

# Welcome to your Champs Collaborative Connect and Learn event!

- Connect and Learn is our approach to delivering workshops and events that allow you to **connect with your colleagues, learn something new and feel inspired**
- Organised on behalf of the nine **Directors of Public Health**, based in Local Authorities, and the **Director of Population Health**, based in the Integrated Care System
- We work together as a **Public Health Collaborative** with our **system partners** to improve **health outcomes** and **tackle inequalities**
- To find out more sign up to our newsletter **Collaborate**: [champspublichealth.com/newsletters](https://champspublichealth.com/newsletters)





# Welcome, introductions and scene setting

## Chair

Dr Sarah McNulty

Director of Public Health for  
Knowsley

Lead Director of Public Health for  
Smokefree Cheshire and Merseyside

Working together to improve health and  
wellbeing in Cheshire and Merseyside

## Facilitator

Anita Parkin

Consultant with the Local  
Government Association

# Housekeeping

- Please turn off your mobile phones or put on silent
- Exits and toilets
- Fire tests
- Champs Support Team are on hand to help
- Social media hashtags are **#SmokefreeCM** and **#SmokefreeGeneration**



# **Delivering a Smokefree Generation together in Cheshire and Merseyside**

**Ian Ashworth**

Director of Population Health  
NHS Cheshire and Merseyside

**Dr Sarah McNulty**

Director of Public Health for  
Knowsley  
Lead Director of Public Health for  
Smokefree Cheshire and Merseyside

Working together to improve health and  
wellbeing in Cheshire and Merseyside

# Health and Care Partnership (HCP) Strategy

All Together Fairer: Health Equity and the Social Determinants of Health in Cheshire and Merseyside' was published and successfully launched in a high-profile event in May 2022.

There was full commitment across all nine health and wellbeing boards of the recommendations and becoming a Marmot Community.

The Health and Care Partnership are formally adopting this report as their strategy for Cheshire & Merseyside for 2024/25.

The report recognised that Smoking is still one of the key drivers of ill health and inequality in our area.

Our Integrated Care System , NHS Cheshire and Merseyside and the nine local authorities are required to have regard to the HCP strategy when making decisions on commissioning and delivering services that impact on people health and care.

Collaboration is crucial.



# Why deliver a Smokefree Cheshire and Merseyside?

- **2 in 3 CM smokers will die from their smoking, on average losing 10 years of life.** Smoking does far more than damage the heart and lungs. Smoking is a cause of 16 cancers, diabetes, dementia and accounts for two-thirds of the difference in life expectancy in people with a serious mental illness.
- There are at least **237,000 adults who smoke** in the sub-region, almost the adult population of St Helens and Knowsley combined. While prevalence at 11.7% is slightly lower than the national average, **21.3% of people in routine and manual occupations** in Cheshire and Merseyside smoke.
- The average smoker spends around **£3000 a year** on smoking, now more than an average energy bill. Smokers in CM spend at least **£733.8M** on tobacco and **61,500 CM smoking households live in poverty.** Smoking costs the sub-region **£2.0B per year.**

# Smoking drives health inequalities in Cheshire and Merseyside

- There are **inequalities within** the region and **within localities**:

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	-	-	12.7		12.3	13.0
C&M	-	-	-		-	-
Liverpool	-	-	17.3		12.7	21.9
Knowsley	-	-	14.8		10.8	18.7
Halton	-	-	13.3		9.4	17.1
St. Helens	-	-	11.9		8.2	15.7
Wirral	-	-	10.8		7.3	14.3
Warrington	-	-	9.9		6.6	13.3
Cheshire East	-	-	9.4		6.3	12.5
Cheshire West and Chester	-	-	8.9		5.2	12.6
Sefton	-	-	7.9		5.1	10.8

Source: Annual Population Survey (APS)

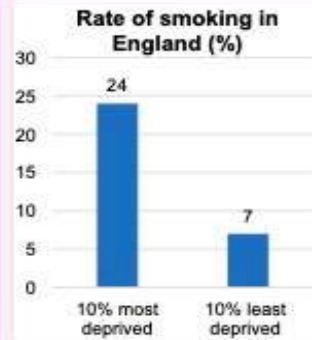
OHID, tobacco control profiles, 2023; Adult Population Survey Data Smoking Prevalence

# Smoking cuts across NHSE Core20PLUS5 approach

Impact of smoking on **Core20PLUS5** in NHS Cheshire and Merseyside ICB



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



In England a third of all smokers live in the most deprived two deciles.<sup>1</sup> In NHS Cheshire and Merseyside ICB there are 237,000 smokers and 22% of people in routine and manual occupations smoke. Smoking costs your ICB £75.8M a year.<sup>2</sup>

Annually in your ICB smoking causes:

- 20,562 hospital admissions.<sup>3</sup>
- 3,435 premature deaths.<sup>4</sup>

Additional impact on communities in your ICB:

- 109,632 smoking households live in poverty.<sup>5</sup>
- 9,716 people out of work due to smoking.<sup>6</sup>
- 44,300 people receive informal care from friends and family because of smoking.<sup>7</sup>

## PLUS: The most deprived groups have the highest smoking rates

National smoking rates among:

- People who are homeless (77%).<sup>8</sup>
- People entering prison (80%).<sup>9</sup>
- 11–16-year-olds with a mental disorder (22%).<sup>10</sup>
- People in social housing (26%).<sup>11</sup>

Smoking rates for those receiving addiction treatment in your ICB:

- Those receiving treatment for opioid addiction (74%).<sup>12</sup>
- Those receiving treatment for alcohol addiction (47%).<sup>13</sup>

Smoking worsens all **Core20PLUS5** conditions and is a major cause of health inequalities in all Core20PLUS5 populations

## 5: Five clinical areas of focus are all impacted by smoking

36. Maternity	37. Severe Mental Illness	38. Chronic respiratory illness	39. Early cancer diagnosis	40. Hypertension
Smoking is the leading modifiable risk factor for poor birth outcomes. In your ICB 10% <sup>14</sup> of women smoke at time of delivery, 2,256 women annually. <sup>15</sup>	Smoking is the leading cause of the 10-20 year reduction in life expectancy for people with serious mental illness (SMI). In your ICB 45% of people with SMI smoke. <sup>16</sup>	Around 86% of all chronic obstructive pulmonary disease (COPD) deaths are caused by smoking. In your ICB 1,258 people a year die from COPD. <sup>17</sup>	Smoking is the leading preventable cause of cancer responsible for 27% of cancer deaths. In your ICB 1,547 people a year die from cancer caused by smoking. <sup>18</sup>	Smoking cessation is embedded in <a href="#">NICE guidelines on hypertension</a> because smokers' CVD risk is double that of non-smokers. Nationally 9,300 people a year die from CVD caused by smoking. <sup>19</sup>
<a href="#">Find out more</a>	<a href="#">Find out more</a>	<a href="#">Find out more</a>	<a href="#">Find out more</a>	<a href="#">Find out more</a>



To take action on smoking visit [ASH's ICB page](#) or email [admin@smokefreeaction.org.uk](mailto:admin@smokefreeaction.org.uk) and read [ASH's ICB briefing for Joint Forward Plans](#)

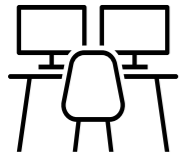
Jan 2024



Working together to improve health and wellbeing in Cheshire and Merseyside



# Benefits of delivering a Smokefree 2030



Boost the CM economy **by boosting productivity**, currently **8,890 individuals** are out of work due to smoking. And a Smokefree Generation can motivate younger adult quitting.



