Fresh: Making Smoking History

An overview to population level programme in the North East

ADPH national seminar 27th March 2023

Ailsa Rutter OBE Director Fresh and Balance



Summary of presentation

- Background to Fresh
- The model
- A run through of a few examples from our 8 key strands
- Our governance
- Who the team is
- Key lessons learned so far
- How to find out more



Background to Fresh

- Early 2000s...NE 29% adult smoking
- Excellent SSS but... international learning
- 2003 EU bid- Failure galvanised action to get to.....
- 2005: LAUNCH
 - ➤ Brandearly visioneveryone's business
 - Strategy
 - Programme with media comms as a key
 - Campaign
 - > Team into place
- Population level working as opposed to simply targeting individuals – recognition around role of industry
- Same principles for Balance





Fresh model



- Evidence base 1962
- International to local level
- Comprehensivesynergistic
- Multiple strands- no magic one off solutions
- Partnership and collaboration
- Also help coordinate SFNHS as parallel programme- separate funding





Building infrastructure, skills and capacity

- Role of tobacco alliances over the years
- Briefings and facilitating planning sessions
- ASH local alliances roadmap and toolkit
 - ASH/Fresh End of Smoking Report
 - ASH 10 HIA
- Professional development and mentoring to new TC leads
- Critical friend role
- Dedicated Regional Forums over the years: now
 - Local Tobacco Control Network
 - Tobacco Regulation and Crime Forum
 - Making Smoking History Champions Forum (TC conference 13/9/23)
 (Also Support ADPH Tobacco Commissioners Forum and liaison with DsPH)





Advocacy: our approach- ASH effective recipe

- Set clear objectives e.g. new TC plan- funded
- Work collaboratively- leadership of ASH leading the SFAC
- Frame the debate e.g. economy as well as health
- Build the evidence e.g. cost benefit analysis from end to smoking
- Develop political champions e.g. role of APPG on Smoking or Health

Smokefree ACT

- Show them the votes, keep tracking public opinion
- Find the lever

Advocacy - setting clear objectives







Advocacy-Local champions, national impact





there are signs that it is providing the motivation for people to try to

DELIVE BBC NEWS CHANNEL

NEWS



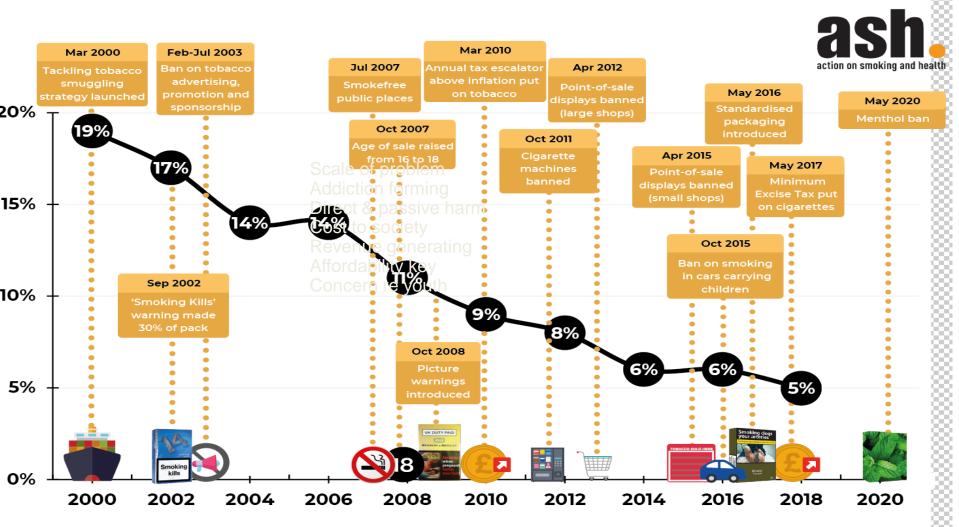


 $https://extranet.who.int/kobe_centre/sites/default/files/pdf/WCTOH-2012_04_Smokefree-Liverpool_DawsonJ.pdf$





