Lancashire Health and Wellbeing Board

Lancashire County Council

Lancashire Health and Wellbeing Board
Tuesday, 5 September 2023, 2.00 pm,
Adventure Hyndburn Community Centre, Norfolk Grove, Church, Accrington, BB5 4RY

AGENDA

Part I (Open to Press and Public)

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
1. Welcome, introductions and apologies	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		2.00pm
2. Disclosure of Pecuniary and Non-Pecuniary Interests	Action	Members of the Board are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	Chair		2.10pm
3. Minutes of the Last Meeting held on 18 July 2023	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 8)	2.15pm

Sam Gorton: sam.gorton@lancashire.gov.uk 01772 534271

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
4. Voice of the Community	Discussion/ Action	To receive a presentation from Maggie Moody, CEO, Community Solutions and discuss how the Health and Wellbeing Board can support/change ways of working.	Maggie Moody		2.20pm
5. Lancashire Better Care Fund Plan 2023 to 2025	Discussion/ Action	To discuss the progress update of the Better Care Fund reset work and actions taken since the last report.	Sue Lott/Paul Robinson	(Pages 9 - 12)	2.35pm
6. Lancashire Place Governance Options Appraisal	Discussion/ Action	To receive the Lancashire Place Governance Options Appraisal.	Jessica Partington	(Pages 13 - 28)	2.55pm
7. Health and Wellbeing Board - Key Performance Update	Discussion/ Action	To provide a performance update on the key priorities of the Health and Wellbeing Board.	Ruksana Sardar-Akram Aidan Kirkpatrick Fiona Inston	(Pages 29 - 92)	3.15pm
8. Tackling Illicit Vapes and Youth Vaping in Lancashire	Discussion/ Action	Following Lancashire's Full Council meeting on 13 July 2023, the Board is requested to receive and discuss the report which includes enforcement activity related to the illegal sale of vaping products to children and opportunities for further communicating the potential dangers of vaping to young people. Also the Board is asked to consider making available funding for a Trading Standards campaign to crack down on unscrupulous vape sales venues.	Paula Hawley-Evans Angela Lomax	(Pages 93 - 110)	3.55pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
9. Urgent Business	Action	An item of Urgent Business may only be considered under this heading, where, by reason of special circumstances to be recorded in the minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Members' intention to raise a matter under this heading.	Chair		4.25pm
10. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 2pm on 14 November 2023. Venue to be confirmed.	Chair		4.30pm

H MacAndrew
Director of Law and Governance

County Hall
Preston

Lancashire County Council

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 18 July, 2023 at 2.00 pm in Pavilion Cafe, Avenham Park, Preston, PR1 8JT

Present:

Chair

County Councillor Michael Green, Lancashire County Council

Committee Members

James Fleet, NHS Lancashire and South Cumbria Integrated Care Board
County Councillor Graham Gooch, Lancashire County Council
County Councillor Sue Whittam, Lancashire County Council
Dr Sakthi Karunanithi, Public Health, Lancashire County Council
Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council
Chris Sinnott, Lancashire Chief Executive Group
Councillor Barbara Ashworth, East Lancashire, Lancashire Leaders Group
Councillor Jennifer Mein, Central, Lancashire Leaders Group

Apologies

David Blacklock, Healthwatch

1. Appointment of Chair and Deputy Chair

The Board noted the appointment by the County Council on 25 May 2023 of County Councillor Michael Green, Cabinet Member for Health and Wellbeing and James Fleet, Chief People Officer, NHS Lancashire and South Cumbria Integrated Care Board as Chair and Deputy Chair respectively of the Health and Wellbeing Board, for 2023/24.

2. Welcome, introductions and apologies

The Chair welcomed all to the meeting and thanked the staff at the Pavilion Café, Avenham Park, Preston for hosting the meeting.

Apologies were noted as above.

New members were noted as follows:

County Councillor Graham Gooch, replacing County Councillor Phillippa Williamson, Lancashire County Council
Councillor Jennifer Mein, replacing Councillor Matthew Brown, Central Lancashire, Lancashire Leaders Group
Councillor Chris Dixon replacing Cllr Viv Willder, Fylde Coast, Lancashire Leaders Group

Resolved: That the Chair requested a letter of thanks be sent to the outgoing members for their time and commitment to the Board. It was noted that Sam Gorton, Democratic Services, Lancashire County Council would arrange this.

3. Disclosure of Pecuniary and Non-Pecuniary Interests

There were no disclosures of interest in relation to items appearing on the agenda.

4. Minutes of the Last Meeting held on 9 May 2023

Resolved: That the Board agreed the minutes of the meeting held on 9 May 2023.

There were no matters arising from the minutes.

5. Constitution, Membership and Terms of Reference of the Committee

Resolved: That the Board noted the current membership and Terms of Reference for the 2023/2024 municipal year, as set out in the agenda pack.

6. Voice of the Community

The Chair welcomed Harvey Hamilton-Thorpe who provided the Board with an overview of the work of the Ribble Rivers Trust; and prior to the meeting had led on a health walk around Avenham Park for Board members.

The Board noted that Harvey had been involved with the multiyear, multi-million pounds National Lottery Heritage Funded programme called Ribble Life Together. The project won the coveted UK River Prize in 2022. A copy of HEAL Evaluation 2023 was also shared and is attached for further reference to the minutes.

Harvey spoke to the presentation attached which further detailed the following:

- Key activities
- Health and Environmental Action Lancashire (HEAL)
- HEAL decision support tool (arcgis.com)
- Working in partnership
- What have Ribble Rivers Trust achieved?
- Avenham Park Health Walks
- Ribble Rivers Trust - Working Together to Improve Our Rivers (ribbletrust.org.uk)

Following the presentation, it was noted that:

- Social prescribing is progressing, with health walks as a part, as well as
- volunteering and tree planting.
- CC Gooch to contact Harvey Hamilton-Thorpe outside of the meeting in relation to opportunities for those with learning difficulties.
- The work needs to be part of the Health and Wellbeing offer across Lancashire, regardless of how it is funded and is the biggest opportunity to reconnect residents of Lancashire back to nature in their communities.
- For further information, email Harvey Hamilton-Thorpe harvey@ribbletrust.com.

Resolved: That the Board noted the updated and thanked Harvey Hamilton-Thorpe for his presentation and for leading on the health walk prior to the meeting.

7. Lancashire Better Care Fund Plan 2023 to 2025

Sue Lott, Adult Social Care, Lancashire County Council provided an overview of the Lancashire Better Care Fund (BCF) plan 2023 to 2025. Having received approval by both Lancashire County Council and Lancashire and South Cumbria Integrated Care Board the final draft plan was signed off by the Health and Wellbeing Board deputy Chair and submitted to the national Better Care Fund team for the required assurance. National planning timetables precluded the plan being brought to a formal meeting of the Board earlier. It is anticipated that the plan will receive national approval.

The Board noted that there were two elements required for submission: a planning template (this has been circulated separately to the agenda, to members of the Health and Wellbeing Board) and a narrative plan (Appendix 'A'). Further details can also be found in the report.

The requirement for a two-year plan allows for stability across service planning and delivery in 2023/24 while enabling the flexibility for the shaping and implementation of the necessary changes that are being identified through the Lancashire Better Care Fund reset process for 2024/25.

There will be a requirement for quarterly reporting on Better Care Fund activity and progress. The Board will be engaged and informed as part of that process.

The Board noted that there was a new metric had been introduced for 2023/24 focusing on emergency hospital admissions due to falls sustained by people aged over 65 and a further metric will be introduced in 2024/25 relating to hospital discharges, measuring the time between people being declared fit to leave hospital and the actual date of discharge.

Following the presentation, the following comments/issues were discussed:

- The Better Care fund monies has to be spent in partnership to drive best value for money.
- The metrics are still hospital focused.
- Create capacity to try out different ways of working, which will come from driving better values.
- Louise Taylor, Executive Director for Health and Wellbeing, Lancashire County Council and Director of Health and Care Integration, NHS Lancashire and South Cumbria and James Fleet, Chief People Officer, NHS Lancashire and South Cumbria Integrated Care Board to discuss the timeline for reset and review with the Integrated Care Board.
- It is proposed that the Board considers how much of the Better Care Fund Reset programme invests in community wellbeing initiatives that will help engage people away from some of the statutory services (ie the 1% investment as recommended in national documents), preferably done in partnership with the Voluntary, Community and Faith Sector with District Councils at local level. This will be a practical manifestation of commitment from the Board and the Integrated Care Board.
- Identify opportunities for creative utilisation of Disabled Facilities Grant allocations to address housing issues. It was confirmed that these conversations are taking place already with housing and health co-ordinators.
- Pathways between social care/occupational therapy and district councils need to be clear, given pressures in recruiting and retaining occupational therapists.
- District councils have housing standards expertise to enable residents to remain healthy in their homes.

Resolved: That the Health and Wellbeing Board:

i) Confirmed the sign off the Lancashire Better Care Fund Plan 2023 to 2025.

ii) Agreed to receive bi-monthly reports that set out Better Care Fund progress alongside the development of the reset Lancashire Better Care Fund.

iii) Requested that there is a confirmed commencement date for the reset activity.

iv) Requested Louise Taylor, Executive Director for Health and Wellbeing, Lancashire County Council and Director of Health and Care Integration, NHS Lancashire and South Cumbria and James Fleet, Chief People Officer, NHS Lancashire and South Cumbria Integrated Care Board to engage with Lancashire and South Cumbria Integrated Care Executive Board with regards to detailed information that is required from West Lancashire, Fylde and Wyre to begin the work.

v) Endorsed more integrated commissioning activity as part of the Better Care Fund. Louise Taylor, Executive Director for Health and Wellbeing, Lancashire County Council and Director of Health and Care Integration, NHS Lancashire and South Cumbria and James Fleet, Chief People Officer, NHS Lancashire and South Cumbria Integrated Care Board to progress with Integrated Care Board colleagues.

vi) Agreed that as part of the future development there is a need to consider how prevention and reducing inequalities are addressed in terms of year-on-year investment.

8. Lancashire and South Cumbria Integrated Care Board Update

James Fleet, Chief People Officer, NHS Lancashire and South Cumbria Integrated Care Board provided an update on the work of the Integrated Care Board and its future plans. The Health and Wellbeing Board had also received the following documents for review prior to the meeting:

Integrated Care Board Annual Report 2022/23 (Appendix 'A')
Integrated Care System Joint Capital Resource Plan 2022/23 and 2023/24 (Appendix 'B' and Appendix 'C')
Integrated Care System Joint Forward Plan 2023 onwards (Appendix 'D')

Further details can be found in the report.

The Board noted that the Integrated Care Board has four key aims:

i) Improving outcomes in population health and health care
ii) Tackling inequalities in outcomes, experience and access
iii) Enhancing productivity and value for money
iv) Helping the NHS to support broader social and economic development

Resolved: That the Health and Wellbeing Board:

i) Reviewed and commented on the Integrated Care Board annual report for 2022/23 (Appendix 'A').
ii) Reviewed and commented on the Integrated Care System Joint Capital Resource Plan for 2023/24 (Appendix 'C') and received the plan for 2022/23 (Appendix 'B').
iii) Considered and commented on the Joint Forward Plan (Appendix 'D'), offering its reflections on the content and particularly on whether the Board felt that the plan takes proper account of the Lancashire health and wellbeing strategy.

9. Place Integration Deal

Louise Taylor, Executive Director for Health and Wellbeing, Lancashire County Council and Director of Health and Care Integration, NHS Lancashire and South Cumbria provided an update on the recent decision of the Integrated Care Board to delegate responsibility for some NHS services to all four Places in the Lancashire and South Cumbria Integrated Care System including Lancashire Place. The report provides information on the rationale and content of the arrangements, with some practical examples for additional context provided in Appendix 'A', Appendix 'B' and Appendix 'C'. It also explains the impact of the integration deal on the governance options appraisal timeline, alongside an update on the Lancashire Place Partnership workshop; the outputs of which are being used to inform the next phase in development of the Place Partnership.

The integration deal is a significant decision for the Integrated Care Board with implications for the County Council who will also be expected (in due course), in the spirit of supporting deeper integration between health and care, to adopt a similar approach in order to achieve better outcomes and experiences for Lancashire residents as well as value for money.

A report will come back to the Board in September 2023 requesting endorsement of the options appraisal, and preferred option, prior to it being submitted to Lancashire County Council's Cabinet and Integrated Care Board Executives for agreement in October 2023.

After the presentation, the following comments were raised:

- It is imperative that technology works across the District Councils, NHS and County Council and to maximise opportunities.
- Clear communication is imperative.
- A monthly newsletter is circulated to key officers, for wider circulation.

Resolved: That the Health and Wellbeing Board:

i) Received a verbal update on the outcome of the decision made at the Integrated Care Board on 5 July 2023.
ii) Received a verbal update on the recommendations agreed by Lancashire County Council's Cabinet on 6 July 2023.
iii) Endorsed the ongoing work and timeframes in relation to the development of governance arrangements for the Lancashire Place and how this will connect into the Health and Wellbeing Board.