Free up NHS and social care resources. **1 in 4 people in a hospital bed** is a smoker and current social care costs are £54m with a further £600m in informal and unmet care costs.



**Healthy life expectancy would increase by 6 years for men and 7 years for women** if 5% by 2030. Meets target of >5years by 2035



**£2 bn annually into the CM economy**, including health, social care, fire, litter and productivity costs. Plus £734m currently “up in smoke” back into household budgets



**Lift families and children out of poverty** –61,500 households living in poverty in CM currently live in a smoking household

# Consensus around sub-regional delivery

ASH 2022 report found nationally that there was agreement that the following functions worked well at regional/ supra-local level:

- action on illicit tobacco, both in tackling supply and demand
- communications campaigns
- making the case for tobacco control
- policy and intervention development
- supporting local implementation.

Programme success was also determined by other characteristics such as:

- expertise in tobacco control
- the ability and mandate to lead
- effective relationships
- distinctive programme of work



# Proposed Components of the Strategic Framework / Plan

**Evidence base and national best practice.** Framework based on the comprehensive evidence base for tobacco control and national best practice

**Advocacy and Lobbying workplan.** To facilitate community activity which includes the effects of vaping in young people

**Communications and social marketing.** Essential tobacco control communications and marketing embedded in CM system and local programmes plans

**NHS Tobacco Dependency Programme.** Embedding effective tobacco dependency treatment services in line with the NHS Long Term Plan and as a cross cutting priority for NHS Core20PLUS5 as part of integrated system-wide approaches to stop smoking offers

**Consistent set of quality standards, pathway and principles.** To support effective Tobacco Control commissioning across the nine local authorities and the NHS

**Business Intelligence.** Developing the digital infrastructure to support the achievement of national targets through 2030 targets at a Cheshire and Merseyside and local level

# Maximising value through the totality of CM investment in tobacco control is key

- Nationally Government is investing: £70 million per year to support local stop smoking offers; up to £45 million to roll out the national ‘Swap to Stop’ scheme; £30m for enforcement; £5m this year, then £15m/year for national campaigns; and up to £10 million to provide evidence-based financial incentives for pregnant smokers. **Maximising CM-wide investment is key**
- NHSE funding for CM Tackling Tobacco Dependency programmes is £1.4m from 24/25
- CM total additional ring-fenced investment from 24/25 is c£3m/year in additional to existing investment (see opposite)**
- NHS CM intends to invest in this collaborative programme**

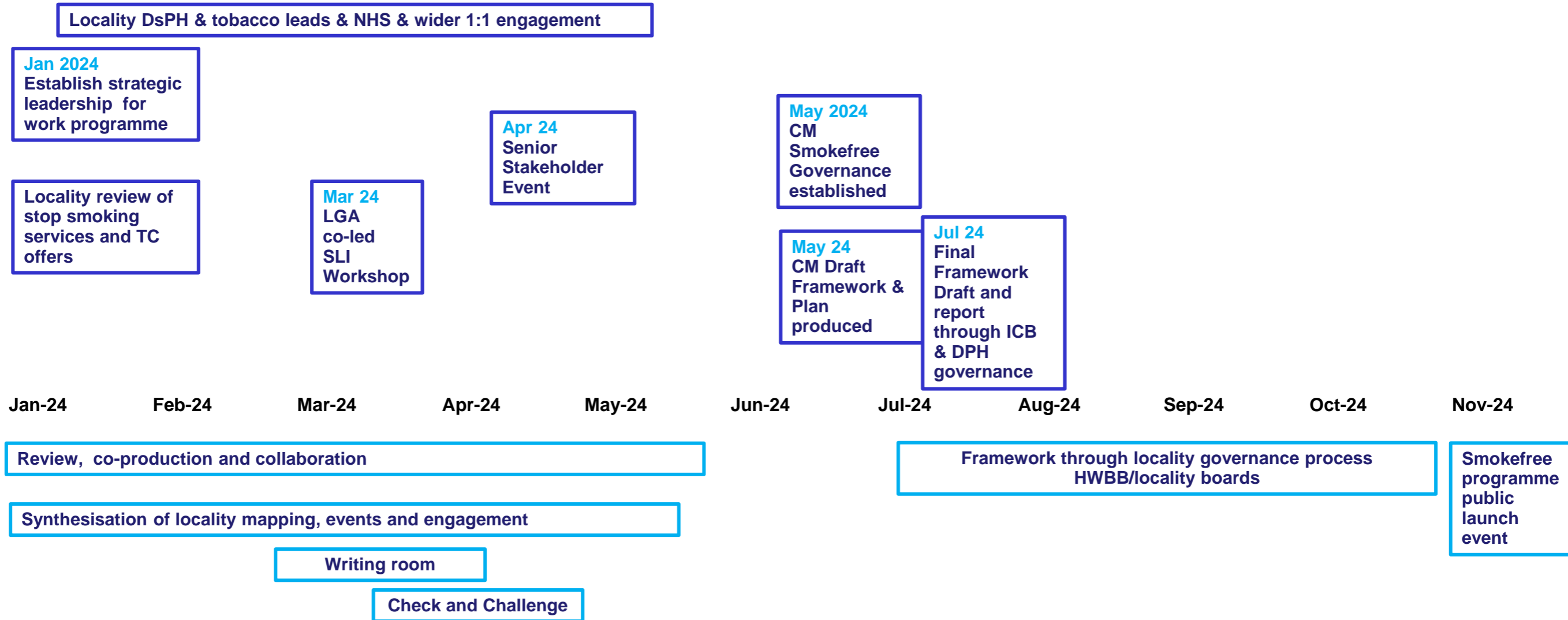
Local Authority	Current annual spend	Confirmed additional allocations
Cheshire East	No data submitted	£432,331
Cheshire West & Chester	No data submitted	£356,235
Halton	£288,454	£159,432
Knowsley	£636,540	£219,024
St Helens	£385,468	£207,251
Sefton	£243,220	£231,529
Liverpool	£857,420	£831,826
Warrington	£375,763	£199,598
Wirral	£679,000	£360,729