Last two decades: changing the adult world



England 2000-2018: Tobacco control laws and smoking rates among 11-15 year olds

Data source: NHS Digital

SHS strategic framework

LOCAL STRATEGIC FRAMEWORK FOR REDUCING EXPOSURE TO SECONDHAND SMOKE



AIM To take a strategic approach to reducing exposure to secondhand smoke with the focus on indoor exposure where the majority of harm occurs

Objective 1

Follow the evidence base, with a focus on indoor settings



Make use of evidence base briefings

Include strategic activity in local tobacco control plans

Objective 2

Identify and work with strategic partners



Recommendation

Map out key partners to engage with

local alliance meeting on SHS

Objective 3

Identify settings where indoor exposure is an



Objective 4

Identify breaches of legislation and deliver enforcement



Objective 5

Deliver marketing and communications



Objective 6

Advocate for enhanced regulation



Objective 7 Protect policies

from the tobacco industry



Objective 8

Research, monitor and evaluate SHS exposure



Recommendation

Hold a focused

Recommendation

Map locations where exposure is an issue

Support implementation of tobacco control in social housing

Recommendation

Work with regulatory colleagues to support compliance with smokefree legislation. particularly in relation to work vehicles where

compliance is lower

materials

Recommendation

Use the Year-round Secondhand Smoke is Poison campaign

Counter myths as they arise - opening a window doesn't offer protection

Recommendation

Gather evidence and feed into advocacy opportunities - call for all private vehicles to become smokefree

Remember protecting public from tobacco harm is popular

Recommendation

Be aware of legal obligations under WHO FCTC Article

Separate fact from fiction: tobacco industry messages contradict the evidence

Recommendation

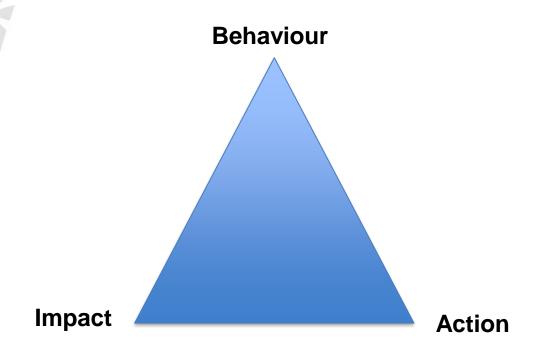
Systematise and standardise local data collection

Track public opinion and population data gathered by other agencies

RESULT

Increased awareness of and reduced exposure to the harms of secondhand smoke

Media and communications aim



- Behaviour change: quitting smoking and via awareness of risks and benefits of change
- Highlighting impact of tobacco on our region, businesses, families, communities, LAs and the NHS
- Calling for action on the solutions with the greatest impact





Media and communications

- Year round PR/earned media
- 24/7; 365 days press office we are very responsiveproactive and reactive- autonomy to respond key- have clear leader/s who can respond quickly- figure head person
- Clear sense of vision
- Average £2-3M coverage PA
- Also insight led mass media campaigns TV remains the key channel to use
- Evidence based- eliciting negative feelings more impactful
- Health literacy approach vital to know the audience for different communications
- Real people too lived experience powerful
- Localised e.g. DsPH and Cllrs- for things like Stoptober
- www.freshquit.co.uk





Many messengers too incl cancer survivors, DsPH, clinicians, Cllrs, retailers

We have to win the battle against smoking in region

we compare in the proper have the set of histories. In the first time of the proper set of the proper



'Millions more will die without more action': North Ea health leaders urge minister to urgently clarify Stop



alcohol EAST ALC



three users, isn't made to pay for prevention.









29th June 2022

Joint letter – call to save more lives 15 years on from Smokefree law introduction

Fifteen years ago this week (July 1) one of the most important and popular pieces of public health legislation ever was introduced - the smoke-free law. Rarely has one law protected so many from one day to the next.

People used to come home from the office or factory, the shops or an evening out having breathed in poisonous secondhand tobacco smoke. Millions of workers endured this for hours on a daily basis, causing illness and death. The law was a turning point which resulted in more people quitting, millions protected from smoke and high acceptance and compliance.

Despite efforts of tobacco companies to derail it, MPs across the political spectrum overwhelmingly voted in favour of a law from which we are still benefitting and which will continue to protect children into the future.