10. Urgent Business

The Chair informed that Board that a Notice of Motion had been proposed at Lancashire County Council's Full Council on 13 July and was unanimously agreed with regards to vaping. Two of the recommendations pertinent to the Health and Wellbeing Board was:

i) To ask the Cabinet Member for Health and Wellbeing to take a report to Lancashire's Health and Wellbeing Board, to include enforcement activity related to the illegal sale of vaping products to children and opportunities for further communicating the potential dangers of vaping to young people.
ii) To ask the Health and Wellbeing Board to consider making available funding for a Trading Standards campaign to crack down on unscrupulous vape sales venues.

Resolved: That the Health and Wellbeing Board agreed to receive a report on vaping at its next meeting in September 2023.

11. Date of Next Meeting

The next scheduled meeting of the Board will be held at 2.00pm on 5 September 2023 at Adventure Hyndburn.

H MacAndrew
Director of Law and Governance

County Hall
Preston

Lancashire Health and Wellbeing Board
Meeting to be held on 5 September 2023

Corporate Priorities:
Delivering Better Services

Lancashire Better Care Fund Plan 2023 to 2025

Contact for further information:
Sue Lott, Head of Adult Social Care, Lancashire County Council, sue.lott@lancashire.gov.uk
Paul Robinson, Midlands and Lancashire Commissioning Support Unit, paul.robinson27@nhs.net

Brief Summary

This report provides a progress update of the Better Care Fund reset work and actions taken since the last report.

The Lancashire Better Care Fund Board is now in place and operating well, bringing improved oversight and coordination of both the business as usual and the reset work, and is working to progress the three key priority areas agreed.

Since the last update, an initial scoping session has taken place regarding the focus on the Disabled Facilities Grant and associated opportunities, with several actions commenced following the discussions.

Discussions are continuing with the national Better Care Fund Support team, regarding the level of focus of the support offer to Lancashire.

Recommendations

The Health and Wellbeing Board is asked to:

i) Receive the report and comment on the progress to date.
ii) Identify any queries prompted by the report.

Detail

The Lancashire Better Care Fund 2023/24 Plan

The Lancashire Better Care Fund Plan that the Board received at the last meeting on 18 July 2023 has now gained regional approval through the assurance process and has been submitted to the National Team. A letter of confirmation that the Plan has been formally accepted is awaited, and this letter will be shared with the Board once received.

Key Priorities for 2023/24

Work continues with the priorities agreed by the Health and Wellbeing Board and the Lancashire Better Care Fund Board.

1. **Overall Review and Reset of the Lancashire Better Care Fund**

   Work is continuing, to pull together the detail of the spend areas within the Better Care Fund. This is complete for the spend areas under Lancashire County Council and is nearing completion for the Integrated Care Board, with the information from the two outstanding areas now being worked through.

   The various schemes are now being collated under broader headings to enable us as a partnership to better view the breadth of spend and service capacity under each heading. In displaying the information in this way, it will enable us to focus in a managed way on the review activity. This information will be shared separately with the Board closer to the meeting date to allow the work to progress as far as possible, and to enable the Board to have an initial view and prompt any questions of clarity back to the team.

   The national Better Care Fund Support team are identifying the resource that can be offered to Lancashire to support both a review of hospital discharge arrangements and gaps and opportunities, and also to the wider Better Care Fund review. We have discussed with the support team the potential to link with a hospital discharge review that is taking place in a neighbouring Local Authority, and also with a proposed review by the Integrated Care Board of their Better Care Fund spend across all four Better Care Funds. Avoiding duplication across the pieces of work and support and identifying and maximising areas of interface will be of mutual benefit to all parties.

   The first session to kick off the development of how it will better involve people with lived experience takes place on the 6 September 2023.

2. **Intermediate Care including Discharge to Assess**

   Informed by feedback from Intermediate Care transformation work is underway within Lancashire, with several key elements:

   - The re-procurement of homebased intermediate care, which will be called 'Short Term Care at Home'. This is scheduled to mobilise soon, with an implementation date of April 2024. The new Short-Term Care at Home service brings together the existing 'crisis support', 'Home First' and 'Reablement' services and merges them into one. The benefit to people who use this service is that they will get the volume and type of care at the right time, with no handoffs between services.
   - The transformation of the existing bed based intermediate care services, operated by Lancashire County Council's Older Peoples Care Services. Single Handed Care equipment has been installed in the intermediate care units, including ceiling track hoists, and the service will widen its scope to offer recovery, recuperation/rehabilitation, and reabling support. The service will also

take more people who would previously have moved into a 'discharge to assess' bed in a Care Home and will now have better opportunities to maximise their independence.

- An improved assessment and case management offer including a single point of access to all intermediate care services. Through the alignment of several teams into the five multiagency (known as (Integrated Clinical Academic Training) ICAT/CATCH (Clinical Academic Training and Careers Hub) hubs, the service will respond to hospital discharge, admissions avoidance (where there is a need for intermediate care type services) and people who need an intermediate care type service to remain in their own home. For people using the service, they will experience improved communication, better availability of support at the time they need it and in the best place to meet their needs, and no handovers between teams during their intermediate care journey.
- The NHS and social care partners are looking at the additional wrap around therapy support needed to enhance the Lancashire intermediate care offer.

3. Disabled Facilities Grant and opportunities

An initial scoping session took place with representatives across the 12 Lancashire Districts on the 31 July 2023 with some wide ranging and positive discussions and suggestions.

Colleagues discussed several opportunities for improvement, development and innovation and looked at areas of challenge and ways in which reporting and sharing of best practice can be collated and communicated.

Several actions and next steps were agreed, and work is underway to take these forwards:

Reporting

- Pull together a standardised reporting template so that we have a good overarching view at a Lancashire level and can pull into a regular performance report for the Lancashire Better Care Fund and Health and Wellbeing Boards.
- Review the previous reporting template and look to build on this and re-launch.
- Explore including space to share good practice and case studies as well as activity and spend.
- Use both qualitative and quantitative info from the reports to inform the Lancashire Better Care Fund Plan.

Baseline

- Undertake a survey and benchmarking of the arrangements currently in place relating to health impact assessments (HIAs) and handyperson's services.
- Undertake a survey regarding what innovation and use of Regulatory Reform Orders is already in place and benchmark.
- Map and understand variations and commonalities across the county geography.

Children's Disabled Facilities Grant (DFG)

- Look at a small task and finish group to look at children's disabled facilities grants (DFGs) as there were some specific issues relating to those which needed space to unpick and explore in more depth.

Diagnostic

- Agreed a diagnostic would be commissioned to support the work, including opportunities for innovation and actions and enablers required.

Communication

- Set up a quarterly group to cover:

    - Keeping in touch
    - New opportunities
    - Innovation proposals
    - Understand activity and spend data.
    - Share good practice and information.
    - Resolve barriers and challenges

Future

- Collate suggestions, proposals and opportunities for further innovation as we move through the steps and actions above.
- Consider overarching strategy.
- Explore further partnership options.

Health and Wellbeing Board Actions From 18 July 2023

- A confirmed commencement date for the spend line review work – this can be formally confirmed once the detail of the data is secured, and the detail of the support offer is known.
- Progress exploration of joint buying power and partnership commitment to this – several conversations are underway across the Integrated Care Board and Lancashire County Council to actively explore this. This action and progress also link to the continued development of the Lancashire Place.
- Consideration of pooling additional monies and elements of spend into the Better Care Fund – this is a key part of the reset work, and is also linked to the continued development of, and delegation to, the Lancashire Place. This will continue to be revisited throughout the reset process and beyond.
- Consider how headroom can be created to fund resource to deliver key pieces of partnership work including the Better Care Fund review – all partners are committed to enabling this and is a constant thread throughout Better Care Fund spend discussions and through the review process.
- Consider how greater investment and focus can take place within the Better Care Fund on prevention and reducing inequalities – this has been noted and will remain a key consideration throughout the review process.

Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday, 5 September 2023

Corporate Priorities:
Delivering better services;

Governance Arrangements for the Lancashire Place Partnership
(Appendix 'A' refers)

Contact for further information: Jessica Partington, Head of Lancashire Place Development and Delivery, Integrated Care Board Jessica.partington7@nhs.net

Brief Summary

This report is provided to the Lancashire Health and Wellbeing Board to consider the future governance arrangements of the Lancashire Place Partnership. It includes the requested options appraisal (Appendix 'A') on whether the Lancashire Health and Wellbeing Board could take on a lead governance role in the Lancashire Place Partnership arrangements and concludes that whilst in its current configuration this is unlikely, the report proposes the future consideration of an additional option to consider the potential should the Lancashire Health and Wellbeing Board be reformed. The report also considers the alternative options to Place Partnership arrangements and includes a recommendation for a staged approach to develop the Lancashire Place Partnership and a period of further engagement to refine the proposals.

Recommendations

The Lancashire Health and Wellbeing Board is asked to:

i) Approve that the Lancashire Health and Wellbeing Board and the Lancashire Place Partnership remain as separate entities at this time, acknowledging that further work and engagement needs to be undertaken to consider the potential for this in the future should there be viable options to reshape the Health and Wellbeing Board from its current form.
ii) Consider the options appraisal (Appendix 'A') and support the preferred approach of the staged proposal as set out in the report.
iii) Endorse and support the next steps for further engagement within the Lancashire Place upon the questions as set in section 4.

Detail

Local Context: Developing the Lancashire Place Partnership and the 'ask'

There is a shared commitment from Lancashire County Council, and the NHS Lancashire and South Cumbria Integrated Care Board to work together to organise

and deliver care together at the most appropriate level and closest to the residents we serve. The development of the Lancashire Place Partnership is at the heart of this and will be a key driving force in ensuring Lancashire residents have healthy communities, high quality services, and a health and care service that works for them.

The Lancashire Place Partnership is tasked with developing the Lancashire Place, where a consultative group of partners come together to help shape and influence the development. It has representatives of statutory commissioners and providers as well as VCFSE partners and representatives of the public and is led by an independent chair. It has helped to shape the Lancashire Place Plan and the outline of current governance as well as receiving and directing progress of delivery of the Lancashire Place priorities through the three localities of Central, East and North Lancashire.

The Lancashire Place Partnership now needs to evolve and mature into fully constituted arrangements which will allow the Lancashire Place to deliver real change so that the majority of planning and delivery of health and care services will happen in Place, with most day-to-day care for individuals and families being delivered in neighbourhoods.

At its meeting in January 2023, the Lancashire Health and Wellbeing Board requested the Lancashire Place Partnership undertake an evaluation to consider if the Health and Wellbeing Board could take on the functions of Lancashire Place Partnership. It was also asked to consider what other options would be available.

Evaluation - Should the Lancashire Health and Wellbeing Board take on the functions of the Lancashire Place Partnership?

What does the national guidance say?

- The national guidance in relation to developing Place-based Partnerships was contained in a joint publication in September 2021 between the NHS and the Local Government Association, "Thriving Places: Guidance on the development of place-based partnerships as part of statutory integrated care systems". The guidance outlines five place-based governance arrangements that could be established by the local NHS Integrated Care Board in partnership with local authorities and other partners to jointly drive and oversee local integration.
- The guidance confirmed that it will be for system partners to determine the arrangements. It did not however, envisage the Health and Wellbeing Board 'becoming' or 'being' the place-based partnership and did not reflect this within any of the available options. Extensive research has informed us that other Places across the country have in the main adopted the position that Health and Wellbeing Boards are not the same 'entity' as the place-based partnerships. This thinking was also reinforced by guidance on Health and Wellbeing Boards published in November 2022 by the Department of Health and Social Care that talks about Health and Wellbeing Boards, 'working effectively with local leaders, including place-based partnerships'.
- In terms of statutory status, the Health and Care Act 2022 has not changed the statutory status or functions of the Health and Wellbeing Board. It continues to be a committee of the local authority established by statute which must produce the

Joint Strategic Needs Assessment and the Joint Local Health and Wellbeing Strategy. It will play a role in the development of a Place plan with other partners in that Place, but it will also continue to have an assurance role in relation to how the Integrated Care Board (and other partners in the system) have helped deliver the Joint Local Health and Wellbeing Strategy.

Advantages of a joined-up model:

- Having the Health and Wellbeing Board and the Lancashire Place Partnership as the same entity would ensure that there was clear political accountability.
- It could also build upon existing legislation and the recognised body of the Lancashire Health and Wellbeing Board, ensuring that there was momentum with regards to partner engagement and delivery of priority areas.
- Given both its statutory basis and accountability for a very large, pooled fund (circa £192 million which is likely to grow with the increasing use of the Better Care Fund), the Lancashire Health and Wellbeing Board, undertaking the functions of the Lancashire Place Partnership, could be the ultimate driving force for true integrated working within Lancashire and could be a powerful integrated decision-making forum.