# Building Momentum for a Smokefree Generation...

- DsPH welcomed announcements for a disposable vapes ban and for the historic Smokefree Generation and Vapes Bill which will protect children while supporting adult smokers to swop to stop
- Champs supported the Smokefree Action Coalition (SFAC) Briefing to all Parliamentarians on the Bill
- Advocacy plan in place working with SFAC partners and a DsPH Champs letter to all MPs has been sent to support the legislation and inviting MPs to the ASH APPG Smoking Survivors Parliamentary No Smoking Day (NSD) Event - 13 March
- Marketing and Communications plan under development linked to national NSD plans supported by local case studies



# Cheshire and Merseyside Smokefree Framework Timeline





# **Delivering a Smokefree Generation together in Cheshire and Merseyside**

**Questions?**

Working together to improve health and  
wellbeing in Cheshire and Merseyside



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# Locality Plans and Priorities for a Smokefree 2030

**Andrea Crossfield MBE**

Population Health and Policy

Consultant

Champs Support Team

Working together to improve health and  
wellbeing in Cheshire and Merseyside



# Background

- Results of interviews with tobacco control commissioners and lead consultants across all nine Cheshire and Merseyside (CM) localities providing an insights into local and collaborative stop smoking and tobacco control priorities
- Also presents snapshots of comparative findings from the ASH /Cancer Research UK funded, 10<sup>th</sup> annual survey of tobacco control leads in English local authorities
- Ongoing conversations with NHS stakeholders
- Today's event creates an opportunity to build on this mapping work across partners as we co-produce the Framework

# Delivering a Smokefree 2030 is high priority on local agendas

- **Delivering a Smokefree 2030 is high on local agendas.** Localities are currently reviewing their local tobacco control strategies and plans with local partners, with the **majority undertaking Joint Strategic Needs Assessments** and some local surveys to review smoking (and vaping) prevalence **and insight to understand the needs of priority groups**
- Liverpool, is consulting on its new strategy under development since last summer.
- East Cheshire, Liverpool and Warrington all currently have active Tobacco Alliances in place, **a third of CM localities**. A number of other localities are in the process of reinvigorating their Alliances
- By comparison the ASH 2023 survey suggest 60% of localities in England have an Alliance and 100% in a region like the North East where an active regional programme is in place

# Tackling Inequalities

*Populations targeted for stop smoking support by LAs in England, 2023 ASH Survey*

- Localities in CM take both a universal and targeted approach
- The range of priority populations targeted across England are also reflected in CM
- Many areas talked about linking into multiple long term conditions work
- Fewer areas talked about strong links into housing partners although up to a third of smokers live in social housing

Population	Local authorities (n=120)
People with mental health conditions	77 (64%)
Pregnant women	74 (62%)
People in routine or manual occupations	73 (61%)
Areas of high deprivation	58 (48%)
People with COPD, CVD, cancer or other long-term conditions	40 (33%)
Young people	26 (22%)
Black and minority ethnic populations	25 (21%)
People with alcohol or drug use problems	25 (21%)
LGBTQ+ community	16 (13%)
Partners or household members of pregnant women	16 (13%)
People living in social housing	14 (12%)
Homeless people	12 (10%)
Parents with young children	8 (7%)
People who are unemployed	8 (7%)
People with learning disabilities	7 (6%)
People with complex health needs	5 (4%)
People on low incomes	4 (3%)
Refugees/asylum seekers	3 (3%)

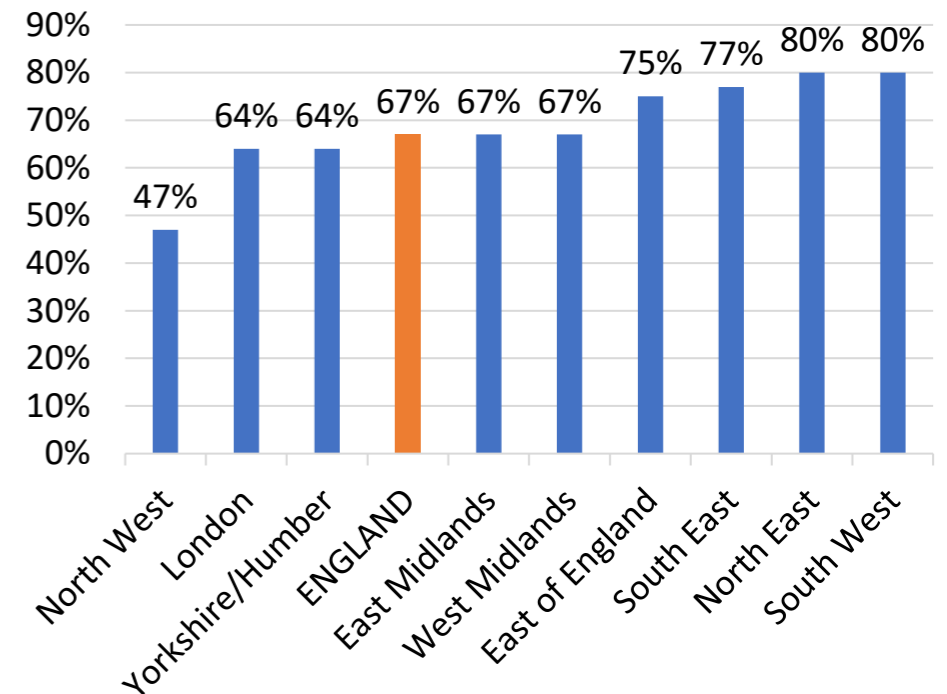


# Stop smoking services: medications, vapes and incentives

- Dual-form NRT was offered to smokers by all local authority stop smoking services
- **All CM localities except one (St Helens) are now offering vapes to some/all smokers through stop smoking services and/or substance misuse services - through Swap to Stop**
- Following the withdrawal of Champix and subsequent issues, no-one is offering generic varenicline - but all open to new drug Cytisine
- Only one locality currently offering an **incentive scheme** for pregnant women but **all open to joining the new national incentive scheme**

