## Fresh: Making Smoking History

#### An overview to population level programme in the North East

ADPH national seminar 27<sup>th</sup> 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
  - Brand ....early vision ....everyone'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 <u>Report</u>
  - ASH 10 <u>HIA</u>
- 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
- Show them the votes, keep tracking public opinion
- Find the lever



### Advocacy - setting clear objectives







## Advocacy-Local champions, national impact

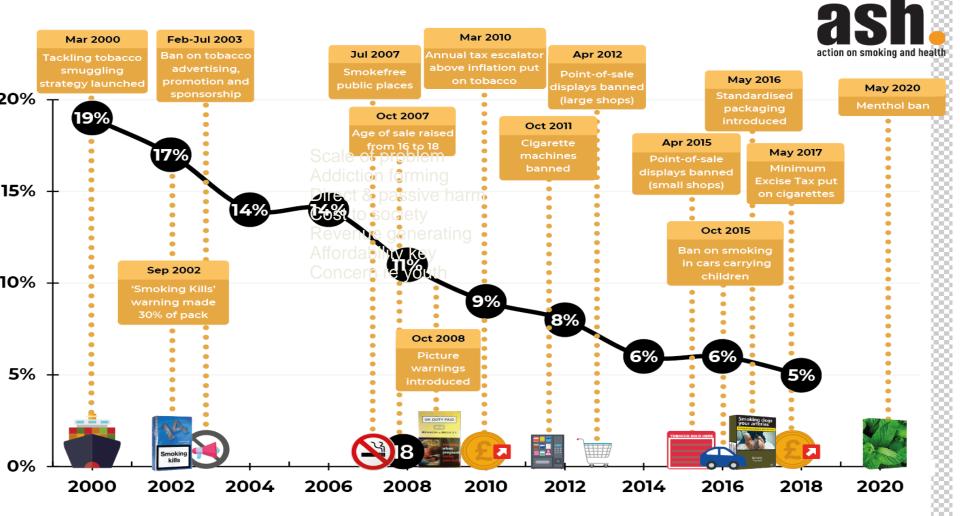


https://extranet.who.int/kobe\_centre/sites/default/files/pdf/WCTOH-2012\_04\_Smokefree-Liverpool\_DawsonJ.pdf





## Last two decades: changing the adult world

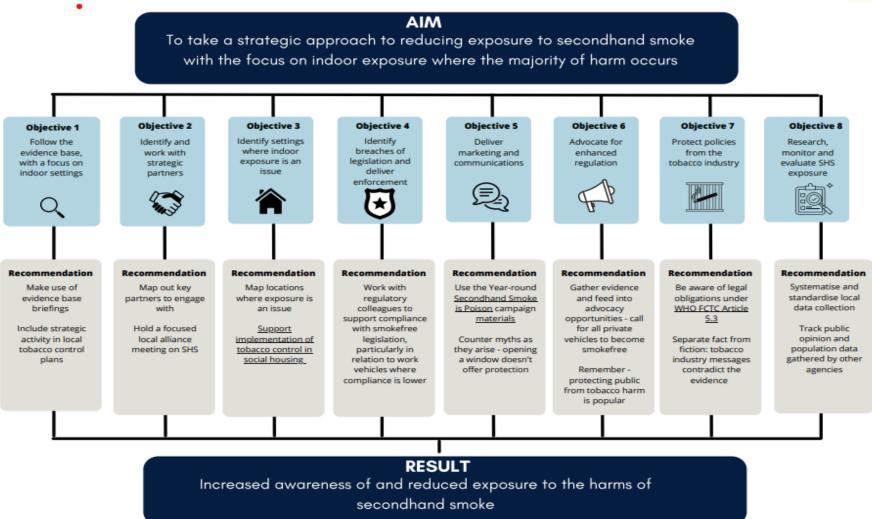


England 2000-2018: Tobacco control laws and smoking rates among 11-15 year olds Data source: NHS Digital