Constraints of a joined-up model:

- With the exception of the Better Care Fund, the Health and Wellbeing Board itself is not constituted as a decision-making body to take decisions on the spending of NHS monies on behalf of NHS commissioning bodies, even if those bodies are represented by individuals on the Health and Wellbeing Board. The Integrated Care Board may not be able to or may not wish to delegate functions to the local authority or Health and Wellbeing Board.
- As the Health and Wellbeing Board is a statutory committee of the local authority, constituted to exercise local authority functions, it would be prevented from operating as a joint committee between partner organisations. It could act as a consultative forum of all partners; however, this would limit development potential of the Partnership itself over time.
- The Board is required to provide both a strategic and an assurance role and ought not therefore to be performing a commissioning and delivery role as a place-based partnership, overseeing its own performance by way of assurance. There is a strong argument therefore for there to be some distinction between the strategic and assurance function of the Health and Wellbeing Board from the transactional and delivery function of a place-based partnership. This could mean in practice that the Health and Wellbeing Board focuses on the wider determinants of health in terms of developing priorities and seeks assurance upon progress against the strategy and plans.
- The size of the Lancashire Place and the scale and volume of additional material that would go through the single Board may render it ineffective, failing on both its statutory functions and also in being able to obtain measurable benefits for the residents of Lancashire.
- Although the Health and Wellbeing Board as a statutory committee of the local authority can invite a wide range of partners in the Place to be members, it must still operate within the confines of its statutory role and remains subject to the local authority's corporate rules and regulations. Given that this Committee

would be a local authority owned and managed committee, it may find it harder to offer the same opportunity to create a new space owned by all partners to further their joint work.

What is the conclusion?

- Based on both the national guidance and the weighting of both advantages and constraints there is a clear rationale to keep the Health and Wellbeing Board, (as currently constituted) and the Lancashire Place Partnership as separate entities and for the Lancashire Health and Wellbeing Board not to take on the functions of Lancashire Place Partnership at this time.
- However, what is evident from this options appraisal is that further work needs to be undertaken to provide clarity upon the roles and functions of both the Lancashire Place Partnership and the Lancashire Health and Wellbeing Board and how the two entities work effectively alongside one another to ensure that the governance arrangements are enabling us, as partners, to obtain the maximum benefit from integrated working for the residents of Lancashire.
- Whilst undertaking this additional exploratory work, it is proposed to consider whether, if recasting the Lancashire Health and Wellbeing Board from its current state to fulfil both the current statutory requirements and also the future requirements of the Lancashire Place Partnership in receiving delegations from both the NHS Lancashire and South Cumbria Integrated Care Board and Lancashire County Council, this would be a viable option for the future Place governance. It is essential that this concept is explored further with partners given that the key duties of the Health and Wellbeing Board are intrinsically linked to what is trying to be achieved through delegation, supporting the integration of health and care. Although this is not a model that has been seen elsewhere in the country, it does not mean that it is one to be avoided. It is important to acknowledge that Lancashire operates in a 2-tier system, unlike most other Integrated Care Systems, and due to the size of the population within the Lancashire Place footprint, Health and Wellbeing Partnerships have developed that sit below the executive body which have the potential of having the delivery of any such statutory functions discharged through them. In establishing a joint committee as such, it could enable the functions of the Health and Wellbeing Board to be discharged with greater power and influence which in turn will strengthen the democratic mandate in future arrangements.

Whilst this report is initially providing this recommendation to the Lancashire Health and Wellbeing Board, who requested the evaluation, it is intended that the content of this report also be taken to the NHS Lancashire and South Cumbria Integrated Care Board and shared more widely with Lancashire County Council as the two statutory partners for their information.

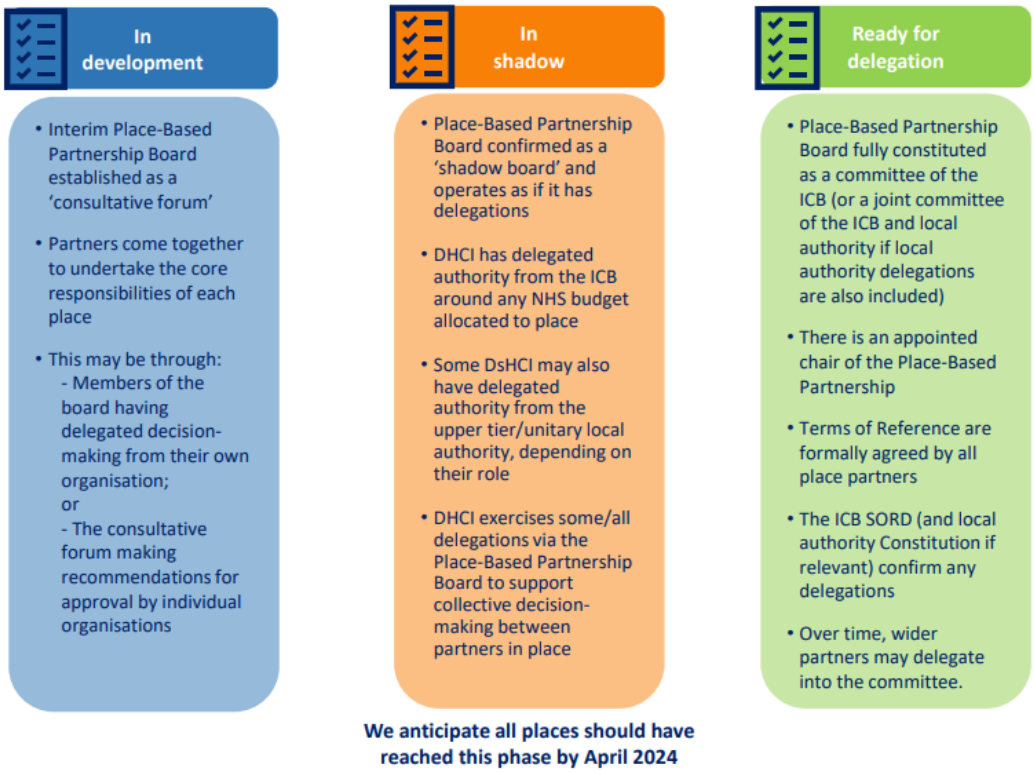
What is the alternative approach?

In recommending that the Lancashire Health and Wellbeing Board and the Lancashire Place Partnership remain as separate entities at this time and acknowledging that further work is needed to see if this option is viable should the Health and Wellbeing Board be reshaped from its current form, there needs to be consideration of alternative options of what place-based governance arrangement

the Lancashire Place Partnership takes. To ensure that this is considered in the appropriate context, it is worth recognising that the Place Integration Deal has been approved by the NHS Lancashire and South Cumbria Integrated Care Board at their Board meeting on 5 July 2023 and also endorsed at Lancashire County Council's Cabinet meeting on 6 July 2023. This Deal sets out a way in which the NHS Lancashire and South Cumbria Integrated Care Board will operate with its four Places, recognising that there is a two-three-year development journey ahead.

Whilst at this stage it is the NHS Lancashire and South Cumbria Integrated Care Board that have taken the decision through this Deal to delegate some NHS budgets to Place, it is expected that Lancashire County Council will also undertake a similar process of delegating some functions to Place, although both the timelines and specific functions are yet to be determined. The governance should provide assurance to both the NHS Lancashire and South Cumbria Integrated Care Board and Lancashire County Council that any such arrangements will enable delegation to Place safely and effectively, protecting organisational interests and responsibilities as well as promoting closer and more integrated ways of working.

Within the Place Integration Deal, it acknowledges that there is room for Places to evolve and mature their decision making and governance arrangements and sets out three stages of development as being: 'in development', 'in shadow' and 'ready for delegation'.



The Lancashire Place is currently within the 'in development' stage, with the Lancashire Place Partnership acting as a consultative forum. This staged process would see it evolve to 'in shadow' once the following have been completed:

a) the Director of Health and Care Integration for Lancashire has delegated authority from the NHS Lancashire and South Cumbria Integrated Care Board around any NHS budget delegated to Place, and
b) the Lancashire Place Partnership starts to operate as if it has delegations, meaning that those NHS delegations are exercised via the Partnership to support collective decision making in the Place.

There is an expectation from the NHS Lancashire and South Cumbria Integrated Care Board that all four Places should have reached the 'in shadow' phase by April 2024. Beyond that point, there is a further iteration of maturity and governance that would see the development of committee arrangements for the Lancashire Place Partnership either as a committee of the NHS Lancashire and South Cumbria Integrated Care Board or as a joint committee if local authority delegations are also included.

When considering the options available to Place with regard to governance, this proposed development route makes use of most of the place-based governance options indicated in the national guidance. To ensure due diligence, an options appraisal has been completed on all of these from a Lancashire Place perspective and is contained at appendix A. The outcome of this options appraisal concurs with the proposed approach as set out in the Place Integration Deal - considering that both statutory partners within the Lancashire Place, (NHS Lancashire and South Cumbria Integrated Care Board and Lancashire County Council), have indicated their intentions to pool funds. Therefore, this paper recommends that the option that would give the Lancashire Place Partnership the best opportunity to drive real change would be to establish a joint committee. It is yet to be determined whether this could also take on the functions of the Lancashire Health and Wellbeing Board, shout it be reformed.

To implement this option and establish a joint committee of the NHS Lancashire and South Cumbria Integrated Care Board and Lancashire County Council, extensive engagement will need to be undertaken with both representatives from the statutory organisations and also wider partners as to how they would be able to influence and shape collaborative working across the Lancashire Place.

Within Lancashire County Council specifically:

- It would need to be established which powers the joint committee would be exercising, and then, depending on that, the appropriate approval route through the council's decision-making process, including potentially both Cabinet and Full Council.
- A comprehensive set of terms of reference would need to be clearly drafted outlining the agreed powers to be exercised and agreement sought upon membership which will all need approval and sign off from potentially both Cabinet and Full Council.

Within the NHS Lancashire and South Cumbria Integrated Care Board:

- Discussions would need to be held with the Chief Executive Officer and Chair and their Board prior to any formal proposal being developed and thereafter approved which would require changes to the NHS Lancashire and South Cumbria Integrated Care Board constitution and scheme of reservation and delegation.
- A comprehensive set of terms of reference would need to be clearly drafted outlining the agreed powers to be exercised and agreement sought upon membership which will all need approval and sign off from the Board.
- It is anticipated that any such discussions would involve all four Places within the Lancashire and South Cumbria footprint to ensure consistency of approach. It would also need to be agreed between the statutory partners as to how decisions would be made within the formal framework of a joint committee.

In the short-term, implementing this option may therefore be unattainable as establishing a joint committee of the NHS Lancashire and South Cumbria Integrated Care Board and Lancashire County Council will take some time and the Partnership itself will need to mature into this position. As the Partnership is on a developmental journey, incremental steps towards the ultimate governance position should be taken.

The recommendation is that the pragmatic option would be to take a staged approach to the implementation of governance options which will enable the partnership to mature properly, at a sensible pace, with systems and processes around it that support the current phase of development.

The proposal would be:

STAGE 1 – 'In development' – partners come together in the consultative forum currently in Place which undertakes further engagement upon the outstanding option of the Lancashire Health and Wellbeing Board being reshaped and the Lancashire Place Partnership taking on these functions and also delivers a robust plan to move into further stages.

STAGE 2 – 'In shadow' – the Place starts to operate as if it had delegations, and as and when the Director of Health and Care Integration receives delegation from the NHS Lancashire and South Cumbria Integrated Care Board around any NHS budget delegated to Place that this is exercised via the Place to support collective decision making (Delegated authority to individual director).

STAGE 3 – 'Ready for Delegation' – The Place is fully constituted as a Committee of the NHS Lancashire and South Cumbria Integrated Care Board.

STAGE 4 – 'Evolving into a Joint Committee' – The Place develops further into a Joint committee of the NHS Lancashire and South Cumbria Integrated Care Board and Lancashire County Council, which could, subject to further exploration and engagement also replace the functions of a recast Lancashire Health and Wellbeing Board.

This proposal indicates a phased approach, however the timescales for this phasing will be determined within the Lancashire Place and with the two statutory partners. It is noted however that all Places in Lancashire and South Cumbria are aiming to achieve 'in shadow' by 1 April 2024.

