



Herefordshire
Council

Herefordshire Tobacco Control Plan

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Executive summary

Background

Smoking is the leading cause of preventable illness and premature death in England and remains the leading cause of health inequalities in our country, accounting for half of the difference in life expectancy between the most and least affluent communities in England.

Despite prevalence dropping since the 1970s there are still approximately 5.31 million people in England who smoke, resulting in losses of £43.7 billion per year. In Herefordshire, smoking prevalence is lower than nationally (10.1%) but there are still almost 16,000 adult smokers. Furthermore, the 2024 Children and Young People's Quality of Life Survey found that 14% of secondary school pupils in Herefordshire had tried vaping, 21% of 16–18-year-olds reported that they vaped often, and 36% had tried smoking cigarettes.

Purpose

This Tobacco Control Plan is the first produced by the Herefordshire Tobacco Control Alliance and reflects the cooperation and shared vision amongst this wide range of partners. We recognise that the ambition to eliminate tobacco use in Herefordshire cannot be achieved by any one organisation alone. With clear momentum and drive at a national level to tackle tobacco and its harm on our communities, now is the time for a bold vision and a holistic, system-wide approach to eliminating tobacco use from our communities once and for all.

Workstreams

Using a combination of national and local strategies, CLear assessment findings, and best practice, the Alliance identified four key workstreams that provide the framework for this five-year plan:

- **Prevention:** Since smoking is commonly an addiction of childhood, we will work to prevent uptake in children and young people and increase our smokefree spaces to de-normalise smoking as a habit. Additionally, we will reduce smoking during pregnancy and post-birth to prevent poor birth outcomes and ensure the best start in life for all children in Herefordshire.
- **Supporting smokers to quit:** Smokers who use local stop smoking services are up to four times as likely to quit successfully as those who choose to quit without help. Therefore, we will continue to ensure a free universal stop-smoking support service with increased referrals.
- **Eliminating variations in smoking rates:** Smoking rates remain highest among populations who already suffer from poorer health and other disadvantages, including those with long-term mental health conditions and routine and manual workers. We will work to eliminate these variations in smoking rates by providing targeted support interventions for these groups.
- **Effective enforcement:** We will continue to tackle supply and demand of illicit tobacco and under-age sales of smoking and vape products, by raising public awareness, gathering high-quality intelligence, and prosecuting where necessary. We will also tackle cigarette-related waste and litter and reduce environmental smoke.

Vision

We aspire for Herefordshire to align with the national vision to be 'smokefree' by 2030, defined as a smoking prevalence of 5% (or less). Our efforts are dedicated to realising this vision, through the delivery of a detailed tobacco control action plan that works in partnership with other local strategies to improve the health and wellbeing of the people of Herefordshire.

Foreword

Welcome to the new Herefordshire Tobacco Control Plan 2025 – 2030, developed by the Herefordshire Tobacco Control Alliance.

The Herefordshire Tobacco Control Alliance was formed in 2024 and is a partnership of local organisations who are committed to working collaboratively on tobacco control in our county. The Alliance have developed this Tobacco Control Plan that outlines a bold vision, a set of clear actions, and defines how local public sector leads, commissioners, service providers, businesses, the voluntary sector and people in our community, can work together to eliminate smoking from Herefordshire for good.

Smoking continues to be the leading cause of preventable ill-health and early death nationally¹, with almost 75,000 people losing their lives each year in England due to smoking². It is also a key driver of the differences in health inequalities as smoking is far more common among people with lower incomes; the more

disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death³.

Stopping smoking is the best thing an individual can do for their health, and moreover, it has a positive impact on those around them by contributing to a reduction in environmental smoke, and de-normalising smoking as a habit for young people. Therefore, supporting people to quit smoking is the best thing we can do to tackle health inequalities and improve the health and wellbeing of the public.

Our goal, in-line with national ambitions, is to achieve a smokefree generation by reducing smoking prevalence to below 5% by 2030⁴. Reducing tobacco use and its harmful impact will improve our population's physical and mental health, put money back in people's pockets, boost productivity in our local economy, relieve pressures on the health and social care system, and positively impact the environment.

Reducing the use of tobacco in Herefordshire is everyone's business and together we know that we can make a huge difference to the health and wellbeing of our community.