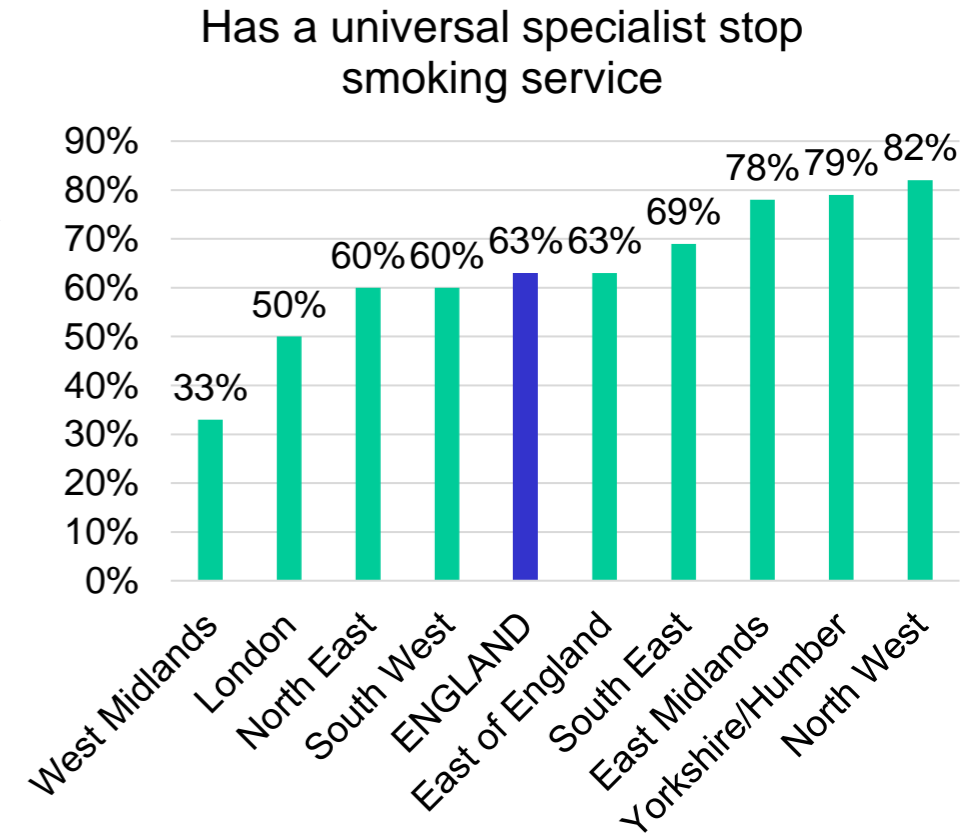
## ASH 2023 survey data on vape offers

Offers e-cigarettes to smokers



# Stop Smoking Service Offers

- As per ASH survey data opposite which shows high levels of universal service offers in the NW, CM localities seek to support their all smokers while targeting priority populations
- **Five of nine CM authorities offer specialist support from within an Integrated Lifestyles Service**, the remainder have a stand-alone specialist service.
- Three localities no longer externally commission services but provide in-house
- **Most offer a mix of support types** including face to face and telephone/video with a small number offering digital
- All are reviewing support alongside additional funding



# Integration with NHS Tobacco Dependency Programme

- Brilliant progress over in establishing all programmes over the past year
- **Relationships are good.** All localities are engaged with their Acute Trusts and supporting onward referrals from tobacco dependency treatment programmes
- Some excellent practice and much goodwill, **but some challenges in providing data back to Trusts to track quit outcomes in some areas**
- **Desire to see system-wide consistent pathways fully integrated across all local services** (including community pharmacy) so all patients experience the same offer, including post discharge
- Move to a maternity led service during pregnancy welcomed in 8 of 9 localities and all to support partners and wider family through local offers
- **Recognition that Community Mental Health pilots will need further expansion**

# Wider Tobacco Control Activity

**Localities are involved in delivering a diverse range of wider tobacco control activity:**

- All localities deliver communications activity, significantly restricted by delivery capacity and resourcing to date
- All localities prioritise smoking and vaping prevention work with young people
- Smokefree homes and spaces activity ranked lowest amongst current local priority activities
- Activity on enforcement including underage sales and illicit trade is delivered across all localities

# Tobacco and Vape Regulation

- Close working relationships between Public Health and Trading Standards and work across localities to tackle illicit tobacco, vape sales and underage sales despite capacity challenges
- Seizures of illicit tobacco make up about 10% of the NW total despite CM population being 36% of the total NW population
- Less than 15% of the total NW Operation CeCe available spend on illicit tobacco has been in CM
- Similarly seizures of illicit vapes make up less than 10% of the NW total
- 45% of the Test Purchases for vapes in the NW took place in CM – the vast majority were in Liverpool
- **Illicit tobacco and vape total seizures in 23/24 are less than in the comparable period for the previous year**



# Collaborative Priorities for a Smokefree CM Framework

- **The top three priorities identified across all nine localities were:**
  - **Campaigns and communications**
  - **Tackling illicit tobacco and vapes**
  - **Tobacco Dependency Programme system alignment**
- Additional priorities included
  - CM Alliance for policy/practice sharing
  - Advocacy work
  - Harm reduction interventions for priority groups
  - Gold standard principles for commissioning linked to wider determinants

# Next Steps

**Begin today...co-producing, co-creating the Framework building from your locality plans and the evidence base to deliver a Culturally Smokefree CM**





**Champs**  
Public Health  
Collaborative



**Local**  
**Government**  
Association

# Locality Plans and Priorities for a Smokefree 2030

Questions?

Working together to improve health and  
wellbeing in Cheshire and Merseyside



# **Workshop – What is happening in your locality to achieve Smokefree Cheshire and Merseyside?**

**Anita Parkin**

Consultant with the Local  
Government Association

Working together to improve health and  
wellbeing in Cheshire and Merseyside



# Refreshment break

- 1. Regulatory services** - illicit tobacco and vapes, smoke free spaces
- 2. Comms and engagement / behaviour change campaigns**, - population level quitting, policy change, social norm change, smoke free
- 3. Policy / practice sharing / intervention development** – a team of experts to support interventions on a do once and do well basis
- 4. Advocacy** – delivering impactful policy intervention – what now and what else?

Working together to improve health and wellbeing in Cheshire and Merseyside



# Evidence for successful system wide Smokefree programmes

**Hazel Cheeseman**

Deputy Chief Executive

Action on Smoking and Health (ASH)

Working together to improve health and wellbeing in Cheshire and Merseyside

# The case for regional collaboration on tobacco control in Cheshire and Merseyside

8<sup>th</sup> March 2024

Hazel Cheeseman

Deputy Chief Executive

Action on Smoking and Health (UK)

[Hazel.cheeseman@ash.org.uk](mailto:Hazel.cheeseman@ash.org.uk)