Next steps

Having considered the range of options in this paper, the following issues requiring further exploration by officers prior to recommendations being taken to Cabinet and Full Council as necessary, have arisen:

- Whether there is scope and available resource, if necessary, to move from stage 2 to stage 4, omitting stage 3 as outlined within the preferred option.
- Exploration as to how the Better Care Fund could be managed in stage 1 and beyond, given that it is listed within phase 1 of the NHS Lancashire and South Cumbria Integrated Care Board delegations to Place and whether any changes are needed.
- The interface of the Lancashire Health and Wellbeing Board and the Lancashire Place Partnership and how the two entities can work together across the Lancashire Place.
- Whether, if recast from its current state, the Lancashire Health and Wellbeing Board could be replaced by a joint committee which could fulfil the requirements of the Health and Wellbeing statutory functions and also act as a joint committee of the NHS Lancashire and South Cumbria Integrated Care Board and Lancashire County Council to receive delegations.
- The construct of the Lancashire Place Partnership, for example, whether a change of membership is required and/or changes to the Terms of Reference to reflect progression towards stage 2 of the preferred option.
- Consideration as to how all of this will work within a 2-tier system involving colleagues within District Councils.
- The development of an internal process within Lancashire County Council which would enable resource to be delegated into Place and the impact upon any timescales of implementing stage 4.

It is proposed that further engagement activity take place with statutory and non-statutory partners to consider these and other issues, in order to inform future decisions of the Health and Wellbeing Board and, where necessary, Cabinet and Full Council, as well as the NHS Lancashire and South Cumbria Integrated Care Board. It is anticipated that a firm decision upon the future governance of the Lancashire Place be taken by December 2023 to enable a progressive move towards implementation. There will, however, be work undertaken in parallel commencing with immediate effect to ensure that the Lancashire Place is operating as effectively as possible with current and developing arrangements.

Appendices

Appendix 'A' is attached to this report. For clarification they are summarised below and referenced at relevant points within this report.

Appendix	Title
Appendix 'A'	Options Appraisal

Options Appraisal

1. Description of Options

The five options set out in the Integrated Care Systems: Design Framework are described in more detail below:

Option 1 Consultative Forum	Option 2 Committee of NHS Integrated Care Board	Option 3 Joint committee	Option 4 Delegated authority to individual director	Option 5 Lead provider contract
We envisage this working as a place- based partnership board where every partner has delegated decision making from their organisation through the individuals who are members of the board. *Option closest to current ways of working.*	A committee of the NHS Integrated Care Board with delegated authority to take decisions about the use of NHS Integrated Care Board resources	A joint committee of the NHS Integrated Care Board with one or more statutory bodies would delegate decision making on specific functions/services/ populations to the specified joint committee in accordance with their schemes of delegation. *Likely to be a complex/time-consuming model to agree across multiple statutory partners.*	An individual director would have delegated authority from the NHS Integrated Care Board around the L&SC NHS budget that is allocated to place. Delegations would be set out in the organisation's scheme of delegation. *Most likely to operate in combination with another option*	Lead provider holds the contract with the NHS Integrated Care Board and has lead responsibility for delivering the agreed outcomes for the place
Could operate in conjunction with: Option 4	Could operate in conjunction with: Option 3 and/or 4	Could operate in conjunction with: Option 2 and/or 4	Could operate in conjunction with: Option 1, 2, or 3	Could operate in conjunction with: N/A

Table 1 – Description of Options 1-5 and variants

It must be noted that the description of an "Option 1 consultative forum" as set out in the national publication is somewhat unambitious. In discussion with NHS England colleagues and across the place-based partnerships within Lancashire and South Cumbria, a more ambitious approach has been adopted as to what this could offer. It is envisaged that this would work as a place-based partnership board where every partner has delegated decision making from their organisation through the individuals who are members of the board. It is therefore intended to be more than purely "consultative" and has been considered as such in this options appraisal.

Some of these options may not operate in isolation and may function more effectively if delivered together with another option. Feasible collaboration of options is also set out in the previous table.

1.1. Consideration of options 1-5 for use in Lancashire place-based partnership

In order to assess these options for use in the Lancashire place-based partnership, the key features, benefits and risks identified have been considered in detail (available upon request) and summarised in the table.

Across Lancashire and South Cumbria, a small number of key principles have been developed with partners whilst establishing place-based partnerships to describe the intended ways of working at Place. These are:

There should be collective ownership and accountability at place for:

- Improving the health and wellbeing of residents
- Planning and delivering safe and effective services that meet the needs of residents.
- Managing resources effectively
-

There should be collective decision-making at place when:

- Agreeing priorities
- Allocating and managing resources

Places should feel empowered to act in the best interests of their residents, whilst recognising their role as part of a wider system.

This will require clear assurance processes:

- Between the partners within the place
- Between the place and the community which it serves
- Between each place and the system

Options 1-5 and combinations thereof, have been considered against the three key principles outlined above, with a summary rating used to indicate the suggested overall ability of the option to meet the three key principles:

HIGH	Strong ability to meet the principle
MEDIUM	Some ability to meet the principle
LOW	Weak ability to meet the principle

The detailed consideration of how these options meet these criteria are summarised in the table below (detail available upon request). It should be noted that these findings are mainly extracted from work undertaken outside of the Lancashire and South Cumbria system, where integration is further advanced.

These ratings are summarised below:

	Option 1	Option 2	Option 3	Option 4	Option 5
	Place-based partnership board (Consultative forum)	**Committee of NHS Integrated Care Board**	**Joint committee**	**Delegated authority to individual director**	**Lead provider contract**
Summary of Benefits	Already in place Inclusive and collaborative Deliverable in the short timescale	Allows some partner engagement on NHS spend Can deliver in the short timescale.	Supports pooling, joint integrated decision-making. Can take delegation of responsibility and budgetary management. Can delegate to others	Clarity of responsibility and decision making Deliverable in short timescale	Clarity on accountability for delivery. Gives providers greater ownership and direction for the delivery of services.
Summary of risks	Individual not corporate decision making. Will not support delegation of budgets.	Would not support other partner budget delegation but could manage pooled funds	Partnership needs to be mature. Takes significant work to establish – equity of voice and clarity on decision making	Will require significant partnership working across the place to ensure decision making is collaborative	Need a mechanism to ensure wider partner influence. No such lead provider mechanism in existence May not be deliverable quickly
Collective ownership and accountability	**LOW/MEDIUM**	**MEDIUM/HIGH**	**MEDIUM/HIGH**	**LOW**	**LOW/MEDIUM**
	With option 4 MEDIUM	**With option 4 MEDIUM/HIGH**	**With option 4 MEDIUM/HIGH**	**With option 1 LOW/MEDIUM** **With options 2 or 3 MEDIUM/HIGH**	
Collective decision-making	**LOW/MEDIUM**	**MEDIUM/HIGH**	**MEDIUM/HIGH**	**LOW**	**LOW/MEDIUM**
	With option 4 MEDIUM	**With option 4 MEDIUM/HIGH**	**With option 4 MEDIUM/HIGH**	**With option 1 LOW/MEDIUM** **With options 2 or 3 MEDIUM/HIGH**	
Empowered to act / clear assurance processes	**LOW/MEDIUM**	**MEDIUM/HIGH**	**MEDIUM/HIGH**	**LOW**	**LOW/MEDIUM**
	With option 4 MEDIUM			**With option 1 LOW/MEDIUM** **With options 2 or 3 MEDIUM/HIGH**	

Table 2 - Summary of benefits, risks and partnership principle alignment of options 1-5

2. Evaluation

Since the Integration Deal was approved at the NHS Lancashire and South Cumbria Integrated Care Board meeting on 5 July 2023, each Place is now working to develop what this will look like in practice. Effectively managing the responsibility and budgetary allocations associated with this deal will require robust governance to be established. The target date for phase one of the NHS delegations into Place is 1 April 2024, as such the governance option for management of those responsibilities and budgets need to be pragmatic and deliverable within this timescale. The chosen option to implement in the immediate and short-term, may not therefore be the long-term preferred option but should be able to demonstrate robust governance from this date and be able to flex to support the ongoing development and maturity of the partnership. In considering the 5 options set out in this context the following conclusions can be drawn.

As has been alluded to throughout this paper, Option 1, a consultative forum, reflects the current state of the Lancashire Place. This governance option could be retained but in order to achieve the best possible outcomes for the residents of Lancashire, the Lancashire Place will need to mature to enable truly integrated ways of working amongst its partners. In the long-term this governance option is likely to limit the development of the Lancashire Place and would rely upon good will and multiple arrangements between individual partners to affect change, which would inevitably become a complex and bureaucratic environment, stifling the possibilities of Place. Furthermore, this option taken in isolation would do nothing to support the delivery of the Integration Deal from the NHS Lancashire and South Cumbria Integrated Care Board by 01 April 2024.

Under Option 2, the Lancashire Place Partnership would become a committee of the NHS Lancashire and South Cumbria Integrated Care Board; maybe one of the more straightforward options for partners to deliver in the expected delegation timescales. It would allow for the Partnership to be provided with delegated authority to make decisions about the use of the NHS delegated resources. The scope of the committee is set by the statutory body and is agreed to by the committee members. There is an expectation that there are joint working arrangements with partners to embed collaboration. A mechanism for other partner engagement within this sub-committee would be needed to ensure partner voices are heard to influence decision making. This may not be the long-term preferred option for the partnership given it does not allow true partnership engagement by all partners in the decision making but it does support a staged approach to the Integration Deal.

Option 3, the Lancashire Place Partnership would become a joint committee of both the NHS Lancashire and South Cumbria Integrated Care Board and Lancashire County Council, providing a formal entity into which responsibility and finance allocations initially could be delegated from the two statutory partners and other associates to those pooled funds. Decision making for those statutory partners would be clear in the joint committee terms of reference including where appropriate the delegation of statutory functions into Place. Consideration would need to be given in this option to the voice of partners from the non-statutory sectors and considering their involvement and influence in the decision making. This option would need some detailed discussion and negotiation in order to establish clear lines of accountability

and demonstrate clarity in decision making. This option is unlikely to be deliverable in full by 1 April 2024 to facilitate the Integration Deal into Place. It could continue to mature to reflect additional delegations from wider partners into Place in due course.

Option 4 in isolation would not give a level of engagement and integration that is the vision for the Lancashire Place, it would, however, support delegation to place through the individual director, in this instance the Director of Health and Care Integration. Nonetheless, combining option 1 with option 4, would progress partnership working to a point allowing delegation of responsibility for delivery, performance and financial spend to the Lancashire Place through the individual director, who would work with partners in the Consultative Forum before making decisions regarding any delegated authority. This combined option reflects the current developments across the Lancashire Place and is therefore deliverable in the short-term. Given, however, the ambition for other statutory partners to delegate into Place, the level of responsibility and risk sitting with that individual director would eventually become untenable and would require a substantial supporting infrastructure to facilitate significant amounts of engagement, trust and partnership working, that would be reflective of a mature system, in order for this option to be effective. This may not therefore be the best longer-term option for the Lancashire Place Partnership.

Similarly, Option 5, in which Place adopts the Lead Provider Contract model as their governance, may not provide the framework for the greatest levels of collective ownership and accountability and collective decision making across a number of partners. It may also not allow for all partners to be involved in shaping collaborative solutions to delivery at Place. In addition, given the nature of this model it would not be a pragmatic short or medium-term solution.

Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday, 5 September 2023

Corporate Priorities:
Delivering better services;

Health and Wellbeing Board Key Priorities - Progress Update
(Appendices 'A', 'B' and 'C' refer)

Contact for further information:
Ruksana Sardar Akram, Interim Consultant in Public Health – Best Start in Life, Lancashire County Council, ruksana.sardar-akram@lancashire.gov.uk
Aidan Kirkpatrick, Consultant in Public Health – Healthy Hearts, Lancashire County Council, aidan.kirkpatrick@lancashire.gov.uk
Fiona Inston, Consultant in Public Health (Emerging Talent) – Happier Minds, Lancashire County Council, fiona.inston@lancashire.gov.uk

Brief Summary

The report provides an update on work to address the three key Board priorities:

- Best Start in Life
- Healthy Hearts
- Happier Minds

An update on the associated milestones and performance is provided (Appendix 'A'). Further detail regarding the update of early education funded places is also provided (Appendix 'B'); together with details of the Tobacco Free Lancashire and South Cumbria Strategy 2023-2028 (Appendix 'C').

Recommendations

The Health and Wellbeing Board is asked to:

i) Consider the performance update and endorse the areas identified as opportunities for collaboration and advocacy of the Board.
ii) Endorse the Tobacco Free Lancashire and South Cumbria Strategy 2023-2028, and it's four key priorities (Appendix 'C').

Detail

The Health and Wellbeing Board meeting of 24 January 2023 received a performance update against the three priorities:

- Best Start in Life
- Healthy Hearts
- Happier Minds

This report is provided as a further update on activity and progress to date, including performance metrics, forward look and opportunities for improvement/further collaboration.

1. Best Start in Life

1.1 Background

Best start in life has been recognised by the Health and Wellbeing Board and the Children and Young People and Families Partnership as a key strategic priority area.

As previously highlighted inequalities exist which strengthens the case for having a focus on giving children the very best start and improving outcomes for babies, children, and their families.