Across our region we have made good progress reducing smoking rates by working together in partnership with the NHS and local communities. And yet smoking is still our biggest killer, and we know this is nearly always an addiction that starts in childhood. Tobacco smoke causes 16 types of cancer, heart disease, lung disease, dementia, stroke and childhood illness. It's a driver of poverty too and it robs people of many years of life and has a negative impact on the economy and for our businesses when they lose their staff through preventable illness. That's why we now need a discussion about ending smoking once and for all.

We therefore welcome the recent publication of the Khan Review "Making Smoking Obsolete- an independent review into smokefree 2030 policies". As Khan states if we do nothing different, by 2030 over half a million more people in England will have died from smoking.

The review makes 15 far- reaching recommendations including additional investment to support smokers to quit, more awareness campaigns, action to reduce illegal tobacco and under age sales and making tobacco companies pay some of their huge profits towards prevention. It also suggests that the age of sale should be raised to 21 which we would support as no other product gets most customers hooked as children and ends up killing 2 out of 3 lifelong customers.

8 million people have died from smoking in the UK since the early 1970s and action to reduce smoking is highly popular because whoever you are, most of us have lost a loved one to smoking and don't want our children or grandchildren to start. Most smokers would like to stop and many deeply regret starting in the first place. The appalling fact is that millions more will die unless we take action.

Regards



Amanda Healy, Director of Public Health, County Durham and Chair of NE DPH Network

Alice Wiseman, Director of Public Health, Gateshead Council Lorna Smith, Interim Director of Public Health, Newcastle City Council Wendy Burke, Director of Public Health, North Tyneside Council Liz Morgan, Director of Public Health, Northumberland County Council Tom Hall, Director of Public Health, South Tyneside Council Gerry Taylor, Executive Director of Health, Housing and Communities, Sunderland City Council

Penny Spring, Director of Public Health, Darlington County Council Craig Blundred, Director of Public Health, Hartlepool Borough Council Mark Adams, Director of Public Health, Middlesbrough and Redcar & Cleveland Council

Sarah Bowman-Abouna, Director of Public Health, Stockton Borough Council







Smoking raises dementia risk





One in every two smokers will die from a smoking related illness.

How will your family cope if you're the one?









Current Fresh campaign focus: "Don't be the One"

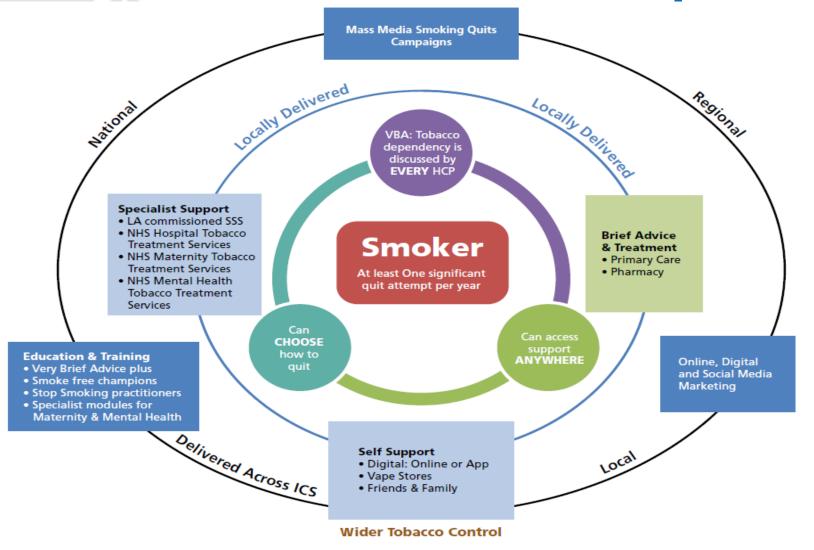
- Overview: 4 weeks multiple channels across whole of North East and North Cumbria
- Insight: Many smokers are still unaware at the range of diseases directly linked to
- **Key audience**: the campaign is targeted at all smokers aged over 25 with a specific focus on smokers from C2DE communities in order to address health inequalities.
- Channels: <u>TV advertising</u> 60, 30 and 10 second TV adverts on ITV
 Tyne Tees and Borders and Catch Up TV ITV Hub; <u>Radio advertising</u>:
 8 stations; <u>Skyrise-connected</u> TV targeting smokers and target
 communities; <u>Digital</u>- Facebook and Instagram and Google display
 advertising; <u>PR and social media</u> from Facebook and Twitter @FreshSmokeFree
- Watch TV advert
- Listen Radio advert