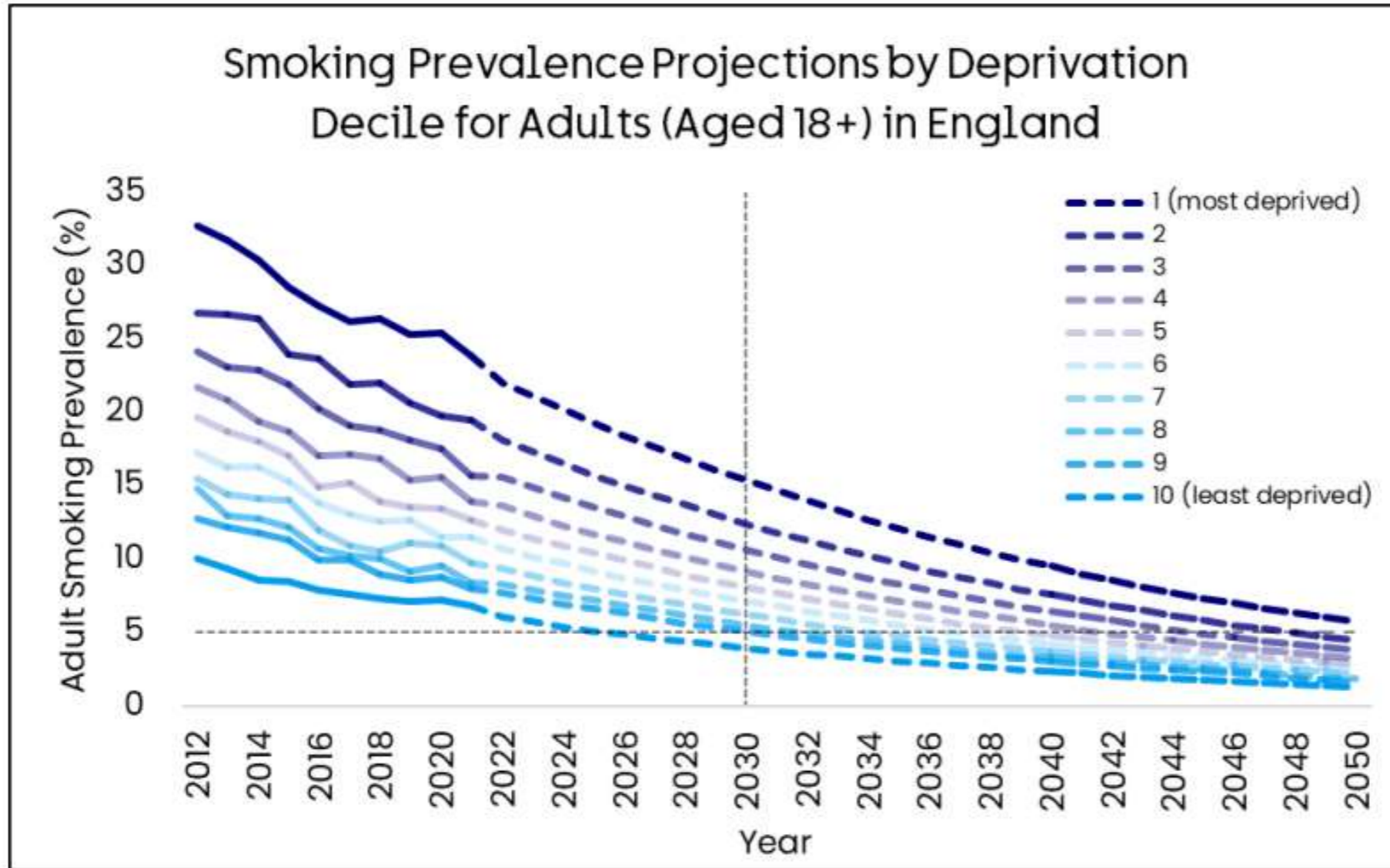
**ash.**  
action on smoking and health

# The Challenge

End smoking...  
...everywhere...  
...for everyone.



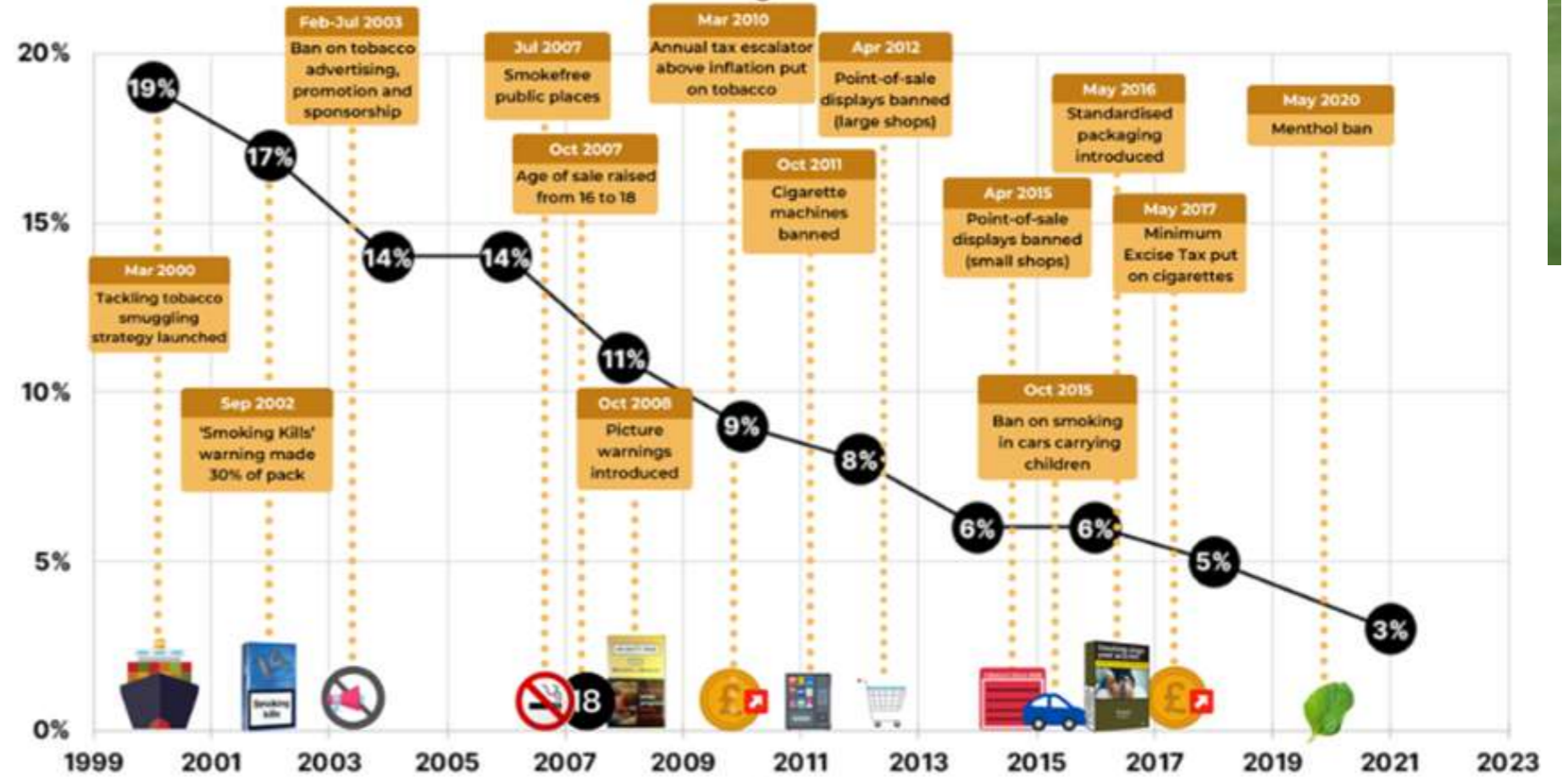
# Progress towards a smokefree 2030



- Least deprived hit 5% ~2025.
- Most deprived hit 5% 25 years later



### Teen smoking rates



# Are we reaching the populations we need to?

*Populations targeted for stop smoking support by local authorities in England, 2023*