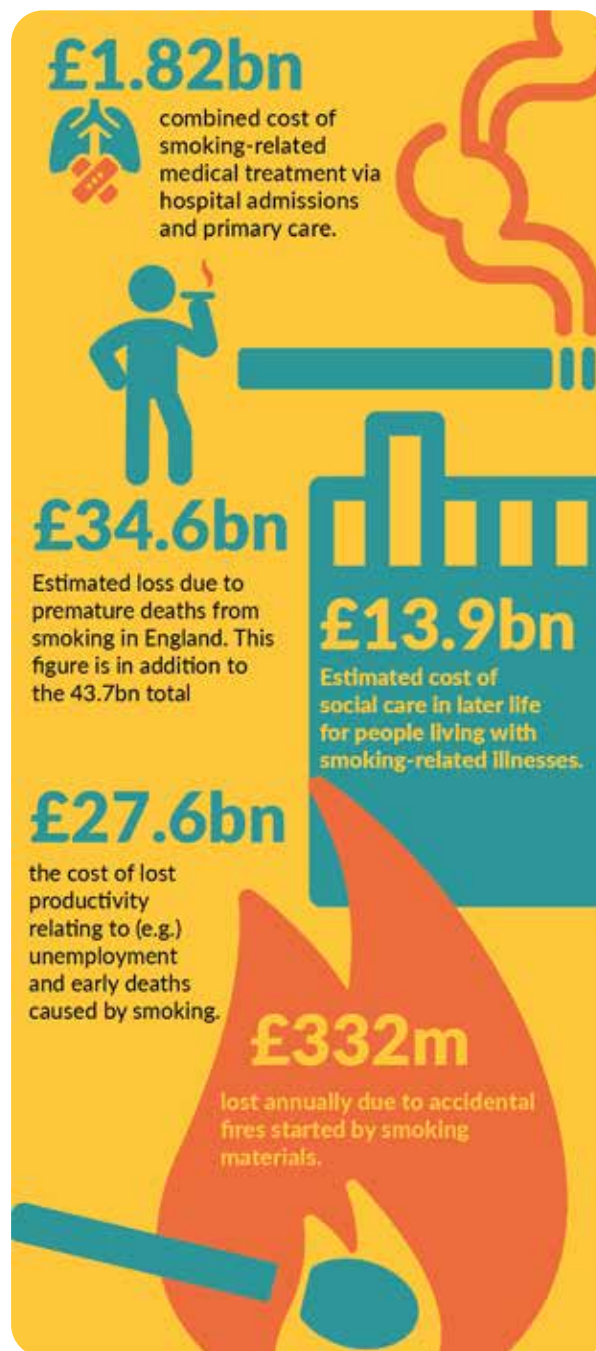
Zoe Clifford
Director of Public Health, Herefordshire

Introduction

Smoking is the leading cause of preventable illness and premature death in England¹. Around half of all lifelong smokers die early, losing on average around 10 years of life¹. NHS England estimates that there were 74,600 deaths due to smoking in England in 2019⁵ and over 500,000 smoking-related hospital admissions in 2019/20⁶. Smoking-related illness puts a considerable strain on NHS resources⁷.

Smoking also remains the leading cause of health inequalities in our country, accounting for half of the difference in life expectancy between the most and least affluent communities in England⁸. Tobacco use and the associated harms continue to fall hardest on certain population groups, including people living with a serious mental illness and those in routine and manual roles³.

There has been a concerted effort to reduce the number of smokers in the population since rates peaked in the 1970s⁴, with prevalence falling from 45% in 1974⁶ to 11.6% in 2023⁹. Despite these efforts, recent figures indicate that the cost of smoking to society in England totals £43.7 billion ¹⁰.



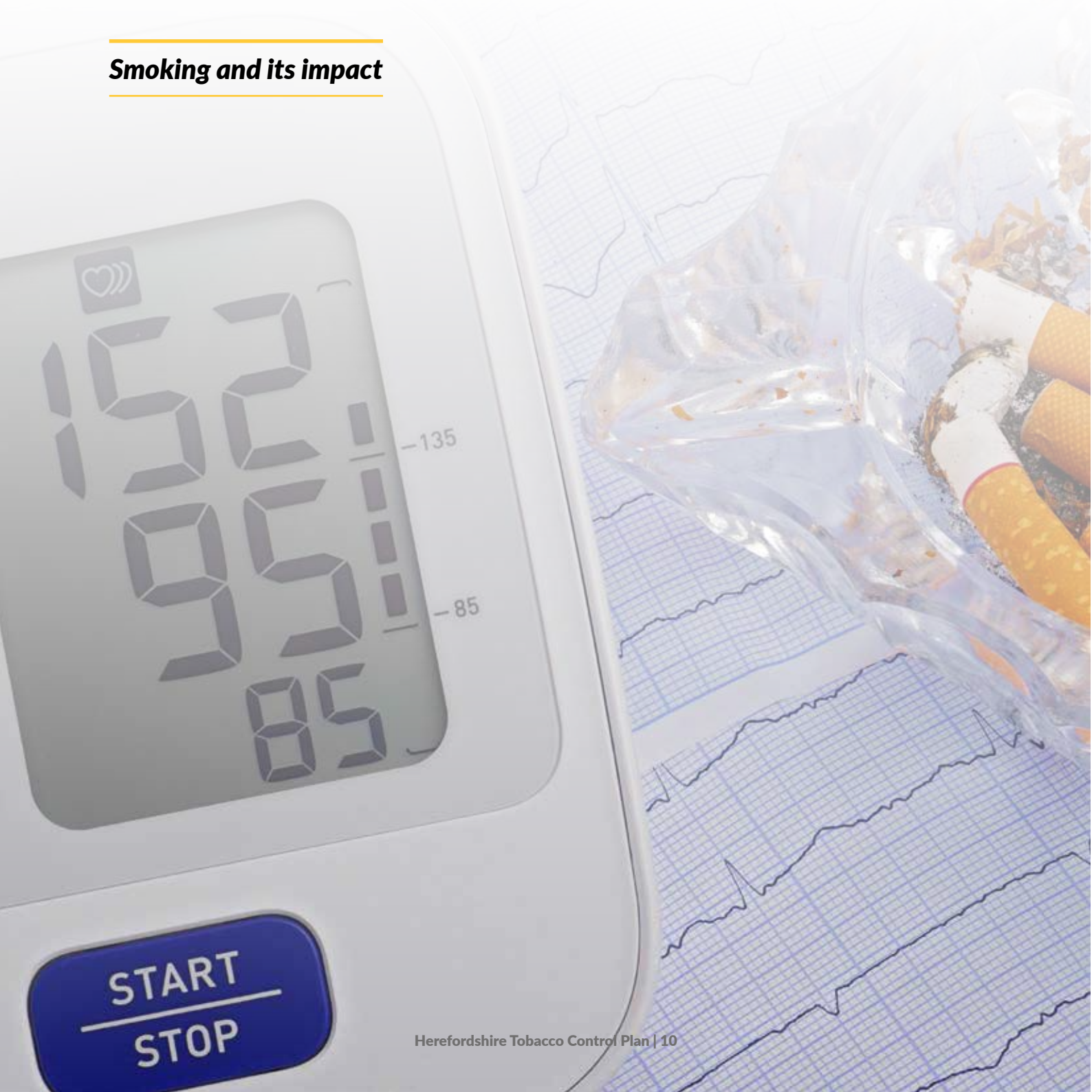
In Herefordshire, around 15,700 people smoke⁹. Reducing local smoking levels is a priority in the Herefordshire Joint Local Health and Wellbeing Strategy 2023 – 2033¹¹, and features in the key shared priorities of the Integrated Care Strategy for Herefordshire and Worcestershire¹², including eliminating smoking in pregnancy, and reducing unhealthy behaviours including smoking in the general population. This Tobacco Control Plan also supports the work of local NHS Trusts to deliver the tobacco dependency service requirements of the NHS Long Term Plan¹³.

