) has taken a cautious stance on e-cigarettes, stating that they are not risk-free, but carry far less risk than regular tobacco, meaning they can be used in the quitting process as a short-term harm reduction strategy. PHE (2019c) also emphasise the importance of using regulated e-liquids, given the outbreak of serious lung disease cases in the US in September 2019, which resulted in 1,600 cases and 34 deaths associated with dangerous vaping liquids.

Wirral's Trading Standards Report (2019) specifically identifies the sale of e-liquids to children as an area of growing risk. This stems from the concern that some young never-smokers are taking up vaping, which may act as a gateway to smoking or cause harm through exposure to unregulated e-liquids.

Key findings: What is coming on the horizon?

- A Better Life are introducing the app Quit Genius which provides 24/7 support and are running a pilot into the use of e-cigarettes as a quitting tool
- Wirral University Teaching Hospital hired a dedicated smoking cessation midwife at the end of 2019 and are working in collaboration with the Task and Finish Group around smoking in pregnancy to reduce smoking at time of delivery prevalence
- Cammell Laird plans to become a smokefree site in 2021, which will assist in efforts to promote smoking cessation among routine and manual groups
- Uncertainties around the long-term health impacts of vaping means the use of e-cigarettes must continue to be appraised and the sale of unregulated e-liquids to children must be monitored as an area of growing risk

What does the research suggest as further actions?

Although Wirral's well-established smoking service is achieving excellent quit rates and smoking prevalence overall is declining, more must be done to support the most disadvantaged groups in order to reduce health inequalities.

Supporting low income and deprived groups, such as casual and manual labourers, must be a priority and supporting Cammell Laird to implement its smokefree policy is one way to do this.

Socio-economic inequalities must be tackled using a whole-systems approach by embedding the tobacco control agenda into departments like housing, planning and economic regeneration. There are gaps to be filled in certain areas of service provision, particularly in attracting young people and pregnant women to the smoking cessation service.

To achieve a smokefree generation, efforts must extend beyond the smoking cessation service to adopt a system-wide multi-stakeholder approach, de-normalising smoking through a broader prevention focussed tobacco control agenda. Consultation with key stakeholders (both internal and external to the council) and updating Wirral's smokefree strategy in 2020 will be important next steps towards this goal.

Young People

Young people are an underrepresented group among the demographics of ABL's service users, and there is a dearth of local data around their behaviours and attitudes despite the smokefree generation vision being pinned on them as the (non)smokers of the future.

Firstly, more data must be gathered to gain an in-depth understanding of the number and needs of young people in Wirral who are using tobacco and e-cigarettes. Local intelligence could then be used to develop an appropriate but ambitious local target for smoking prevalence among 15-year olds.

Secondly, smoking prevention and early intervention must be strengthened. This can be achieved by ensuring the implementation of NICE guidance on school-based interventions to prevent the uptake of smoking and ensuring smokefree policies are in place to protect against second-hand smoke.

Thirdly, raising awareness of the risks surrounding tobacco and smoking will be key to preventing uptake as well as signposting current smokers towards support, simultaneously improving the referral rate of young people to Wirral's smoking cessation service.

A peer education programme could be established to provide anti-tobacco industry intervention alongside health and social media messages to groups of young people. These would run alongside the national tobacco education curriculum.

Pregnant Women

Training all community midwives on how to give brief smoking intervention by December 2020 will provide greater access to information and advice around smoking for pregnant women.

Running smoking support groups from Wirral Maternity wards would allow for closer collaboration between the midwives at WUTH and our smoking cessation provider (ABL), as well as engaging more expectant mothers. Wirral's Task and Finish Group around smoking in pregnancy will be vital in bringing key partners together.

Already, ABL's smoking in pregnancy advisor will be attending newly set up smoking cessation scan clinics in 2020 and plans are being put in place to engage pregnant smokers earlier. Carbon monoxide testing could be incorporated as part of the initial health checks given at book-in appointments to validate self-reported smoking status. This would also mean that all smokers are automatically referred to a stop smoking service (ideally being telephoned through by the midwife during book-in) so that smoking cessation support is immediately available.

This ties in with the CLear (2018) suggestion that there are opportunities for partner organisations to support the smoking service in increasing referrals, and that more systematic and robust referral pathways should be set up. Additionally, there is the potential to train sonographers on giving a very brief smoking intervention during scans in order to make every contact count. Lastly, a local campaign to raise awareness of the risks associated with smoking in pregnancy, similar to the [Drymester](#) campaign for alcohol, could help motivate 'parents-to-be to go smoke free'.

Trading Standards and Illicit Tobacco

ASH (2019d) found that emphasising the vulnerability of young people to the risks of illicit tobacco was a more effective way to change attitudes in communities than the usual narrative around crime. A proactive approach is indicated locally to educate local communities on illicit tobacco and its associated risks, rather than waiting for intelligence to respond to reports of illicit tobacco sales.

In its 2018-19 Tobacco Control report, Wirral Trading Standards commits to developing partnerships between organisations like ABL, HMRC, the Police and local authorities; engaging health and community workers through training on illicit tobacco; generating and sharing intelligence about illicit tobacco and associated crimes to identify and prioritise enforcement action; planning preventative action; and raising awareness among the public and stakeholders of key issues surrounding illicit tobacco.

A Tobacco Control Network could also help to bring a wide range of partners together to ensure wider ownership and a united approach specific to our area, in addition to linking in with wider regional work as recommended by CLear (2018). Lastly, CLear could be recommissioned in 2020 to highlight opportunities and make our tobacco control plan as effective as possible.

Prevention

Smoking services in Wirral focus more on smoking cessation than they do on prevention and the broader tobacco control policy. More work could therefore be done around awareness raising and targeting younger people before they start smoking (DHSC, 2017).

To properly support this tobacco control agenda, parents and the wider community must also be engaged with via campaigns and cessation support in order to de-normalise smoking and create wider system change. Work could also be carried with communities around illicit tobacco and its associated risks, targeting demand and so discouraging purchases rather than only focusing on supply.

Key findings: What does the research suggest as further actions?

- Engage disadvantaged and deprived groups to overcome health inequalities in Wirral
- Gather more local data around young people's smoking habits and attitudes
- Invest in smoking prevention efforts to discourage young people from starting smoking
- Prioritise lowering Wirral's smoking prevalence at time of delivery by improving continuity of care and increasing engagement with ABL
- Ensure trading standards receive the resources necessary to tackle illicit tobacco and consider taking a more proactive approach by working with communities to discourage demand
- Set up a Tobacco Control Network to ensure wider ownership and a cross-system approach to tackling tobacco
- Recommission CLear in 2020 to highlight challenges and opportunities in our tobacco control plan

Key Content

Links

Please see additional links [here](#)

Relevant and Related National and Local Strategies

Please see relevant and relation national and local strategies [here](#)

References

Please see references [here](#)

Appendix

Please see appendix [here](#)

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