1.2 Performance Review (Appendix 'A')

Reduction in infant Mortality (Per 1000)

- The number of infant deaths in Lancashire for 2019-2021 is 127 (3.5 per 1000) compared to 137 (3.8) previously. This is similar to the England rate (3.9) and NW (North West) Region (4.4). We have achieved the target set for 5% reduction by 2025.
- However, local variations exist where infant mortality rates from 2011-2021 are significantly higher in 20% most deprived areas – highest in Burnley (7.0) and Rossendale (4.4). Number of deaths are significantly higher in 20% most deprived areas (285) than 20% least deprived areas (42).

Reduce Smoking at time of delivery

- In 2017, the government set a target to reduce rates of maternal smoking to 6% by 2022. The Lancashire rate for smoking at time of delivery is 12.7%, which is above NW (10.6%) and England (9.1%). However, based on the most recent 5 years this position is improving.
- Districts that have higher rates than NW & England include Hyndburn, Burnley, Pendle, Rossendale (all 15.1%), West Lancs 11.4%, Fylde 11.3%, Wyre 11.2%
- Only Lancaster (6.6%) is lower than NW & England.

Reduce low birth weight of term babies

- In 2020 there were 334 (3.1%) low birth weight term babies compared to 2.9% in England. Updated data for 2021 shows this is 320 (2.9%) compared to 2.8% in England. This means the target to reach 2.9% by 2025 has been achieved.
- Inequalities and variations exist, rates are higher than NW Region and England in Preston (4.5%) Burnley (4.1%), Pendle (3.8%), South Ribble (3.3%), & Hyndburn (2.9%). Rates are better than NW & England in Rossendale (2.6%), Lancaster (2.5%), Ribble Valley (2.4%), Wyre (2.1%), West Lancs (1.9%), Chorley (1.8%), Fylde (1.6%).

Reduce Under 18 Conception rate

- In 2017 the Lancashire's rate was 22.9 per 1,000 (436 girls becoming pregnant). In the NW region this was 21.9 and England 17.8. In 2021 the teenage pregnancy rate remains worse than England, with 323 (15.5 per 1000) girls becoming pregnant in a year, compared to 16.4 in the NW region and 13.1 in England.
- Between 2017 and 2021 Lancashire overall rate has declined. Rates are higher than NW & England in Preston & Burnley (both 20.1), Chorley 19.4, Hyndburn 18.2. Rates are lower than NW and England in Wyre 12.5, Ribble Valley 10.3, Fylde 10.0.

Breastfeeding prevalence rates

- Latest published data for 2021/22 shows a Lancashire count of 4563, but not rate (data quality issues). The England rate is 49.2%, with service level data estimating Lancashire at 38% in 2020/21 & 39% in 2022/23.
- Data from the commissioned Healthy Child provider, HCRG, for financial year 2022/23, shows higher % than England in Ribble Valley at 50.1%; and lower % than England for all other districts (lowest in Wyre 32.9%).

Children achieving a good level of development at the end of Reception

- The percentage of children achieving a good level of development at the end of Reception in Lancashire was 62.1% compared to England average 65.2% in 2021/2022. This varied between boys (55.6%) and girls (69.1%).
- Significant inequalities and variations exist within Lancashire. Districts with higher than England average (65.2%) for all children include: Fylde 70%, Ribble Valley 69%. Districts lower than England include Preston 65%, Rossendale & Chorley 64%, Wyre & Lancaster 63%, South Ribble 62%, West Lancs 61%, Hyndburn 59%, Pendle 56%, Burnley 55%.
- Percentage of Children on Free School Meals (FSM) have lower averages, highest of which is Preston 53%, lowest of which in South Ribble 35%.

% of 5 years old with experience of visually obvious dental decay

- Oral health is an integral part of overall health; when children are not healthy this affects their ability to learn, thrive and develop. Poor oral health is a priority under Best Start in Life and the most common cause of hospital admission for 5 to 9 year olds.

- Recent data for 2021/22 shows 27.4% experience dental decay. This is better than the NW region (30.6%) and worse than England 23.7%.
- Lancashire is worse than England and the NW Region in: Pendle 41.9%, Hyndburn 35.4%, Preston 32.6%.

Hospital admissions for dental caries (0-5 years) – per 100,000

- For the period 2021/22: England rate for hospital admissions for dental caries was 201.7 per 100,000 and NW region was 311.6.
- Hospital admissions for dental caries (0-5) in Lancashire was 440.2 per 100,000 which is higher than both England and NW region.

Hospital admissions as a result of self-harm (10-14 yrs) – per 100,000

- Lancs previously published (2020/21 – not currently available) showed rate of 345.5 compared to current rate (502.7) which is a significant increase (data is currently being revised).
- Latest period 2021/22: England rate 307.1 per 100,000, NW 437.9, Lancashire 502.7 is significantly higher than England rate.
- Lancashire rate is 2nd highest amongst our CIPFA (Chartered Institute of Public Finance and Accountancy) nearest neighbours and is one of 5 with rates above England average.

Hospital admissions as a result of self-harm (15-19 yrs)

- Latest period 2021/22 England average rate 641.7 per 100,000, NW rate 663.9, Lancashire rate 472.3 which is lower than England & NW.

Early years take up of funded nursery places for 2, 3 and 4-year-olds

- Please see (Appendix 'B').

1.3 Forward Look

- The local priorities set out in our Best Start in Life programme include a focus on infant mortality, 1001 critical days, school readiness and adolescent mental health. These are also highlighted as a key priorities within the Lancashire Early Years Strategy.
- Giving children the Best Start in life is a key priority area within our 0-19 Public Health Nursing service. Having undertaken a service review we have developed a service model which recognises the needs identified by, staff, stakeholders and service users. These will be key as we recommission the service from April 2024.
- Having undertaken a recent survey for the Start for Life national team we have identified some gaps as well as good practice which we need to focus on in the coming year. This includes having a clear published start for life offer for our families locally and partnership working and collaboration with key partners as well as parents and carers. A visit is planned by the national team in November 2023.
- To continue to focus on the 1001 critical days including pregnancy and nutrition as well as reducing smoking in pregnancy in order to further improve these outcomes.

- To learn from the areas identified within the Child Death Overview Panel as well as ensure delivery of the priority areas identified within the Infant Mortality Action plan.
- To ensure effective commissioning of children's services to improve the outcomes and performance identified. A commissioning plan has been developed and includes 0-19 (25) public health nursing services as well as Peer support breastfeeding, Oral health, Vision screening and support for mental health in schools.
- Health needs assessments as well as undertaking a deep dive in relation to child suicides.

1.4 Opportunities for Collaboration/Advocacy of the Board

The Board is requested to continue its support to ensure:

- The outcomes and priority issues are embedded within Early Years and the Family Hubs model, including supporting an integrated approach to workforce, training, data, intelligence, development of pathways and parenting support across our services including health partners.
- There is commitment to joint commissioning and funding between the NHS Integrated Care Board, County Council and other relevant partners where appropriate, for example in relation to speech and language services and Looked after Children support.

2. Healthy Hearts

2.1 Background

Mindful of the impact that cardiovascular disease has on the residents of Lancashire, a Lancashire Healthy Hearts Programme was set up in Spring 2022. This was in line with the national Best Practice Framework (published by Public Health England and the Association of Directors of Public Health) encompassing the following seven thematic workstreams:

i) Tobacco
ii) Alcohol
iii) Physical activity
iv) Supporting healthy weight
v) Food diet and nutrition
vi) Health in all policies approach
vii) Cardiovascular risk modification

In doing so we also crucially continue to recognise the interdependencies with the Lancashire and South Cumbria Integrated Care System's Cardiovascular Disease Prevention, Detection and Management Work Plan. This plan has a particular focus on delivering the NHS Long Term Plan around the three related risk factors for the development of cardiovascular disease, namely atrial fibrillation, hypertension, and high cholesterol.

2.2 Performance Review (Appendix 'A')

Since the Healthy Hearts Programme was launched in March 2022, each thematic workstream has identified a series of high-level outcomes and drawn up individual thematic delivery plans in support of this. The past nine months has been a very productive period for the Healthy Hearts programme as the delivery plans have continued to be refined and key elements of delivery commenced. Appendix 'A' outlines a performance update of each of the relevant workstreams accordingly.

As part of our approach, recognising the central importance that the tobacco agenda has across the wider system, an overarching Tobacco Free Lancashire and South Cumbria Strategy (Appendix 'C') has now been developed and is crucially built around four key priorities:

i) Working together as a system for a smoke free tomorrow
ii) Action to address health inequalities
iii) Making Smoke Free the new normal
iv) Lancashire and South Cumbria - A United Voice against tobacco harm

An additional separate priority has also been identified around vaping and supports the need for consensus and clarity on the Lancashire and South Cumbria position on nicotine vapes and this strategy will be pivotal in strengthening our position in this key area.

2.3 Forward Look

Over the next six-month period we will:

- Further develop our implementation approach for the underlying eight workstreams that relate to the Healthy Hearts Programme.
- Establish a Tobacco Free Steering Group across the 12 districts of Lancashire to support the local implementation of the Tobacco Free Strategy.
- Engage with our district councils and wider partners in implementing the healthy weight declaration and promoting physical activity.
- Continue to monitor the outcomes associated with the programme so that we can continue to feedback to this Board on an ongoing basis.

2.4 Opportunities for Collaboration/Advocacy of the Board

This has been a very positive nine-month period for Healthy Hearts and key opportunities for collaboration include:

- The need to ensure that broader prevention approaches are further embedded in the work of emerging partnership/place-based boards as part of the Place Integration Deal.
- The importance of aligning resource allocation to this broader prevention agenda so that the appropriate level of assurance can be offered to the Health and Well Being Board regarding the implementation of the respective workstream delivery plans.

- Endorsement of the Tobacco Free Lancashire and South Cumbria Strategy 2023-2028 and it's four key priorities as at Appendix 'C'.

3. Happier Minds

3.1 Background

Our mental health and wellbeing through the whole life course is influenced by many components including social, economic and environmental factors.

The Happier Minds programme is a partnership and system leadership approach to addressing five key strands of work:

- Emotional health and self-care
- Loneliness and social isolation
- Dementia
- Alcohol and drug use
- Self-harm and suicide

3.2 Performance Review (Appendix 'A')

- In the Spring the public health team consulted with communities and targeted residents who had previously accessed a range of activities and services designed for people experiencing loneliness. The consultation was supported by partners, such as AgeUK Lancashire and we had over 100 responses. This was complemented by listening exercises and interviews with key partners including our districts and the voluntary, community, faith and social enterprise sectors across Lancashire. We found that there is a plethora of activities across the county, although not everyone is fully aware of what is available and there was a general lack of the sense of community and feeling belonged to the local community. Since the consultation we continue to work with voluntary, community, faith and social enterprise sector to develop directories of local activities (working closely with Adult Social Service and partners), the team with partners are hosting age of inspiration events, which brings and connect communities together, joins up local opportunities and promotes the five ways to wellbeing.
- Lancashire County Council has a dementia strategy, with colleagues currently working with partners to develop an Integrated Care System (ICS) dementia strategy and associated action plan.
- The Lancashire Alcohol and Drug Partnership continues to develop and is working closely with the newly formed pan Lancashire alliance. Several subgroups have been formed/reconvened including prevention, criminal justice pathways, dual diagnosis, data and intelligence, drug related deaths and communication. The initial focuses for the prevention group is around drugs and driving with a campaign focused on young males driving under the influence. This campaign is working closely with other key partnerships including the road safety partnership and community safety partnership.
- On behalf of the partnership, the commissioned adult community treatment provider Inspire/CGL (Change Grow Live) has worked with people with lived experience to develop a hidden in plain sight campaign to reduce the stigma

around alcohol and empowering people to get the help they deserve. The documentary can be found here: Hidden In Plain Sight Documentary - YouTube.