Alongside the reduction of smoking rates in our county, this Tobacco Control Plan will also focus on preventing smoking and vaping uptake in young people, tackling illegal tobacco and vape products and the harm it causes our communities, creating smoke-free spaces, and helping communities with higher smoking rates to quit.





Smoking and its impact



Smoking and health

Tobacco smoke contains many chemicals that are harmful to both smokers and non-smokers¹⁴. There are more than 7,000 chemicals in tobacco smoke¹⁴, 250 of which are known to be harmful (including hydrogen cyanide, carbon monoxide, and ammonia) with at least 70 of these being carcinogenic (cancer-causing)¹⁴. Smoking is the biggest cause of cancer in the world¹⁵; it can cause cancer almost anywhere in the body, with over 16 different types of cancer being attributable to smoking and approximately 160 cancer cases being caused by smoking every day in the UK¹⁵. In England 72% of lung cancers are a result of smoking, causing around 35,000 deaths each year¹⁶.

Additionally, smoking causes respiratory disease and cardiovascular disease¹⁷, with 20% of all deaths from cardiovascular disease being attributable to smoking¹⁸. Smoking reduces fertility and significantly raises the risk of developing type 2 diabetes, eye disease and dementia¹⁷. It leads to decreased bone mineral density and is associated with increased risk of osteoporosis, bone fractures, back pain and degenerative disc disease¹⁷. Smoking is also closely associated with poor mental health and wellbeing¹⁹.

Smoking harms not just the smoker, but those around them too. People who breathe in second-hand smoke regularly are more likely to get the same diseases as smokers, including lung cancer and heart disease²⁰. Children who live in a household where at least one person smokes are more likely to develop asthma, chest infections, meningitis, ear infections, and coughs and colds²⁰. Furthermore, smoking during pregnancy is associated with a range of poor pregnancy outcomes¹⁷ including miscarriage and stillbirth^{17, 21}. In 2022/2023, nearly 1 in 10 women (8.8%) smoked regularly during pregnancy²².

Smoking and the environment

Beyond the direct harm to human health, smoking and tobacco/cigarette production has a hugely damaging impact on the environment around us.

Tobacco products are the most littered item on the planet²³. Approximately 4.5 trillion cigarette butts get discarded globally each year²⁴, which results in huge amounts of litter and landfill, with toxic and carcinogenic substances (eg non-biodegradable plastic filters, lead, etc) leaking into soil and waterways²⁴. Research has shown that the chemicals that leach from a single cigarette butt release enough toxins to kill 50% of the fish exposed to it over 96 hours²⁵. Cleaning up littered cigarette butts

currently costs UK local authorities around £40 million per year²⁶, and cigarette filters continue to be the most commonly littered item in England²⁶. There is also a significant amount of litter caused by single use vapes which cannot be refilled or recharged and are typically thrown away as general waste rather than recycled. In 2023 almost five million single-use vapes were either littered or thrown away²⁷.

Furthermore, the production and consumption of tobacco also contributes directly to global warming, releasing 80 million tonnes of carbon dioxide (CO₂) into the environment each year²³.