Population	Local authorities (n=120)
People with mental health conditions	77 (64%)
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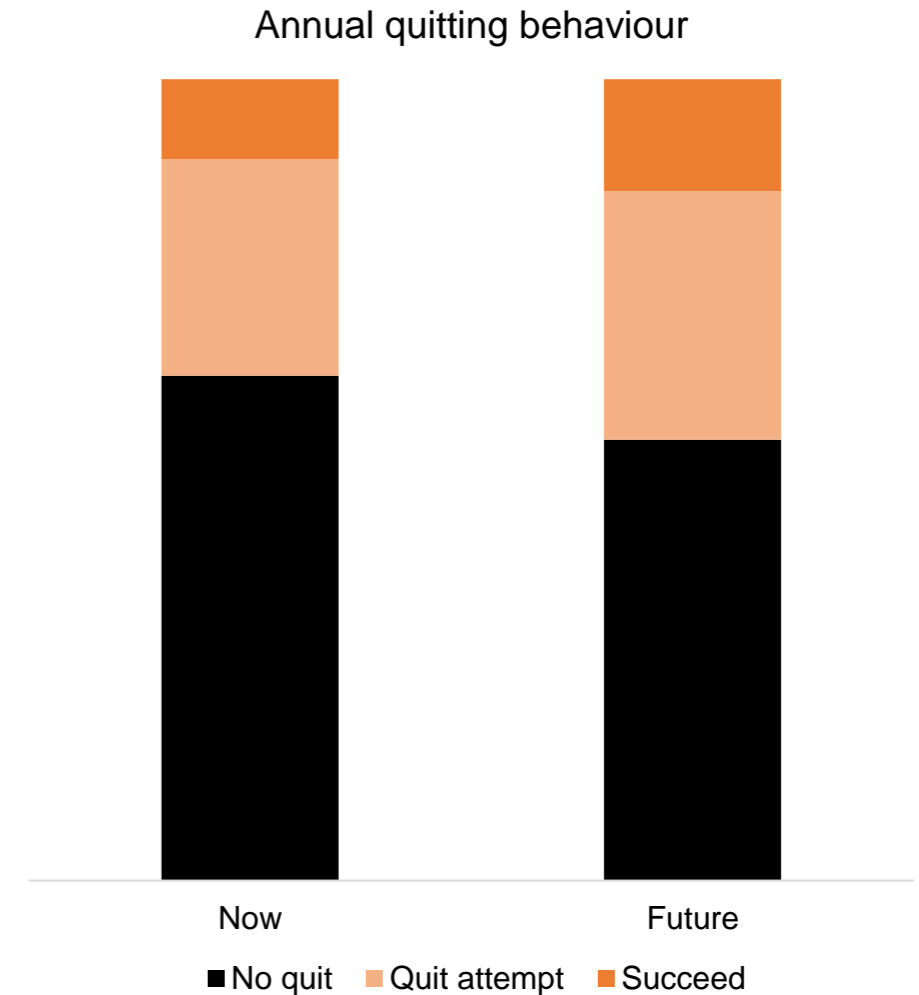
# Quit attempts and quit success

Currently:

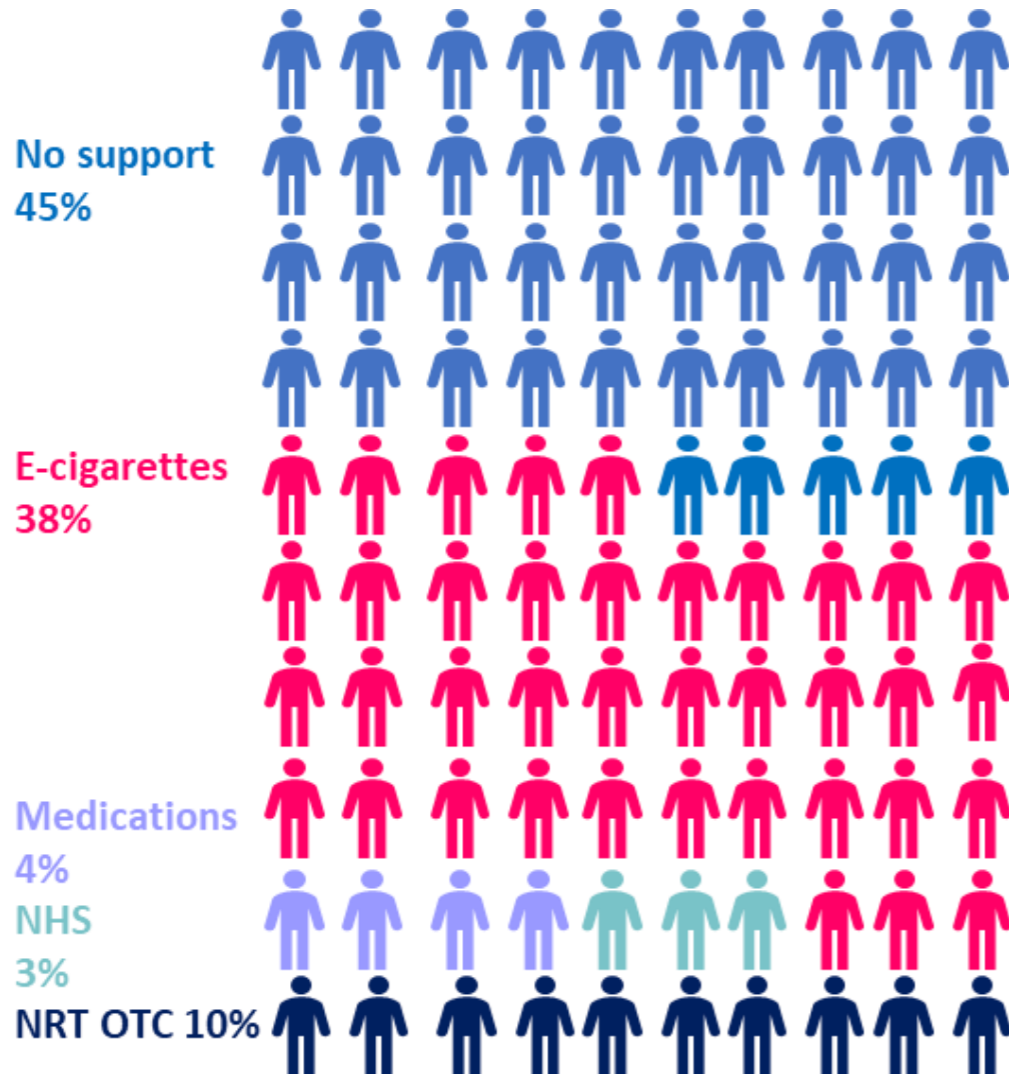
- ~ 37% make a quit attempt each year
- ~26% of those succeed

Change requires:

- Increase in quit attempts to at least 45% - higher for most disadvantaged
- Increase quit success to ~30%



# Support to quit



- What proportion of smokers could be reached by conventional services?
- Who needs to access highest levels of support?
- What can we offer a majority of smokers to increase their chances of success?