For quitting we must put smokers at the heart and adapt



The vision for holistic support to quit smoking across the North East and North Cumbria ICS

Treating tobacco dependencyalso incorporating vaping

NHS role as part of system e.g.

- BabyClear (maternal smoking) approach 2010-2013
- Regional Smokefree NHS/Treating Tobacco Dependency Taskforce in 2017 predating the NHS Long Term Plan- partnership with many incl NHS, LA, ICB, OHID, NECS. Support this stream now and support to dedicated posts to lead

North East and North Cumbria



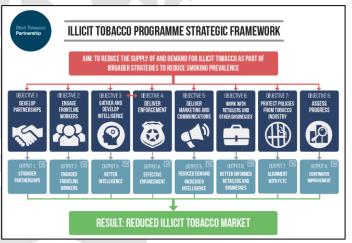
Collaborative leadership on issues e.g. vaping

- Association of Directors of Public Health North East (ADPHNE) position statement on vaping
- ADPHNE/Fresh vaping communications guide ADPHNE <u>fact</u> <u>sheet on youth vaping</u> for schools and colleges
- Fresh facilitated discussions at key regional and local forums
- Adult versus youth balance





Price and illicit tobacco focus







1st illicit summit anywhere- Dec 2007

NoE programme 2009-2012

NAO "best practise"

Strategic framework

Bi-annual tracking market

Demand AND supply

Trading Standards capacity vital but multiple partners have role

Generated over 12k pieces intell:

www.keep-it-out.co.uk

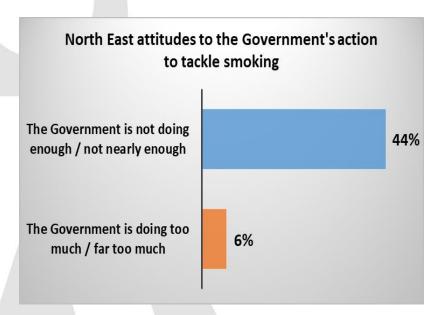
Now coordinate National Illicit Tobacco

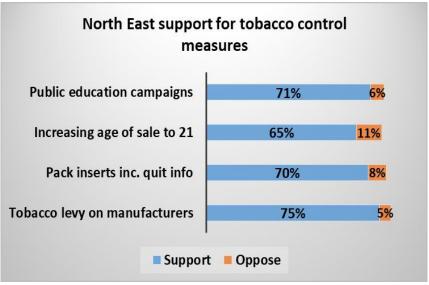
Reducing alcohol harm

Partnership

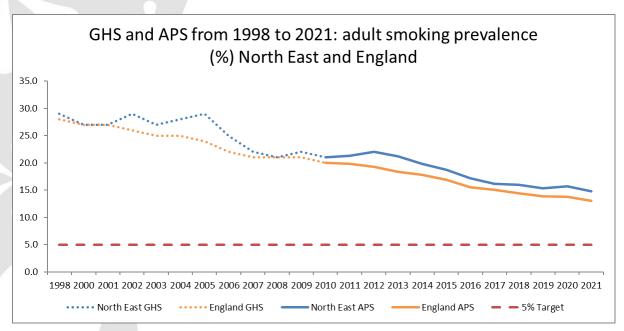
Data, research and public opinion

- Collaboration with academics e.g. SPECTRUM
- Qualitative insight key
- Pre and post tracking surveys of campaigns
- Public support- ASH (YouGov)- vital tracking

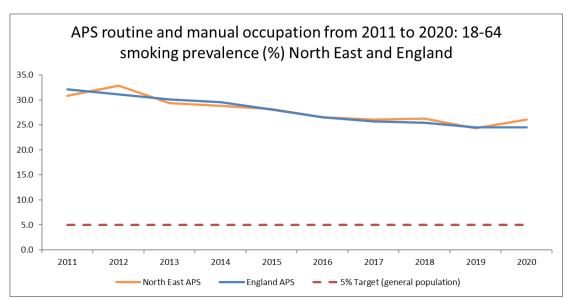




Smoking prevalence



Higher in key priority groups e.g. SMI, social housing- role of local targeting and support.