Illicit tobacco and organised crime

Beyond the impact of smoking on society, the illicit tobacco trade causes pain and suffering to communities across the country, directly contributing to health inequalities and funding other organised crime.²⁸

Illicit trade involves a range of tobacco products that are sold illegally, often to underaged users, without paying taxes (VAT and excise duty)²⁸. It provides a cheap and unregulated supply of tobacco to those who might otherwise be deterred by cost²⁸. HMRC estimated that in 2021-2022 the illicit market in tobacco duty and related VAT amounted to £2.8 billion²⁸. Illicit tobacco trade undercuts law-abiding

businesses. It funds other organised crime with its proceeds and increases the burden on honest taxpayers. The proceeds of this crime fund the smuggling of weapons, drugs, and even human beings across the globe²⁸. Its impacts are disproportionately felt by the most disadvantaged in our communities, with over half of all smokers of illicit tobacco coming from the most deprived socioeconomic groups^{3,28}. Research published last year found that almost 9% of smokers had purchased illegal tobacco in the past six months during 2022²⁹.

Tobacco control is a broad term that refers to a range of comprehensive measures to protect people from the effects of tobacco consumption and second-hand tobacco smoke³⁰. Concerted efforts within this context have reduced smoking prevalence in England significantly since smoking figures peaked at 45% in the early 1970s³¹. However, despite these efforts approximately six million people in the UK still smoke³² and 11.6% of the adult population of England⁹.

In 2019, the government published its green paper on preventative health: Advancing our health: Prevention in the 2020s. Within this green paper, an objective was set for England to be smokefree by 2030, meaning only 5% or fewer of the population would smoke by then³³. Without achieving

this objective, it was recognised that the government would not meet its levelling-up mission to extend healthy life expectancy by five years by 2035³⁴, fulfil the ambition to save more lives as part of the NHS Long-term Plan, and successfully reduce the burden of health inequalities in England³⁵.

The NHS Long-term Plan launched in 2019 and set out how the NHS intends to improve the quality of patient care and health outcomes by the end of 2028. Helping people tackle their tobacco dependence is a key component of the plan – including the establishment of stop-smoking pathways for pregnant women, hospital inpatients, and people receiving treatment for their mental health, as well as training for NHS staff. This forms the NHS' contribution to wider government action to deliver the 2030 ambition for a smoke free generation.³⁶

Furthermore in 2022 the government commissioned the Khan Review³⁵ - an independent review into tobacco control in England by Javed Khan OBE. The review identified a number of 'must do' recommendations that would enable the Government to achieve its objective of being smokefree by 2030, including increasing funding for stop-smoking support to help smokers quit with a £70 million ringfenced fund for local services; increasing the age of sale of tobacco to

'stop the start'; promote vaping as an effective tool to help adults quit smoking; and improve prevention in the NHS³⁵.

Following this review, in October 2023 the government announced: "Stopping the start: a new plan to create a smoke free generation"⁴, a policy paper presenting a detailed analysis of public health problems relating to tobacco use and the more recent phenomenon of youth vaping in the UK. Proposed measures to address these issues, include⁴:

- To bring forward legislation that will ensure that children turning the age of 14, or younger, will never legally be sold tobacco
- To increase investment in stop smoking services via the Local Stop Smoking Services Grant (LSSSG)
- To support the use of vaping devices for existing tobacco smokers who wish to stop, via a national 'Swap to Stop'
- A suite of measures to protect and discourage children from vaping

As a result of the Khan Review and the Stopping the Start paper, in March 2024 a new Tobacco and Vapes Bill was introduced in the House of Commons. The Bill outlines proposed laws relating to the supply of tobacco and vapes, including phasing out tobacco use by raising the age of sale for all tobacco products by one year, every year, from 2027 onwards³⁷. In addition

to this, the Bill includes proposals for a new licensing scheme for retail sales and the registration of retailers, new controls around the advertising and promotion of tobacco and vapes to young people, and provision for more smoke-free places in our communities³⁸. This historic Bill has the potential to phase out smoking in young people, break the cycle of addiction³⁷ and disadvantage caused by smoking, save the NHS billions of pounds³⁹, and ultimately save lives.





The local picture: Smoking in Herefordshire



Smoking prevalence in Herefordshire is currently 10.1%⁴⁰. This is lower than the national and regional average and has followed a reducing trend since 2017. However, there are still approximately 15,700 smokers across the county¹⁰.

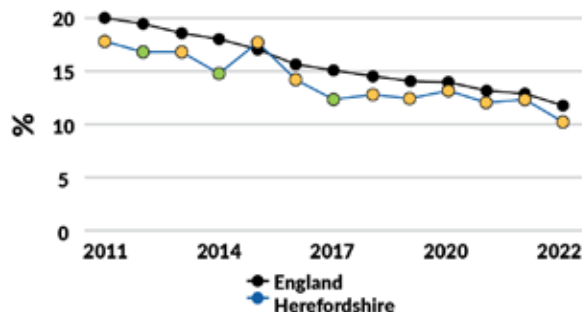


Fig1: Source: Department of Health and Social Care, Public Health Outcomes Framework (Fingertips)

Smoking continues to be the main cause of preventable deaths in England, and remains the leading cause of health inequalities, accounting for half of the difference in life expectancy between the most and least affluent communities in the country⁸. Herefordshire is no different, with those in the most deprived areas twice as likely to smoke and to die from smoking related conditions than those in the least deprived⁴¹. Furthermore, there are challenges within certain population groups.

High prevalence groups:

- **Adults working in routine and manual occupations 20.5% (2023, England 19.5%)⁴⁰**

Smokers who work in routine and manual occupations typically try to quit as often as their peers in the professional and managerial group but are less likely to succeed⁴². They tend to be more dependent on nicotine, start smoking earlier in the day, and smoke more cigarettes per day³. Additionally, they tend to have less social support available to them to help them during their quit attempt³.