- In July a research proposal was submitted to the National Institute of Health and Care Research following the invitation to bid for the "innovation fund to reduce demand for illicit substances". The research was following the incident in May 2023 where three young people in Lancashire were taken to hospital after vaping illicit substances. Intelligence shows an associated increasing trend amongst young people. To explore this further the research is to review the nature and extent of young people's use of illicit substances in vapes in Lancashire and to co-design and co-evaluation of behavioural interventions to prevent their use. Later this month, we will hear if we are successful for round two and if successful the research starts in May 2024.
- Work on drug related deaths continues and we have appointed a mortality lead on drug related deaths and a drug and alcohol lead within our provider. We have made progress to review historic drug related deaths and a drug related death panel has been formed, with the first meeting due to take place in September.
- The panel is being piloted in central Lancashire (with the highest rate) and then will be rolled out across the two remaining localities in Lancashire. To support the work of the drug related panel, we are obtaining a drug related database to allow all partners to update on their involvement with the person prior to their death.
- The Lancashire and South Cumbria Suicide Prevention Oversight Group has provided training to local media outlets on how to report suicide appropriately. During September partners are due to see a demonstration of Nexus (an intelligence platform) which will provide partners more capability to integrate and analyse data.
- Work continues on the draft Lancashire self-harm and suicide strategy, currently awaiting the outcome from the suicide audits taking place in September and October.
- On 9 November 2023 a partnership event is taking place in Preston to progress this work further and members of the Health and Wellbeing Board are welcome to attend too. At this event, the draft strategy will be outlined and workshops will be organised to develop the partnership action plan using the data and intelligence from a range of sources, which include the suicide audits.
- The key performance metrics relevant to Happier Minds:

    - Increasing the number of residents into treatment services for substance misuse (drug and alcohol)
    - Reducing the number of suicides
    - Reducing self-harm
    - Reducing drug related deaths

- Since the last update there is more recent data associated with self-harm, and rates have reduced. We are still awaiting local data to provide intelligence on the variance at ward and district level.
- There is no new published national data on suicide in Lancashire. Locally partners monitor data on suspected suicides through the Real Time Surveillance group (RTS) which indicate the rates are reducing. However formal reporting has not yet been finalised by the coroner.
- In 2022/23 the overall number of adults in treatment continued to increase with 6297 people supported by our treatment services against the Office for Health

Improvement and Disparities (OHID) target of 6330. Differences were observed within the substance types with the biggest increase in numbers in treatment for non-opiates. In 2023/24 the numbers in treatment have continued to increase with the biggest increases to date for non-opiates and alcohol. We are currently focussing on increasing the number of people in treatment for opiates, this has involved reviewing the pathways between prison and community treatment services to improve continuity of care and increased outreach and co-location with other organisations and services.

- Our adult community treatment provider has reported that in Q1 of 2023/24 they received a large increase in referrals compared to 2022/23, and we are expecting to see an increase in the number of people in treatment during Q2 as a result of the increased numbers referred.
- In 2022/23 the number of children and young people (under 18) in treatment exceeded our target of 204 set by OHID (Office for Health Improvements and Disparities). The numbers in treatment increase significantly from the historic low during Covid. In 2023/24 the number of children and young people in treatment has continued to increase and we have already exceeded our 23/24 target of 244 set by OHID (Office for Health Improvements and Disparities).
- We have received additional funding from OHID (Office for Health Improvements and Disparities) for 2023/24 and are expecting additional funding in 2024/25to increase the capacity, quality and scope of our treatment and recovery system by, for example, employing dedicated recovery coordinators to work within the criminal justice system and community health care settings to improve pathways, increase the number of people coming into treatment and improving outcomes.

3.3 Forward Look

Over the next six to twelve months there are some stretching actions for Happier Minds as we strive to improve health outcomes, whilst remaining agile to respond to new policies and strategies. For example, the pending revised national suicide strategy due later in 2023 and the additional work from the implementation of the Lancashire self-harm and suicide strategy and action plan.

In June 2023, the agreed actions from the logic model of focus for 2023/24 were signed off by the Lancashire and South Cumbria Suicide Prevention Oversight Group.
The key areas of focus for 2023/24 include:

- Strengthening the support to the elected mental health champions
- Continuing to promote the orange button
- Providing media training all relevant agencies disclosing suicide related details to the public
- Improving the mental health pathways on discharge from prison (this work also includes drugs and alcohol)
- Joined up working on dual diagnosis and depression pathways
- Developing a community response plan for adults
- Reviewing the support for people bereaved by suicide by working with local primary care networks and others
- Review the approach for real time surveillance and monitoring of suspected suicides
- Expanding on data for locations for attempted suicides

- Explore interventions and expanding the wider intelligence to include self-harm data linking up with data from the Northwest ambulance service

The actions are stretching, and we will need partnership support in the delivery of the actions, especially when working across the system at pathways. Some of the actions will include working with new partners, for example, to look at depression pathways and work around attempted suicide. We will also work with current partners on new areas of work including scaling up the drug related death panels into the three localities across Lancashire and planning the drug related death conference.

We will also be reviewing our current approaches to increase referrals from a range of partners into the drug and alcohol treatment service.

It is also planned to strengthen our partnership working with academic institutions.

3.4 Opportunities for Collaboration/Advocacy of the Board

Given no one organisation can tackle these extremely complex issues, the advocacy, support and accountability to the Health and Wellbeing Board is essential to continually drive this work forward.

4. Conclusion

Partners and key stakeholders continue to work closely to ensure these priority areas are embedded within existing and emerging structures. Progress has been made, with the data showing some improvements, although it is recognised that challenges remain in reducing inequalities across Lancashire.

Opportunities to work in collaboration with health and social care and wider partners, utilising a preventive approach, remain key.

Appendices

Appendices 'A'-'C' are attached to this report. For clarification it is summarised below and referenced at relevant points within this report.

Appendix	Title
Appendix 'A'	Performance Metrics
Appendix 'B'	School Readiness – Early Education Funded Places Uptake
Appendix 'C'	Tobacco Free Lancashire & South Cumbria Strategy 2023-2028

Appendix A

Best Start in Life

Outcome measure	Previous Performance	Current Performance	Highlight degree of variation	Targets	Narrative Based Milestones	Date by	August Update (information & context)
1.1 Reduction in infant Mortality (Per 1000)	**Previous period**	**Latest period** 2019-21: **127 deaths under 1 yr age = 3.5 per 1,000 children: NW 4.4, England 3.9**	**(2011-2021): Rates:** significantly higher in 20% most deprived areas – highest in Burnley 7.0 & Rossendale 4.4; **Numbers:** significantly higher in 20% most deprived areas (285) than 20% least deprived areas (42); highest three infant deaths (2011-2021) by ward in Queensgate (Burnley), St Matthews (Preston) and Bank Hall (Burnley).	Reduce by 5% in 2025	Refresh and implement the Infant mortality action plan	Ongoing	Priority area moving forward.
					A focus on delivering on the 1001 critical days vision and actions as part of the Best start in life priority areas	2024	Learning from CDOP embedded 1001 critical days a key part for the BSIL priority areas. Areas identified to Start for Life national team also being planned.
					Integrated early years pathways including Family hubs model aligning with maternity, early years and HV	2024	Family Hubs part of BSIL Embedded within model for commissioning of 0-19 HV services
					Development of place-based actions with key partners including supporting delivery of ICB plans for starting well and learning from CDOP and serious case reviews.	ongoing	Cases being reviewed, report to be provided in 2023 and shared with CDOP – plan to launch sharing learning event before March 2024
1.2 Reduce Smoking at time of delivery	**Previous periods** Lanc's 12.1% (2020/21) 12.8% (2019/20)	**Latest period** (2021/22)Lanc-s-12: 1283 = 12.7% of mothers: **NW 10.6%, England 9.1%**	%s in Lanc.s districts are higher/worse than NW & England in: Hyndburn, Burnley, Pendle, Rossendale (all 15.1%), West Lancs 11.4%, Fylde 11.3%, Wyre 11.2%, only Lancaster 6.6% is lower than NW & England	10.6% (regional average) 2025	Reduce the number of women who smoke in pregnancy through infant mortality action plan and pathways for pregnant women to quit smoking	ongoing	To review and update infant mortality action plan for smoking in pregnancy
					Ensure advice is provided at every antenatal health check signposting to co monitoring	ongoing	To ensure as part of action plan
1.3 Reduce low birth weight of term babies	**Previous period** Lanc.s-12 334 (3.1%), so higher than NW but lower than England, with Lanc.s-12 0.2% decrease between 2020 & 2021	**Latest period** (2021) Lanc.s-12: 320 low weight births (2.9%); **NW 2.6% England 2.8%**	Rates are higher/worse than NW & England In Preston 4.5%, Burnley 4.1%, Pendle 3.8%, South Ribble 3.3%, & Hyndburn 2.9%; Rates are lower/better than NW & England in Rossendale 2.6%, Lancaster 2.5%, Ribble Valley 2.4%, Wyre 2.1%, West Lancs 1.9%, Chorley 1.8%, Fylde 1.6%	2.9% (national average) by 2025	Reduce the number of women who smoke in pregnancy through action plan and pathways for pregnant women to quit smoking		To review and update infant mortality action plan for smoking in pregnancy
					Ensure advice is provided at every antenatal check and signposting to co monitoring		To review and update infant mortality action plan for smoking in pregnancy
							Ensure part of 0-19 commissioning
1.4 Reduce Under 18 Conception rate		**Latest period (2021)** Lanc.s-12 323 15-17 year old conceptions = 15.5 per 1,000, NW 16.1, England 13.1 Previous periods Lanc.s-12: 16.5 (2020) 20.3 (2019)	Rates are higher/worse than NW & England in Preston & Burnley (both 20.1), Chorley 19.4, Hyndburn 18.2; Rates are lower/better than NW but higher/worse than England in Rossendale 15.1, South Ribble 14.4, Lancaster 14.3, Pendle & West Lancs both 13.4; rates are lower/better than NW and England in Wyre 12.5, Ribble Valley 10.3, Fylde 10.0	Reduce by 5%	Commission services to reduce under 18 conception rates	ongoing	On track

1.5 Increase Breastfeeding Rates	Previous period: data not available	**Latest period 2021/22** published data shows Lanc.s count of 4563, but not rate (data quality issues), NW no data, England rate 49.2%; service level data estimates Lanc.s at 38% in 2020/21 & 39% in 2022/23;	Published data not available. Data from HCRG 2022/23 financial yr shows higher %s than England in Ribble Valley 50.1%, and lower %s than England for all other districts (lowest in Wyre 32.9%)	5% by 2025	Develop strategy for Breastfeeding in conjunction with ICS and ensure the inclusion of community support provision	Apr-24	The LMS strategy and the mapping is expected to be completed in October 2023 and an action plan will be developed.
					Continue to commission breastfeeding peer support service	Apr-24	The current provision ends 31st March 2024. On track for the procurement and commissioning of the service to commence in April 2024.
					Maintain the provision of BFI Gold status for community support services	May-24	This remains in progress and the next re-assessment visit is due May 2024.
					Embed the LSC Feeding during the First Year of Life guidelines within LCC services including antenatal provision	Apr-24	The guidelines to be adopted for use by Lancashire services; To be embedded into Family Hub provision.
							Establish a monitoring and compliance process.
					Increase number of settings registered as Breastfeeding Friendly	Apr-24	As of end June 2023, 500 places are registered as BF Friendly across Lancashire. To increase through the establishment of the Family Hubs Networks.
2.1 Children achieving a good level of development at the end of Reception	**Previous period**: No previous data currently available.	**Latest period 2021/22** England average 65.2% Ward level breakdowns will be reported to BSiL Sept 23 **(All Lancs children) 62.1% Lancs Girls 69.1%, Lancs Boys 55.6%;**	Significant inequalities and variations exist within L-12, e.g. districts **higher than England** average for All children (65.2%) in: Fylde 70%, Ribble Valley 69%, Lower than England in: Preston 65%, Rossendale & Chorley 64%, Wyre & Lancaster 63%, South Ribble 62%, West Lancs 61%, Hyndburn 59%, Pendle 56%, Burnley 55%, %s for Children on Free School Meals (FSM) has lower averages, highest of which in Preston 53%, Lowest of which in South Ribble 35%. Ward level breakdowns will be reported to BSiL Sept 23	71.8 (national average in 2018/19; **65.2% in 2021/22**) by 2024	Increase in the number of children accessing quality early years 2-year offer	April 2024 On-going	
					Continue the provision of a vision screening service for children in reception		Current provision is in place until 31.07.2024 and recommissioning from 1st of August 2024.
					Ensure provision of a referral pathway remains in place for those who fail the vision screen		During the academic year 12,637 (95.68%) reception-aged children received a vision screen. 1,679 (13.29%) children failed the screen. To date 447 notifications have been received (27%)
					Establish monitoring process to determine effectiveness of Lancashire's 2-year integrated review pathway	Apr-24	During the academic year 12,637 (95.68%) reception-aged children received a vision screen. 1,679 (13.29%) children failed the screen. To date 447 notifications have been received (27%)
					Speech and language - LCC invested in a new approach/model, the Balanced System, which enables early identification of children and early intervention from Early Years colleagues, Children and Family Wellbeing Service, Health Visiting, to help children and families access appropriate early help.		Ongoing
					ASQs – work has commenced with Health Visiting to ensure the ASQ is completed correctly by a trained professional and recorded		Ongoing
3.1 Reduce prevalence of Obesity (reception) 4-5 years	**Previous period** Lancs 25.0% (2019/20)	**Latest period 2021/22** (academic): England average 22.3%, NW 23.3%, Lancs 23.8%	Higher/worse % than England in: West Lancs 26.5%, Burnley 25.4%, Wyre 24.6%, Hyndburn 24.6%, Pendle 24.2%, Preston 4.1%, Lancaster 24%, Rossendale 23.6%, Fylde 23.5%, Lower than Eng average in: Chorley 22%, South Ribble 21.9%, Ribble Valley 20%	10.1 national Average 2025	Provide Healthy Heroes Early Years toolkit to Early Years settings within 4 targeted Districts: Burnley, Pendle, Preston, and Hyndburn	Apr-24	The Early Years toolkit has been updated.
							New resources will be available and targeted
					Provide Family Programme (PASTA) in wards with the highest prevalence of children living with obesity	Apr-24	From April 2023 to April 2024, 708 families and 1019 children participated in programme. Feedback from families can be accessed here: Play and skills at tea-time activities (PASTA) - Lancashire County Council
							Currently exploring procurement.
					Provide Food for Life (nutrition/cooking/growing) Programme in all Primary Schools, targeting schools to receive specific assistance in Burnley, Pendle, Preston and Hyndburn		Provision for a 2-year programme is in place until 15th May 2025.