# Activity that can drive progress

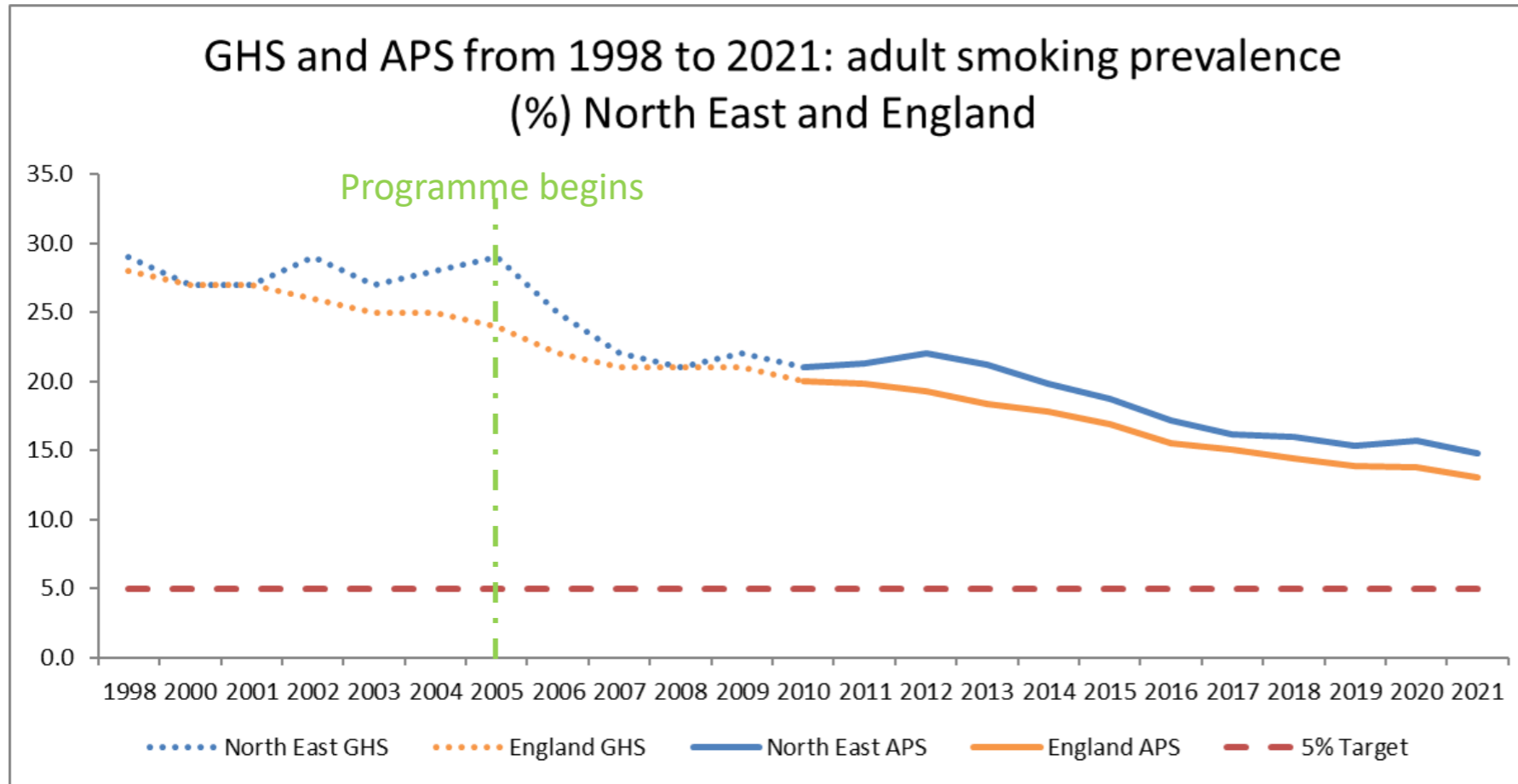
Area of activity	How it will impact on smoking rates			
	Improve quit success	Increase quit attempts	Prevent relapse	Prevent uptake
Invest in quit support	✓		✓	
Increase access to evidence-based aids	✓		✓	
Communications strategy	✓	✓	✓	✓
Enforce regulations		✓	✓	✓
Expand Very Brief Advice (VBA)		✓		
De-normalise smoking		✓	✓	✓
Advocating for national policy	✓	✓	✓	✓

# An effective regional programme can:

- Achieve economies of scale
- Amplify local activity through co-ordination
- Provide hub of expertise
- Take a targeted approach to disadvantaged populations
- Collectivise risk

# Regional action speeds progress

Adult Smoking Prevalence: 2005 to 2021



- The North East have had a regional programme since 2005
- They initially saw the fastest rates of decline in smoking of any region
- Have since kept pace despite high levels of deprivation

The North East region has shown a steady rate of decline in smoking prevalence from 2005 onwards (2005 – 29.0%, 2021 - 14.8%, a 45.4% drop in actual smokers)



# The purpose of sub-regional model

## Co-ordination across region

- Supported network across NHS, Local Authority (LA) public health, LA other functions, police, fire, HMRC etc.
- Shared priorities
- Action at place co-ordinated and amplified across system

## Effective delivery

- Agreed set of functions to be delivered across region
- Functions will deliver economies of scale
- Amplification locally but not replicated

## Inspire change

- Give leaders a voice to champion action across system
- Champion action needed nationally
- Empower local communities through engagement with smokers

# What this looks like elsewhere



Fresh/ Balance in the North East – substantial programme over many years. Now jointly funded by LA and ICB



London Tobacco Alliance – newly established limited LA funding



Centre of Excellence in Tobacco Control, Humber and North Yorkshire Health and Care Partnership



Greater Manchester – Making Smoking History programme. Established following devolution

# No time to waste

- The **smokefree generation** legislation, funding nationally, locally and in NHS = major opportunity to accelerate change
- Sub-regional **collaboration** can maximise that opportunity in important ways.
- Show **leadership** now: Join the Smokefree Action Coalition, communicate Cheshire and Merseyside's commitment to change