- **Pregnant women (smoking at time of delivery) 8.3% (2023, England 7.4%)⁴⁰**

Smoking status at time of delivery has reduced significantly from 14.1% in 2017/18⁴⁰, largely due to additional smoking cessation support being placed within maternity services.

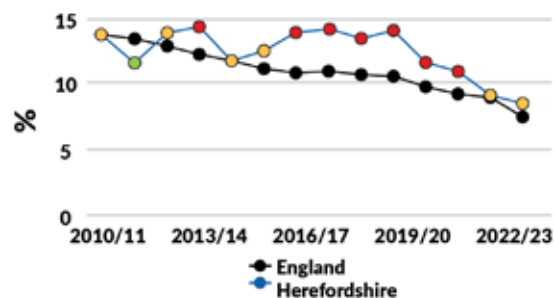


Figure 2: Smoking Status at Time of Delivery, Herefordshire. Department of Health and Social Care, Public Health Outcomes Framework (Fingertips)

However, smoking rates in this group in Herefordshire are still higher than national rates of 7.4%, and smoking during early pregnancy is currently 11.2%, though this is lower than the national rate of 13.6%.⁴⁰

There is a direct correlation between levels of smoking in pregnancy and socioeconomic background; women from disadvantaged backgrounds are more likely to smoke before pregnancy; less likely to quit in pregnancy and, among those who quit, more likely to resume after childbirth⁴³.

A survey conducted in the UK revealed 40% of mothers in routine and manual occupations were the most likely to have smoked before or during pregnancy compared to mothers in managerial and professional occupations (14%)⁴⁴. Reducing smoking prevalence during pregnancy is a key indicator within the Best Start for Life action plan⁴⁵, and a key priority of the Herefordshire Health and Wellbeing Strategy¹¹.

- **People living with long-term mental health conditions**

Adults with severe mental illness and long-term mental health conditions are also much more likely to smoke in Herefordshire than the general population; 40 % (2014/2015) and 27.8% (2022/23) respectively⁴⁶. While a decrease in

smoking rates has been seen among adults with a long-term mental health condition in recent years nationally, prevalence remains substantially higher than the rest of the population, despite the same levels of motivation to quit⁴⁷. Smokers with a mental health condition tend to be more heavily addicted to smoking⁴⁸, and likelihood of being a smoker increases with the severity of mental health⁴⁹.

Furthermore, the higher the number of cigarettes smoked per day, the greater the likelihood of developing a mental health condition⁴⁸. Unfortunately, this means that people with poor mental health die on average 10 to 20 years earlier than the general population⁴⁷, and smoking is the biggest cause of this life expectancy gap⁴⁷. The Good Mental Health throughout Lifetime Implementation Plan (2023 – 2025) for Herefordshire highlights the need for targeted support to decrease smoking among people with mental health conditions.

- **Children and young people**

The 2011 General Lifestyle Survey of adult smokers revealed that among adult smokers, two-fifths (40%) had started smoking regularly before the age of 16⁵⁰, and over 80% before the age of 20⁵¹; smoking is therefore an addiction of youth. Children and young people who live with parents who smoke are nearly three



times more likely to become smokers themselves than their peers who do not live with smokers⁵¹; if smoking is more visible and perceived to be socially normal behaviour, there is a higher likelihood to experiment with tobacco. An estimated 400,000 11-15-year-olds in England had tried smoking and 100,000 were current smokers in 2021⁵². Furthermore, current e-cigarette use (vaping) by young people has increased to 9%⁵³, up from 6% in 2018; around 1 in 5 (21%) 15-year-old girls were classified as current e-cigarette users⁵².

In Herefordshire, the 2024 Children and Young People Quality of Life Survey found that 4% of year 6 pupils in primary schools and 14% of secondary school pupils (age 11 – 15) had tried vaping, with 8% of the latter vaping often⁵⁴. 21% of 16–18-year-olds reported that they vaped often, and 36% had tried smoking cigarettes⁵⁴. An estimated 8,100 children in Herefordshire currently live in smoking households, and approximately 320 children start smoking every year⁵⁵. The de-normalising of

smoking – done, for example through the increase of smoke-free spaces resulting in smoking being a less visible behaviour and increasing the number of adult non-smokers – plays a key role in changing the attitudes of children and young people to the use of tobacco. In addition to these groups, a smoking and vaping needs assessment for Herefordshire and Worcestershire undertaken in 2021 found that those more likely to smoke in the county also included⁵⁶:

- Men (this aligns with national data⁵⁷)
- People in the working class
- Those aged 25-34 years old
- Members of the LGBTQ+ community
- People with mixed ethnicity
- Migrant men
- People who are unemployed (twice as likely)
- People who are homeless, or have a history of substance misuse (opiates or alcohol) (more than twice as likely)

Furthermore, we know that people in contact with the criminal justice system⁵⁸, women who have experienced domestic abuse⁵⁹, and people living in social housing⁶⁰ all tend to experience higher rates of smoking.

Local strategies

This Tobacco Control Plan supports the aims and objectives of other local strategies that focus on improving the health, wellbeing, and quality of life of Herefordshire residents.