Governance

- <u>Currently</u> work as one programme (Fresh and Balance), one team, NHS FT (CDDFT) hosted (very hands off but supportive)
- From April 2023- funded by all 12 Local Councils matched by NENC ICB
- Lead commissioner Durham County Council (Amanda Healy DPH and also chair of ADPHNE)- close collaboration with OHID too – weekly meeting with OHID
- One SLA led by DCC on behalf of the others
- Quarterly detailed reporting on delivery of the Strategic Plan 23-25
- Recognition around flexibility e.g. responding to consultations, preparing for general election, influencing manifestos, build further cross party support

Reducing alcohol harm

Detailed quarterly reporting

- Comprehensive detailed report produced covering key areas e.g.
 - What forums, agendas, covered in briefing, level of attendance
 - How many local alliance meetings supported and on what-also number of F2F meets with TC/TS leads
 - What media activity undertaken: coverage, earned media value, channels used- which campaign etc any campaign results – media slide deck
 - Overview to advocacy and engagement activity- what with whom e.g. support into parliamentary debates
 - Quarterly illicit intel figures broken down across LAs and ITP developments
 - What Fresh support into NHS agenda around NHS LTP and also to support ADPH Tobacco Commissioners (coordinated by OHID)
 - What research and monitoring undertaken
 - Budget breakdown from finance team: staffing, running costs, programme costs across key areas e.g. PR, media campaigns





Who we are?



Also:

Gardiner Richardson- our NE PR agency since 2011 Story – our NE media agency since 2005

Core Fresh and Balance team:

- Ailsa Rutter- Director (2005)
- Sue Taylor- Head of Alcohol Policy Balance (2009)
- Andy Lloyd- Head of Media and Communications (2008)
- Lisa Holland- Business and Operations Manager (2005)
- Catherine Taylor- Regulation Manager (2007)
- Sue Swindon- Administrator (2021)
- Jordan Coils- Project Manager (2023) secondment
- Plans to recruit- three posts over next 6 months: strategic partnerships; data/info; media and comms specialist

We also host and support ICS posts- and very much part of the team

- Rachel McIlvenna- ICB Smokefree NHS Strategic Manager
- Tiff Ghee- ICB Smokefree NHS Project Manager





Lessons learned

- Tenacity and persistence and not giving up
- Having a dedicated team at regional level to support localities across range of areas
- At times of instability we have been the stable rock in the middle
- Have worn many hats including for DHSC and PHE- flexible pragmatism within the 'system'
- Keep at population level- do as many things once at scale. Know who is best placed to do granular targeting
- Don't step back too soon- mainstreaming in NHS can take years- social movement needed – lessons from BabyClear
- Good understanding over drivers of prevalence decline versus individual focus. Look at ASH/Fresh "End of Smoking" report
- Responsive communications focus is key and autonomy of decision making
- Working in partnership: LAs and NHS together, with OHID, VSE, academics, building networks – and need to get new ones and permission to do this
- Being closely linked to key partners including ASH, CRUK and especially in North...GM Making Smoking History Partnership and Breathe
- Don't be complacent- push for more funding nationally, regionally, locally
- Long way still to go







26% of all deaths in last 50 years due to the tobacco industry

To find out more or get involved

@FreshSmokeFree

@BalanceNE

@SmokeFreeNHS_NE

@keep_it_outUK

info@fresh-balance.co.uk

www.freshquit.co.uk

www.keep-it-out.co.uk

www.reducemyrisk.tv

www.whatstheharm.co.uk

NEW <u>www.fresh-balance.co.uk</u> Q4 in production Join the Smokefree Action Coalition
Join the Alcohol

Health Alliance