3.2 Reduce prevalence of obesity Year 6 (10-11 years)	**Previous period** (2019/20): Lanc.s-12 3,450 children 35.3% Trend is increasing and getting worse	**Latest period (2021/22)** England have 37.8%, NW 39% Lanc.s-12 5,025 children (37.6%),	%s are higher/worse than England in: Burnley 42.6% (with increasing trend), Hyndburn 42.4%, Pendle 40.1%, Rossendale 38.1%, West Lancs 37.9% %s are lower/better than England in: Preston 37.4% (with increasing trend), Lancaster 36.6%, Wyre 36.4% (with increasing trend), Chorley 34.2%, Ribble Valley 33.9%, Fylde 31.7%	Reduce by 10% by 2025	Develop clear pathways in schools to identify and follow children who are obese via the NCMP	Ongoing	The NCMP pathway has been updated to embed PASTA. To conduct a review of the letters with families, staff and schools. To remove stigma and judgement.
					Work with Districts to implement actions in the Healthy Weight Declaration	Ongoing	On track - Food Active are delivering the Lancashire Healthier Places commission which will be in place until March 2025. A systems leadership event is being planned for elected members
					Work with Districts to implement the #gethangrycampaign		Work is scheduled to commence March 2024 regarding this campaign in year 2 of the Lancashire Healthier Places commission.
					Work with Districts to implement the Recipe for health programme to influence the availability of healthy food choices in our high streets		Food Active are supporting Trading Standards colleagues to expand the Recipe for Health work. A specific training programme is in development for businesses and an impact evaluation framework.
4.1 Reduce % of 5 years olds with experience of visually obvious dental decay	**Previous period:** Insufficient data.	**Latest period 2021/22:** England rate 23.7%, **NW 30.6%, Lanc.s 27.4 is worse/higher than England and lower/better than NW rates**	Lancashire is higher/worse than England & NW in; Pendle 41.9%, Hyndburn 35.4%, Preston 32.6%, & is higher/worse than England though lower/better than NW in: Burnley 29.3%, Lancaster 26.8%. both 22.8%, Ribble Valley 22.1%, Rossendale 21.0%, Chorley 20.9%, Fylde 19.2%.	23.4% Achieve by 2030	Commissioning of a Supervised toothbrushing scheme, delivered to Early Years and Reception children in targeted areas, with a comprehensive training programme for the Children's workforce	2023 ongoing	Currently being developed – service specification being written
					All Health Visitors distributing free Toothbrushes and tooth paste to all babies at 6-8 week visit and 9–12-month visit (if necessary)	2023 ongoing	Added to new specification and ongoing
4.2 Reduce Hospital admissions for dental caries (0-5 years) – per 100,000	**Previous period:** Insufficient data.	**Latest period 2021/22:** England rate 201.7 per 100,000 of age range, NW 311.6, Lanc.s 440.2 is higher than England and NW rates	Not available worse than England average		Campaign targeting parents with very children currently being worked up to give appropriate messages re tooth brushing, Epidemiology surveys in schools		Ongoing
5.1 Reduce Hospital admissions as a result of self-harm (10-14 yrs) – per 100,000	**Previous period**:	**Latest period** NW 437.9, **Lancs 502.7 is significantly higher/ worse than England rate** Lanc.s rate is 2nd highest amongst our CIPFA nearest neighbours and is one of 5 with rates above England average.	Not available. Lanc's rate is significantly higher/worse than England average	5% by 2025	Additional investment to plug gaps within colleges and schools such as Mental Health Support teams	Ongoing March 23	These have been commissioned with focus on Fylde and Myerscough
					SUDC deep dive in understanding child death cases	2024	Report to be provided in 2023 and shared with CDOP – plan to launch an event before March 2024
5.2 Reduce Hospital admissions as a result of self-harm (15-19 yrs)	**Previous period: data**	**Latest period 2021/22** England average rate 641.7 per 100,000, NW rate 663.9, **Lancs rate 472.3 is lower than England & NW.**	Not available. Lancs rate is better than England average	10% reduction by 2025	Provide additional training and resources to schools	Ongoing March 23	Various initiatives
					Ensure a self-harm prevention strategy within education settings		Prevention and self-harm strategy being developed
					Deliver a school's survey to understand young people's mental health and wellbeing needs	2023	Thematic survey being planned

Outcomes	What are the Measures?	Previous Performance	Current Performance	Highlight degree of variation	Targets	Narrative Based Milestones	By when	August 23 Update	Info and Context
Reduction in Smoking Prevalence	Smoking Prevelance	Lancashire L12 smoking prevalence currently is 13.9% (2020)	Lancashire L12 smoking prevalence currently is 14.7% (2021)	Smoking Prevalence ranges from 9.3% (Fylde) to 21.2% (Burnley)	To achieve a smoking prevalence of 5% of less by 2030 across Lancashire and within each district	1) Refresh of TFL strategy once national tobacco plan is published	Spring 23	Lancashire and South Cumbria TFL strategy has been drafted and is awaiting sign off from HWBB	2030 target still to be formally incorporated into refreshed Tobacco Free Lancashire Strategy. Corresonding action plan and associated district trajectories to be developed and therefore the performance based milestones will be refined further once this has been completed. Following the slight increase in smoking prevalence observed in 2021, questions have been raised with OHID around the validity of 2021 data particularly some significant changes to district level prevalence (including an increase from 5.1% to 17.8% over 2 years in the Ribble Valley). OHID recognise that there have been changes to the methodology used in the Annual Population Survey resulting in variation in smoking prevalence data nationally and we are awaiting a response from the national team.
						2) Development of e-cigarette consensus statement across L&SC ICS	Summer 23	Completed but needs to be formally signed off as part of the TFL strategy	
						3) Development of place based action and implementation plans with key partners	Summer 23	Initial conversations have taken place with Population Health Colleagues with an expectation that a L12 Tobacco Steering Group will be established in Autumn 23	
						4) Allocation of national and/or local resources to deliver NHS Long Term Plan in-patient nicotine addiction service and wider tobacco control agenda	Ongoing	Royal Preston Hospital has now been partially mobilised as from the beginning of Jan 23 (along with Blackpool Teaching Hospital). Conversations are now ongoing as to when East Lancs Hospital Trust will be able to join the programme.	
						5) Re-procurement of Lancashire Specialist Smoking Cessation Service with clear expectations about numbers of referrals and quit rates	Oct-23	Currently in live procurement process. It is hoped that new performance measures include the expectation to work with 6% of the smoking population annually and for a 50% quit success rate at 4 weeks. Individual district targets will be set based on local prevalence data.	
						Performance Based Milestones	**By when**		
						Increase in referral rate into specialist stop smoking services by at least 10% in the three districts (Burnley, West Lancs, Preston) with the highest smoking prevalence rates relative to baseline (2020)	Apr-25	Targetted district work will commence once the live procurement exercise is complete. In the meantime, acorss L12 overall, latest performance data from stop smoking services indicated a slight increase in referrals during Q4 2022/23. In total for 2022/23, 5153 people set a 4 week quit date, with 2785 people successfully quitting, giving a 54% quit rate.	
						Asbolute range of smoking prevalence between L12 districts reduced by at least 10% initially relative to baseline (2020)	Apr-25	Targetted district work will commence once the live procurement exercise is complete.	

Outcomes	What are the Measures?	Previous Performance	Current Performance	Highlight degree of variation	Targets	Narrative Based Milestones	By when	August 23 Update	Info and Context
Reduce the prevelance of dependant alcohol users	Level of unmet need within the dependant alcohol population. Numbers not in treatment.	At the end of quarter 4 (2021/22) 15.5% (n=2256) of the dependant alcohol user population had been in treatment in Lancashire. This gives the area an unmet need of 84.5%	At the end of quarter 4 (2022/23) the estimated proportion of alcohol dependent people not in the treatment system is 82.9%	Not possible to provide this data at borough level	To reduce the level of unmet need to 80%	1) Increase the number of places in substance use treatment services	2022 - 25	We have recruited additional staff into the treatment service and increased the number of treastment places. There has been some difficulty in recruiting skilled and experienced staff but the providers are mostly now on track with recruitment.	*This number includes alcohol users and non-opiates and alchol users. The performance based milestones figures relate only to alcohol users and excludes non-opiate and alcohol users. New estimates of the number of alcohol dpenedent people are due imminently. The new estimates will change the current performance figures.
						2) Increase the size of the workforce and the range of treatments available to dependant alcohol users	2022 - 25	We have increased the size of the workforce by 99 FTE in 2022/23. We are experiencing some challenges recruiting in the current year.	
						3) Form and develop an an alcohol and Drug partnership board	Quarter 3 2022/23	The board has formed and been in existance since quarter 3 of 2022/23.	
						4) Undertake a alcohol and drug needs assessment	Nov-22	Initial needs assessment completed in December 2022	
						5) Develop a multiagency action plan based on the local needs assessment	Dec-22	Action plan has been wrtitten and is a live document.	
						6) Improve pathways from primary care and hospital based secondary health services including hospital alcohol liaison and alcohol care teams	Dec-23	On track to improve and develop additional pathways from primary and secodndary health services including alcohol liaison services.	
						Performance Based Milestones (1)	**By when**	**August 23 Update**	
						Increase the number of people in alcohol treatment by 74	Mar-23	In 2022/23 the number of people in treatment for alcohol increased by a significant number however we did not quite reach the target.	
						Increase the number of people in alcohol treatment by an additional 109	Mar-24	The most recent data from May 2023 shows that the total number of people in treatment for alcohol has continued to increase since the end of March 2023. Our adult community treatment provider has reported that in Q1 of 23/24 they recieved a total of 1030 referals for alcohol. This is a large increase compared to 22/23 and we are expecting to see a significant increase in the number of people entering treatment during Q2 as a result.	
						Increase the number of people in alcohol treatment by an additional 279. By March 25 an additional 462 dependant alcohol users will be in treatment compared to a baseline of 2021/22. These figures are for alcohol users only and do not include non-opiate and alcohol users.	Mar-25	From baseline to May 2023 (latest available data) we have increased the number of people in treatment for alcohol.	

Outcomes	What are the Measures?	Previous Perfromance	Current Performance	Highlight degree of variation	Targets	Milestones	By when	August 23 Update	Info and Context
Increase Level of Physical Activity	Levels of Cycling, Waking and Physical Activity	Lancashire L12 meeting recommended Physical Activty levels: 65.9%	Number of people cycling - 75,230 (2021) Number of people walking - 692,665 (2021) An additional 26,632 people in Lancashire would need to become physically active to reach the national average. 28.7% of adults in Lancashire are physically inactive (2021)	Not currently available	A doubling of the number of people cycling in Lancashire by 2028 - from 111,914 to 223,829 people A 10% increase in the number of people walking in Lancashire by 2028 - from 658,645 to 724,510 people Levels of physical inactivity in every Lancashire district brought below the national average by 2028 - 2016 baseline was that an additional 20,687 would need to become physically active to reach the national average	Instigate midterm review of Actively Moving Forward to establish baseline data to assess progress since 2018.	Jan-23	Mid term review ongoing. Data review complete and now	The targets outlined are from Actively Moving Forward and have an aspirational deadline of 2028.
						Establish cross-sectoral internal working group to drive aims and aspirations outlined in Actively Moving Forward.	Jan-23	Established and inception meeting scheduled for mid August	
						Establish external working group, working with key partners e.g. Active Lancashire, Sustrans, Living streets etc to provide a joined up offer in terms of promoting physical activity across Lancashire	Jun-23	Ongoing with inception meeting proposed for September	
						Establish working group to collaborate with education colleagues and schools to increase levels of physical activity	Jun-23	Not progressed at this stage	
						Develop 3-year action plan with place based interventions with key partners	Jun-23	This will be an output of the cross-sectoral working group meeting to take place in mid	
						Performance Based Milestones	**By when**		
						Increase physical activity levels to national average in Burnley, Hyndburn and Rossendale	Mar-25	Ongoing	
						Meet targets and aspirations outlined in Actively Moving Forward	Mar-28	Ongoing	