# Evidence for successful system wide Smokefree programmes

**Hazel Cheeseman**

Deputy Chief Executive

Action on Smoking and Health (ASH)

Working together to improve health and wellbeing in Cheshire and Merseyside



# Foundations for success – learning from Humber and North Yorkshire Centre of Excellence in Tobacco Control

## **Julia Weldon**

Director of Public Health and Deputy Chief  
Executive

Hull City Council

Lead Director of Public Health for Tobacco in  
Humber and North Yorkshire

Working together to improve health and  
wellbeing in Cheshire and Merseyside

## **Scott Crosby**

Associate Director

Centre for Excellence in Tobacco Control  
NHS Humber and North Yorkshire Health  
and Care Partnership



Humber and North Yorkshire  
Health and Care Partnership

# Co-producing a Smokefree Cheshire and Merseyside Framework

## Sector Led Improvement Workshop

Julia Weldon, Director of Public Health and Deputy Chief Executive Hull City Council

Scott Crosby, Associate Director, Centre for Excellence in Tobacco Control



# Ending smoking together



Seize the moment – let's not let this slip through our fingers - this once-in-a-lifetime opportunity. With the Smokefree Generation legislation and national investment, **let's unite to end smoking for everyone, everywhere**. This is our chance – let's not just make history, let's make a smoke-free legacy.

# Building on momentum





- Financial resource secured for expansion of current ICB Tobacco Programme, beyond the current resources required to deliver the LTP in acute, maternity and mental health settings
- The ICB has allocated a portion of its health inequalities funding, £365,00 (2023/24) and £863,000 (2024/25) set aside for regional work on tobacco control.
- Aim of becoming a national leader in ICS-level tobacco control. **The programme focuses on population level interventions to denormalise smoking, drive down smoking prevalence, and reduce the harms from tobacco. This includes mass media campaigns, tackling illicit tobacco, and advocating for national action on tobacco control.**
- What more can be done together with the additional LA stop smoking allocations?

# Who are we

- We are a small team of experts who work with our partners to reduce smoking prevalence by using **evidence-based** strategies.
- We focus on areas with the greatest impact, such as developing and implementing **effective national tobacco control policies**.
- We also work to ensure that **communities and partners have a voice** in tobacco control efforts.
- We use campaigns, media outreach, PR and research to raise awareness of the **risks of smoking and the benefits of quitting**.

# Added investment & added value

- Work together at system level to increase our **collective impact**.
- The programme is **a partnership between the NHS and local authorities** aiming to work with voluntary sector organisations and academic bodies to accelerate reductions in smoking rates.
- By working together, our organisations involved intend to **co-ordinate activities more closely**, including through a range of population-level interventions such as tackling illicit tobacco, mass media campaigns and joint advocacy for effective national policy.
- There will be action to ensure there is **consistent stop smoking support available** across the ICS with equitable access to the most effective stop smoking interventions.
- There will also be support for local authorities to deliver **targeted interventions to specific communities**.

## What is the Centre for Excellence in Tobacco Control?

The Centre for Excellence in Tobacco Control is a ground-breaking regional programme funded by the Humber and North Yorkshire Integrated Care Board dedicated to reducing the harm from tobacco. Its manifesto is to unite partners across the Humber and North Yorkshire to create a future free from tobacco harm by collaborating, coordinating, innovating and amplifying initiatives to end smoking.

Partners include NHS organisations, local councils, health and care providers and voluntary, community and social enterprise (VCSE) organisations. Six geographical places make up the Humber and North Yorkshire Health and Care Partnership: North Yorkshire, City of York, Hull, East Riding, North East Lincolnshire and North Lincolnshire.

## Principles

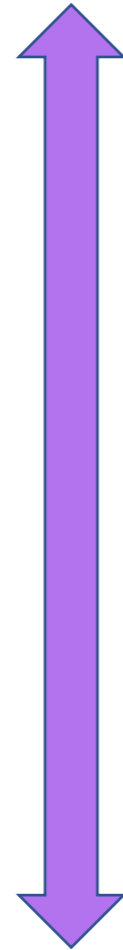
- Collaboration
- Coordination
- Amplification
- Innovation

# Comprehensive Tobacco Control

Reduce Desirability

Reduce Affordability

Reduce Availability



- 1. Supporting our partnerships**
- 2. Advocacy**
- 3. Reducing secondhand smoke & promoting smokefree environments**
- 4. Media, communications and education**
- 5. Supporting smokers to stop**
- 6. Raise price and reducing the illicit trade**
- 7. Tobacco and nicotine regulation**
- 8. Data, research & evaluation**



# yes

to a smokefree future



Humber and North Yorkshire  
Centre for Excellence in Tobacco Control



yes  
to a smokefree future





# How should we approach it?



1. Go for the biggest-hitting lever of change: **culture**
2. Bring your people and communities in as partners
3. Build collaborations to amplify impact
4. **Maintain focus on evidence-based multi-component approaches based on impact**
5. Closely monitor and be prepared to adjust as necessary



**Humber and North Yorkshire**  
Health and Care Partnership

**Thank You**







# **Foundations for success – learning from Humber and North Yorkshire Centre of Excellence in Tobacco Control**

**Questions?**

Working together to improve health and  
wellbeing in Cheshire and Merseyside



# **Workshop – Themed discussions and Smokefree Cheshire and Merseyside's framework collaborative priorities**

**Anita Parkin**

Consultant with the Local  
Government Association

Working together to improve health and  
wellbeing in Cheshire and Merseyside



# Let's hear your ideas!

[www.menti.com](http://www.menti.com)  
6515 9870

- 1. What are your table's top three priorities for the Cheshire and Merseyside framework?**
- 2. What support do you need locally to help achieve these priorities?**

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Public Health  
Collaborative



**Local**  
**Government**  
Association

# Chair's reflections, closing remarks and next steps

## Chair

Dr Sarah McNulty

Director of Public Health for  
Knowsley

Lead Director of Public Health for  
Smokefree Cheshire and Merseyside

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# Networking lunch

**Please stay and enjoy!**

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wellbeing in Cheshire and Merseyside

# Thank you for coming to your Champs Collaborative Connect and Learn event!

- Connect and Learn is our approach to delivering workshops and events that allow you to **connect with your colleagues, learn something new and feel inspired**
- Organised on behalf of the nine **Directors of Public Health**, based in Local Authorities, and the **Director of Population Health**, based in the Integrated Care System
- We work together as a **Public Health Collaborative** with our **system partners** to improve **health outcomes** and **tackle inequalities**
- To find out more sign up to our newsletter **Collaborate**: [champspublichealth.com/newsletters](https://champspublichealth.com/newsletters)