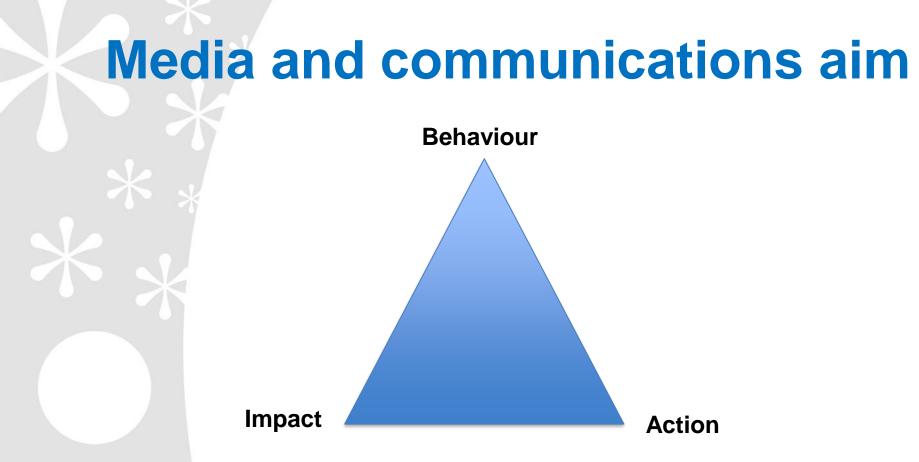
## **SHS strategic framework**

#### LOCAL STRATEGIC FRAMEWORK FOR REDUCING EXPOSURE TO SECONDHAND SMOKE

fresh\*



For the Fresh evidence briefing and more detailed strategic framework, click here (Khub login details required)



- **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
- <u>www.freshquit.co.uk</u>





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

#### We have to win the battle against smoking in region

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It makes no sense that the tobacco industry.

pay for prevention.

Dr Ruth Sharrock THE HARM STOPS HERE

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Boons By Sam Volpe Health Report

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

Public health bosses in our region are concerned by suggestions the Government could ditch a key anti-smoking pla 📮 👔 💟 🤣 🔿 Comments 24



ould be published this year, leading health figures including <u>County Durham</u>'s directo f public health have called for the Government to explain its plans to reduce a

is amid speculation that a new "Tobacco Control Plan" announced in the summer ha been dropped - and after Health Secretary Therese Coffey told media that she was "not aware" whether the target to get the adult smoking rate down to 5% or under has been axed. Ms Coffey



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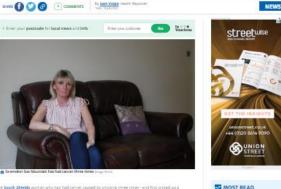
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'Why do we tolerate this?': Ex-smoker who started in primary school and had cancer three times welcomes calls to change the law

South Shields' Sue Mountain has had cancer three times due to smoking - she's backing calls to raise the legal age for buying. tobacco after a landmark report





#### 'Bring in tobacco licences' - Retired Tyneside newsagent backs plan for tighter control on selling cigarettes





in favour of bringing in a licence system for selling cigarettes and similar products





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





#### For your kids sake, never smoke indoors. Take it right outside.



#### 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?



It's never too late for you to quit smoking. Ask here for help and advice.

DontBeThe1.tv







Quitting is the one clear way to reduce your risk. Get support and advice at Quit16.co.uk or call 0300 123 1044 #Quit16 (Inter open Monday - Friday Parm Sparrady - Starday I Iam-April)

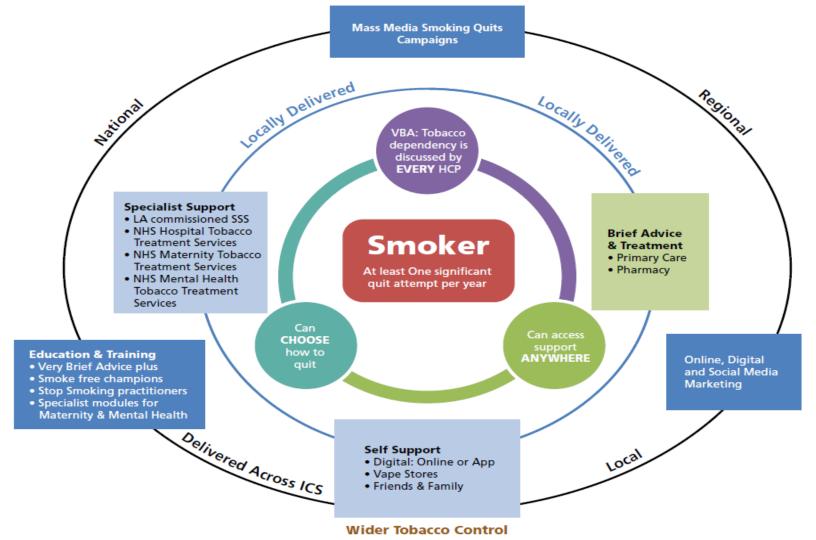
## Current Fresh campaign focus: "Don't be the One"