The **Herefordshire Joint Health and Wellbeing Strategy**¹¹ presents an outline for improving the health and wellbeing of the population in Herefordshire over 10 years from 2023 to 2033. Priorities of the strategy will be supported by the Tobacco Control Plan which will:

- Directly contribute to ensuring the '**Best start in life for children**' by reducing rates of smoking at time of delivery but also via other measures such as increasing smoke-free environments for our children, and reducing smoking and vaping uptake in young people
- Ensure critical **support for people to live and age well** by helping smokers to quit and reducing the amount of second-hand smoke.
- **Support those with complex vulnerabilities**, such as targeted support for people to quit smoking who may also be engaging with the criminal justice system, vulnerable families, rough sleepers, people experiencing substance misuse, those living with long-term/ severe mental health issues.

- **Reduce the county's carbon footprint** by cutting cigarette waste and air pollution and its impact on the environment.

Additionally, the **Herefordshire Council Plan 2024-28** sets out how the council will make its contribution to the ongoing success of Herefordshire, with the overarching vision, 'Delivering the best for Herefordshire in everything we do'⁶¹. There are four areas with specific priorities to each, some of which this Tobacco Control Plan will directly contribute to:

- People: 'Support all residents to live healthy lives within their communities', and 'tackle inequality' by directly addressing the main cause of health inequalities: smoking.
- Place: 'Minimise pollution', 'reduce waste', and 'reduce county...carbon emissions' by cutting cigarette waste and reducing the amount of cigarette smoke polluting the air.
- Growth: 'facilitate growth across the county' by reducing productivity lost due to smoking and related ill-health.

The Herefordshire Tobacco Control Alliance is a good example of 'partnership working' – a key underpinning theme of which is central to council success in delivering the best for residents.

Furthermore, the efforts of the Tobacco Control Alliance through this plan will contribute to the shared priorities of the Herefordshire and Worcestershire Integrated Care Strategy¹². Shared priorities include eliminating smoking in pregnancy, reducing unhealthy behaviours, proactively reducing inequalities, and reducing the risk of cardiovascular disease¹² such as coronary heart disease, of which smoking is a lead risk factor⁶² and for which Herefordshire currently has significantly higher levels of hospital admissions than the England average (475.6 per 100,000, vs, 390.6 per 100,000, 2023-2024)⁶³.

The cost of smoking to Herefordshire

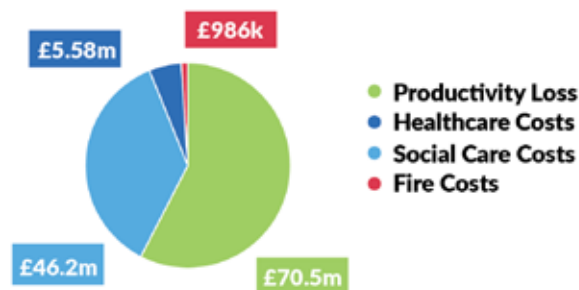
The ASH Ready Reckoner¹⁰ provides an estimate of the cost and impact of smoking at a local level and gives a clear indication of the significant losses Herefordshire suffers due to tobacco products at a broad level.

A smoker consuming a pack of 20 cigarettes a day will spend around £2,338 a year on their habit, with total spend from smoking residents on tobacco products (both legal and illicit) amounting to £35.8million annually in the county¹⁰. Regional data for the West Midlands suggests that approximately 4.32 thousand households in Herefordshire fall below the poverty line after smoking expenses are taken into account⁵⁵.

The total annual cost of smoking to Herefordshire is estimated to be £123 million¹⁰.

Productivity loss relates to the cumulative negative effects of smoking on earnings and employment prospects, as well as smoking-related early deaths. In 2024 around 680 were out of work in Herefordshire for smoking-related reasons, and 240 people die in Herefordshire each year due to smoking.⁵⁵

Costs of smoking to Herefordshire



An additional cost is the Green Book Quality-Adjusted Life Year (QALY) value applied to the intrinsic value of life, which gives an estimated loss of £106m due to premature deaths from smoking in Herefordshire¹⁰.

Purpose of the plan



This Tobacco Control Plan is the first produced by the Herefordshire Tobacco Control Alliance and reflects the cooperation and shared vision amongst this wide range of partners. We recognise that the ambition to eliminate tobacco use in Herefordshire cannot be achieved by any one organisation alone. With clear momentum and drive at a national level to tackle tobacco and its harm on our communities, now is the time for an ambitious vision and a wider system approach to eliminating tobacco use from our communities once and for all.

Now that we are approaching a situation where we have significantly fewer smokers than 20 years ago, a broader, multi-pronged approach needs to be taken for the final push to tackle the other issues relating to tobacco control in our county. To build a healthier and smokefree Herefordshire, there is a need to continue to prevent the uptake among young people, reduce the supply and demand of illicit tobacco through regulation and enforcement, reduce exposure to second hand smoke by creating more smokefree environments, and focus efforts to support people to stop smoking in communities where smoking rates are still higher than the wider population. Therefore, a comprehensive and strategic approach to tobacco control should be a new priority for Herefordshire. To achieve this, all parts of our system will have their part to play.