- 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; P<u>R and social media</u> from Facebook and Twitter -@FreshSmokeFree
- Watch TV advert
- Listen Radio advert
- Watch PR film





## 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

Smokefree NHS: Collaboration and Innovation – the journey so far in the North East and North Cumbria

This event will highlight the progress that has been made on this agenda specifically in relation to smokefree NHS and provide an opportunity to hear from national and regional system leaders. A smokefree NHS will reduce health inequalities and contribute towards the regional ambition of achieving 5% by 2030 smoking prevalence and making smoking obsolete.

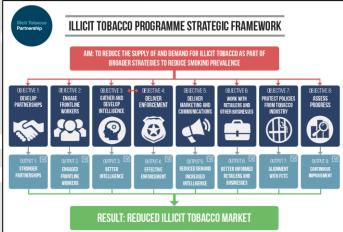
## Collaborative leadership on issues e.g. vaping

- 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**







1<sup>st</sup> 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

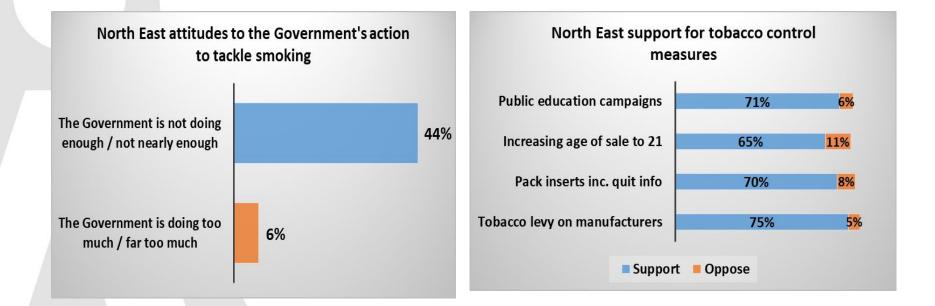
Partnership



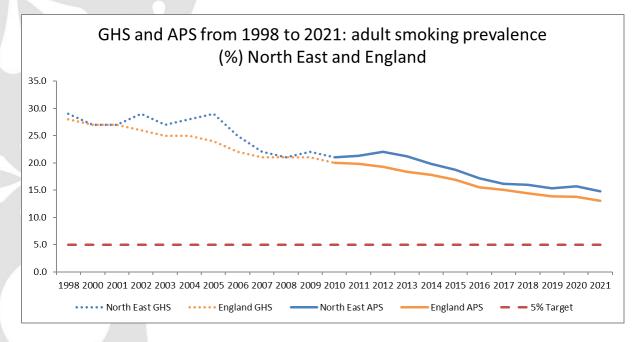


# Data, research and public opinion

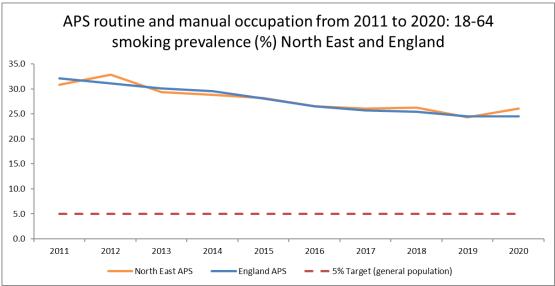
- Collaboration with academics e.g. SPECTRUM
- Qualitative insight key
- Pre and post tracking surveys of campaigns
- Public support- ASH (YouGov)- vital tracking



## **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





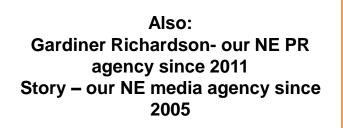
## **Detailed quarterly reporting**

- 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?





#### **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)
- o 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



## learly 8 million lives

# have been lost to tobacco since 1971

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\* www.fresh-balance.co.uk Q4 in production

Join the Smokefree Action <u>Coalition</u> Join the Alcohol Health <u>Alliance</u>