This five-year plan has been developed and agreed by all partners of the Herefordshire Tobacco Control Alliance and signed-off by the Health and Wellbeing Board. Below we have outlined the key areas of focus or ‘workstreams’, that we set out to achieve, and how these will be measured.



Measuring success

This table illustrates our objectives, how we will measure them, the baseline measurements (statistics as they were in Q1 of 2025 when this plan was developed) and our targets/ambitions for each. These objectives provide the Alliance's key performance indicators (KPIs). Progress of the plan will be assessed regularly against these.

Aim/objective	Measurement	Baseline	Ambitions
Reduce the number of adult smokers in Herefordshire	Proportion of adults 18+ who are current smokers	10.1% (2023)	5% or below
Reduce number of routine and manual workers smoking	Smoking prevalence in adults in routine and manual occupations	20.5% (2023)	10% or below
Reduce number of women smoking at time of delivery	Proportion of women smoking at time of delivery	8.3% (2023/24)	4% or below
Reduce smoking rates among individuals with a long-term mental health condition.	Proportion of adults 18+ with a long-term mental health condition that are current smokers.	27.8% (2022/23)	5% or below
Increase number of quit dates set	Smokers setting a quit date (count)	393 (2022/23)	1,335
Increase number of quit outcomes achieved	Smokers who have successfully quit at four weeks (per 100,000)	923 per 100,000 (2022/23)	1,620 per 100,000 (England rate)
Reduce number of children and young people who vape	% of secondary school pupils who vape regularly	8% (2024)	5%*
	% of further education students who vape regularly	21% (2024)	5%*
Reduce number of children and young people who have ever tried smoking	% of secondary school pupils who have tried smoking	9% (2024)	5%*
	% of further education students who have tried smoking	36% (2024)	5%*
Reduce number of underage sales (tobacco and vapes)	Number of businesses advised Number of underage sale test purchases undertaken Number of prosecutions pursued	N/A	

* Locally determined targets, subject to change in-line with national updates.



Workstream 1: Prevention

We will ensure the best start in life for all children in Herefordshire by tackling smoking in pregnancy and emphasising the importance of a smokefree environment during their upbringing.

Additionally, we will increase Herefordshire's smokefree environments, work with schools and community partners to raise awareness of issues around vaping and smoking for young people, and de-normalise smoking in adults in order to reduce uptake in youth.

Workstream 1: Prevention
Outputs
Reduce number of children and young people who have ever tried smoking
Reduce number of children and young people who vape regularly
Reduce number of women smoking at time of delivery

Actions
1.1 Continue to offer a robust and effective stop-smoking pathway for pregnant women (and their partners)
1.2 Train up local smoke-free pregnancy champions
1.3 Establish a new post-natal stop smoking pathway
1.4 Provide targeted training to community partners (including Alliance partners) who support children and families to make every contact count (MECC).
1.5 Healthy Schools programme will work with schools to upskill staff and develop smoke-free school policies.
1.6 Engage children and young people on issues of smoking and vaping through introduction of peer-led networks and training anti-vaping champions.
1.7 Deliver youth-focused education and awareness-building campaign on vaping.

Actions	
1.8	Deliver county-wide communications campaigns to raise awareness of the health impacts of smoking in the home.
1.9	Create more smoke-free spaces in our communities.
1.10	Expand support for parents to raise awareness of dangers of tobacco and vaping and how to support children to make informed choices.
1.11	Deliver more smoke-free homes via the Fire and Rescue prevention programme and the Healthy Tots programme for families.

Workstream 2: Supporting smokers to quit

Over 50% of smokers in Herefordshire reported wanting to quit, because of current/future health concerns, and due to the financial cost.⁵⁵

Critical to ensuring smokers can successfully quit smoking is the provision of universal, accessible and effective stop smoking services. This involves providing high-quality assistance, incorporating nicotine replacement therapies and behavioural interventions to enhance smokers' chances of success. Evidence-based stop smoking services are three times as effective as making an unassisted quit attempt⁶⁴. As already highlighted, Herefordshire Council currently commissions a local stop smoking service via the Talk Community Healthy Lifestyles Team.

As smokers experience a greater incidence of poor health and disease, the health and care system will likely already be regularly engaging with them. We must therefore ensure that we make the most of these opportunities to make every contact count (MECC), offering clear signposting and support pathways for smokers to quit.

Workstream 2: Supporting smokers to quit
Outputs
Reduce the number of adult smokers in Herefordshire
Increase number of quit dates set
Increase number of quit outcomes achieved

Actions
2.1 Continue to provide a universal specialist stop-smoking support service to all adult smokers in Herefordshire, with free behavioural support and access to NRT products.
2.2 Explore and scope new options for stop smoking treatments to ensure a wide-range of evidence-based options for clients.
2.3 Provide training to NHS staff, community partners and service providers to ensure their staff make every contact count with very brief advice and referrals to support.

Actions	
2.4	Deliver communications campaigns to raise awareness of available support for smokers to quit, including linking to national campaigns such as Stoptober.
2.5	Herefordshire and Worcestershire Health and Care NHS Trust and the Wye Valley NHS Trust will continue to implement the tobacco dependency commitments in the NHS Long Term Plan by: 2.5.1 Supporting local referral pathways for smokers ie In-patients, maternity, mental-health pathways 2.5.2 Continuing to ensure NHS sites are visibly smoke-free in-line with existing policies.
2.6	Smoke-free champions will be introduced on hospital wards and in the community, with particular focus on certain populations.
2.7	All alliance partners will work within their specific organisations to develop smoke-free sites and stop-smoking support, or signposting to the community service, in-line with national policy ie Tobacco and Vapes Bill.
2.8	Maximise screening programmes to increase identification of smoking in the population and provide support for all smokers – for example NHS Health Checks, Target Lung Health Check Programme.



Workstream 3: Eliminating variations in smoking rates

Smoking is the leading cause of health inequalities³. To tackle these inequalities, it is essential that we provide targeted support to help people within higher prevalence groups quit smoking for good.

Workstream 3: Eliminating variations in smoking rates
Outputs
Reduce number of routine and manual workers smoking
Reduce smoking rates among individuals with a long-term mental health condition

Actions	
3.1	Provide training to staff within key community groups and service providers currently working with target populations to ensure that they have the knowledge and skills to make every contact count.
3.2	Undertake a needs assessment to provide a deeper understanding of our higher prevalence groups and what their current needs are.
3.3	Undertake engagement exercises with target communities: 3.3.1 Populations including Gypsy Roma Travellers, migrant and non-English speaking community members. 3.3.2 Members of the community living with or at risk of specific health conditions. Eg COPD/CVD
3.4	Introduce community-based smoke-free champions.
3.5	Expand current provision of stop-smoking clinics/support groups in community hubs, particularly within more deprived areas of our county.
3.6	Engage with local partnerships (eg Adult Better Mental Health Partnership; ICB; neighbouring local authorities) to ensure collaborative working and shared learning to better support higher prevalence groups.
3.7	Primary Care Networks to deliver health inequality plans in local areas, including identification of smokers and referrals to the Stop Smoking Service.

A close-up photograph of the back of a person wearing a bright yellow high-visibility safety vest. The vest has reflective silver stripes on the shoulders and sides. The words "Trading Standards" are printed in large, bold, black sans-serif font across the upper back. The person's brown hair is visible at the top of the frame.

Trading Standards

Workstream 4: Effective enforcement

Illicit tobacco is often available at cheaper prices, undermining the effectiveness of taxation and making it harder for smokers to quit, as well as being linked to other types of organised crime that harms our community and others beyond.²⁸

The Herefordshire County Council Trading Standards Service enforces legislation related to the sales of age-restricted products, including tobacco and vaping items. The service supports retailers to avoid illegal sales and takes an intelligence led approach to enforcement. Recent evaluation of the tobacco control work in Herefordshire has highlighted our regulatory services and enforcement as an area of strength. There have been significant numbers of successful inspections and seizures made and test purchasing undertaken, resulting in multiple prosecutions of suppliers of illegal tobacco and vape products. However, we know that more can be done to support this area of work, including raising public awareness of links between illicit tobacco and organised crime and reducing the impact of cigarette litter on our environment.

The Tobacco and Vapes Bill will also lead to further action in this work stream, with the introduction of a ban on vape advertising and sponsorship, a new licensing scheme for retailers who sell tobacco, vaping and nicotine products and new enforcement powers including on-the-spot fines of £200 for retailers found to be breaking age-restricted sales laws. Part of the Bill will come into effect in June 2025 with a ban on the sale of disposable vapes.³⁷

Workstream 4: Effective enforcement
Outputs
Reduce number of children and young people who regularly vape
Reduce number of children and young people who regularly smoke
Reduce number of underage sales (tobacco and vapes)

Actions
4.1 Adopt a joined-up approach to tackling the supply and demand of illicit tobacco with key partners, including promotion of good trading practice.
4.2 Reduce youth vaping rates.
4.3 Deliver educational communications campaigns to raise public awareness of issues relating to illicit tobacco and (eg) links to organised crime, and fire risks.
4.4 Identify and engage with communities with high rates of illegal tobacco use in order to reduce demand.
4.5 Increase the reporting of detailed, high-quality intelligence on underage sales and illegal tobacco/vape activities.
4.6 Encourage local residents and businesses to report illegal tobacco and illegal vape activities.
4.7 Raise public awareness of the impact that smoking litter and pollution has on the environment.
4.8 Ensure clear promotion of the intelligence reporting pathways for members of the public.
4.9 Continue contributing to and supporting regional programmes to reduce illegal tobacco through enforcement and intelligence gathering and dissemination.
4.10 Ensure effective use of enforcement tools (eg closures, prosecutions) continue to be pursued in appropriate cases based on intelligence received.
4.11 Environmental Health Commercial Team will continue to enforce the smokefree regulations within the Health Act 2006

Herefordshire Tobacco Control Alliance: Partners

- Herefordshire Council: Public Health, Trading Standards / Regulatory Services, Education, Environmental Health
- Talk Community Health and Wellbeing
- Healthwatch Herefordshire
- Wye Valley NHS Trust
- Herefordshire and Worcestershire Health and Care NHS Trust
- Herefordshire and Worcestershire Integrated Care Board
- Office for Health Improvement and Disparities (OHID)
- Turning Point
- Herefordshire and Worcestershire Local Pharmaceutical Committee
- Herefordshire General Practice
- West Mercia Police
- Herefordshire and Worcestershire Fire and Rescue Service
- Active Herefordshire and Worcestershire



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