Outcome	What are the Measures?	Previous Performance	Current Performance	Highlight degree of variation	Targets	Milestones	By when	August 23 Update	Info and Context
Progress Made on the Healthy Weight Declaration (HWD)	Percentage of programmes within the Lancashire Healthy Weight Declaration actively being implemented	The HWD was relaunched in 2022	50%	Pendle has recently been part of the trailblazer work	75% of the HWD priorities are being actively progressed by March 26	Food Active commission to promote the HWD work	Mar-23	Work underway with formal steering group now established	HWD has 16 priorities for LCC to tackle unhealthy weight. Priorities look at advertising, systems wide approaches, reducing health inequalities. The HWD will also be closely linked with the work to develop the food strategy.
						Development of action plan associated with each of the HWD priorities with measurables attached to show progress	Aug-23	In progress - this will need to combine the work of food active and the food strategy to establish current progress and position on the priorities	
						Revisit the LCC healthy advertising policy	2024	Work with policy collagues underway - currenly reviewing literature and case studies	
						Food Active engagement with EM to promote and influence the actions related to the HWD	Oct-23	EM event planned for October 2023	
						Performance Based Milestones		**August 23 Update**	
						Recommission of the Adult Weight Management service	Mar-24	Procurement timeframes are being adhered to. Additional engagement with districts ongoing in relation to devloution of responsibilities of service delivery	
						Youth Ambassadors supporting the HWD in districts	Jan-24	Not started, to be initiated in early 2024	
						Increased uptake fo the recipe for health award	March 23-March 25	Training and evauation framework to monitor the impact of R4H in development. Food Active working closely with tradng standards colleagues to support the role out of the R4H award.	
To provide an effective and equitable weight management service for our population	Access to the service Demographics of service users Healthy weight programme completion rates Service user outcomes in terms of weight loss (kg)	Across L12 (Data from April 2021-May 2022) Eligible population for programme 224,101 Total referrals into healthy weight programme 2,224 (1% of eligible population) Referrals - Males 20% Females 80% 24% aged 65 plus 12% aged under 35 Average Weight loss 3.88kg	<u>Across L12 22/23</u> Referrals into healthy weight programme 4576 Total people starting the programme - 4145 (90.6%) Males 21.1% Females 78.6% 23.4% aged 65 + 12% aged under 35	The highest number of participants in the programme are from Wyre (27%) and the lowest from Ribble Valley (2.8%)	To improve referrals into our weight management services to 10% of eligible population by 2026	Ongoing quality and Improvement work to increase the uptake and accessibility of Healthy Weight Programme	Mar-24	Ongoing through contract monitoring and site visits	The Active Lives survey shows (2020/2021) estimates that 66.6% of the adult population (18+) in Lancashire are classed as overweight or obese. OHID provided additonal Grant funding for 2021/2022 to enhance delivery but was time limited. District targets around overweight and obese groups will be set to improve uptake by males and under 35
						To complete the procurement process to enable future service delivery of Healthy Weight Services. Re design the service specification mapped to the evidence base and update the delivery model that will enable improved service delivery in the future.	Apr-24	Procurement timeframes are being adhered to. Additional engagement with districts ongoing in relation to devloution of responsibilities of service delivery	
						Performance Based Milestones	**By when**	**August 23 Update**	
						Increase uptake of healthy weight services for male participants by 10%	Mar-24	Ongoing through contract monitoring and site visits - analysis on data has not occured in first quarter due to transition to new national OHID reporting template.	
						Increase uptake of healthy weight services for people under 35 participants by 10%	Mar-24	Ongoing through contract monitoring and site visits - Analysis on data has not occured in first quarter due to transition to new national OHID reporting template.	

Outcome 1	What are the Measures?	Previous Performance	Current Performance	Highlight degree of variation	Targets	Milestones	By when	August 23 Update	Info and Context
Improve food culture in schools and early years settings	The commission of the Food For Life Service and recommission of PASTA	10 of the 12 Lancashire districts that have wards with rates of excess weight in children being between 40-50%. 1 in every 2 children in some Lancashire wards having excess weight	There are wards in all 12 Lancashire districts with excess weight rates (overweight incl. obesity) between 40% and 50% in children (year 6). 1 in every 2 children in some Lancashire wards having excess weight (aggregated over three year period 2019/20-21/22)	Yr 6 Overweight (incl. obesity) % in each district (2021/22): Burnley 42.6%, Chorley 34.2%, Fylde 31.7%, Hyndburn 42.4%, Lancaster 36.6%, Pendle 40.1%, Preston 37.4%, Ribble Valley 33.9%, Rossendale 38.1%, South Ribble 36.2%, West Lancashire 37.9%, Wyre 36.4%	Just less than 1% of primary schools in Lancashire currently hold the Food for Life bronze award. This will increase to 29% by 2025	Commission the Food For Life (FFL) Support service with a clear expectations on the enrollment numbers for the FFL Award	Mar-23	FFL contract in place, currently mobilising	PASTA is play and skills at tea time- this is a programme where children and their parents/carers take part in activities together followed by cooking of a healthy meal and sitting down to eat together. The Food for Life (FFL) programme, contract now in place withe the local programe manager recruited to and commencing role 15/08. The provider will actively support Early Years and primary settings to implement a pocitive food culture and work through the FFL award. Both these programmes also support the national child measuring programme (NCMP) for children in reception and year 6.
						Market Engagement for PASTA	Mar-23	Completed	
						NCMP pathway reviewed and published	Mar-23	Still awaiting completion	
						Review and redesign of PASTA service specification	Aug-23	Draft spec completed	
						Procurement and commission of PASTA	Apr-24	Procurement timeline in place, will be going to tender in Sep 23	
						Evaluation of the FFL programme	Jan-25	Not due to have started yet	
						Performance Based Milestones	**By when**	**August 23 Update**	
						170 Schools/EY settings awarded their bronze award	Mar-25	Figures not currently available	
						PASTA delivered in all 30 wards	Mar-23	Figures not currently available	
Outcome 2	**What are the Measures?**	**Previous Performance**	**Current Performance**	**Highlight degree of variation**	**Targets**	**Milestones**	**By when**	**August 23 Update**	**Info and Context**
Development of an LCC Food Strategy	A documented, agreed and published strategy	Initial background work completed on the Food Strategy with a scoping workshop completed	Further background work completed on the Food Strategy	Lancaster, Hyndburn and Preston already have versions of a local level food strategy	Internal Strategy completed with an timelines implementation plan	Establishment of a food strategy steering group	Mar-23	Delayed due to urgent procurement commitments - strategy workshop booked for 11th sept 23	Food strategy initial meetings with wider teams in progress and the first meeting booked to restart the development of the food strategy
						Draft of the Food Strategy	Jun-23	Delayed as above	
						Finalisation of the strategy	Aug-23	Delayed as above	
						Strategy to comms for development	Sep-23	Not Started	
						Agreement of priority leads	Sep-23	Not Started	
						Continued monitoring of priority development at food strategy steering group	Ongoing	This will follow the published strategy	
						Scoping off the role out of the Strategy into L12	Mar-24	Not started	
						Performance Based Milestones		**August 23 Update**	
						Food Strategy Published	Oct-23	Delayed as above	
						Food Strategy rolled out to most districts	Mar-26	Not Started	

To ensure that a Health in All Policies approach is embedded within the Healthy Hearts Programme	Number of policy areas as outlined opposite under 'Information and Context' that are implemented	Only 1-2 of these policy areas have as yet been started to be implemented (eg Fast Food Advisory Notice)	Only 1-2 of these policy areas have as yet been started to be implemented (eg Fast Food Advisory Notice)	By way of illustrative example the Fast Food Advisory Notice has, to date, been implemented in 3 out 12 districts	At least 75% of the proposed policy areas, based on feasibility study, to be actively implemented across Lancashire 12 over the next five years	Agreement with Healthy Heart Programme colleagues as to the scope of the policy areas to be considered in support of the Healthy Heart programme	Spring 23	Completed	There are a number of key policy interventions that have been highlighted by NICE to potentially impact on CVD Prevention including 1) Revision of public sector advertising policies impacting on children and young people 2) Ensuring publicly funded food and drink provision promote a healthy and balanced diet 3) Restriction of planning permission for take-aways and other food retail outlets in key areas 4) Wider community access to school facilities to promote physical activity 5) Alignment of 'planning gain' agreements with the promotion of physically active travel 6) Local licensing powers to limit the availability of alcohol within local communities
						Conduct high level feasibility study on each of the proposed policy areas to understand implementation/alternatives	Autumn 23	In progress	
						Produce 6 proposal documents to support 5 year implementation	Winter 23	Will be started once high level feasiability study completed	
						Design of a five year implementation approach on a phased basis	Spring 24	Not commenced yet	
						Performance Based Milestones	**By when**	**August 23 Update**	
						More detailed performance based milestones specific to each policy area be determined once scoping of policies to be completed	Spring 24	Will be started once high level feasiability study completed	

Outcomes	What are the Measures?	Previous Performance	Current Performance	Highlight degree of variation	Targets	Milestones	By when	August 23 Update	Info and Context
Improve the coverage of the NHS Health Check Programme	Invited (Offered) and completed (actual) NHS Health Checks	2021/2022 Offered 30,700 Actual 11,010 2022/2023 (cumulative to end of Q2) Offered 59,189 Actual 14,924	2022/2023 Offered 100477 (142.52%) Actual 25533 (36.22%)	There is a range of coverage between the 135 General practices delivering NHS Health Checks. These variations are not specific to one district in Lancashire	For Health Checks invited the target is to achieve 100% of the Eligible population For Health Checks completed, the target is to achieve the national ambition of 75% of the eligible population. The target is set over 5 years which currently equates to 70500 persons per year, or 17625 persons per quarter, in Lancashire.	Quality Improvement - To develop a greater understanding of how NHS Health Check patient information is recorded in Primary Care systems such as EMIS and transferred into the system by external providers.	Mar-24	Revisions made to NHS Health Check template to ensure continued improved data quality transfer. Ongoing discussions to tranfer the third party Provider to EMIS and move away from PharmOutcomes	The NHS Health Check is a national programme delivered in line with the programme standards. The national ambition for NHS Health completion is to achieve 75% of the eligible population on an annual basis. Locally due to the transformation work ongoing and the redesign of the General Practice specification localised targets will also be set, these will be finalised as part of the redesign of the service specification
						To improve communications and marketing in relation to NHS Health Check advertising, including what a health check is, how to access it and who is delivering NHS Health Check on behalf of LCC.	Apr-23	There have been a couple of issues with staffing to progress this, but over the last quarter several conversations have being had with a plan to develop a communication and marketing strategy by September 2023	
						Engage, design, and implement pilot projects to trial different ways of NHS Health Check delivery across Lancashire.	Apr-23	The Rossendale Pilot has now concluded - evaluation writing in motion. West Lancashire Pilot is ongoing (contribution to staffing to deliver NHS Health Checks alongside the population health team delivering Enhanced Health Checks) Use of a Health and Wellbeing vehicle to take NHS Health Check into Community Band B Library Pilot - NHS Health Checks delivered in libraries out of hours. Lancashire Fire and Rescue Collaboration - 2 events have now	
						Quality Improvement - To develop a cost effective, adaptable and accredited training programme for clinicians and non-clinicians to deliver NHS Health Checks to Lancashire's residents in line with the National Standards.	Dec-23	Training will be in place until the end of 2024, further planning is need post end 2024	
						To improve the quality and breadth of data received from the MLCSU in relation to NHS Health Check and develop analysis techniques with BI to improve quality	Mar-24	Conversations have been ongoing in relation to this and will come in line with the contract renewal in 2024 due to the number of complexities changing elements of the current processes without changing the whole process.	
						To procure a cost-effective NHS Health Check service delivery model.	Mar-24	Ongoing	
						Performance Based Milestones	**By when**	**August 23 Update**	
						To achieve 50% of pre covid delivery by end of Q4 2022/2023 (This equates to approximately 20,000 NHS Health Checks)	Mar-23	Achieved	
						To return to pre covid levels of NHS Health Check delivery	Mar-24	Achieved	
						To reduce the variation in coverage by General Practice registered population by at least 10%	Mar-24	Ongoing communication in the form of email, phone call and virtual meetings to support practices improve their NHS Health Check activity	
To opportunistically identify adults over the age of 18 who have not previously been diagnosed with high blood pressure and to promptly refer them to their GP	Completed Blood Pressure Checks Lifestyle conversations Onward Referrals to lifestyle services Referrals to General Practice for ongoing clinical intervention		Between 1/2/22 - 1/1/23 a total of 1,392 people have been supported through the BP Case Finding Service 100% of people who have accessed the service have had lifestyle conversations and where appropriate have been signposted/referred into lifestyle services 496 General practice referrals/signposts	Central Lancashire residents have received 44% of the total BP checks completed, West Lancashire have received 1%, Pennine - 29%, Morecambe bay - 2.7%, Fylde Coast - 8%. 15% of BP checks have been completed with no location recorded.	To increase the detection and referral of people who possibly have high blood pressure. To reduce the gap between expected prevalence and managed high blood pressure. To increase the awareness and uptake of the NHS Health Check and Adult Weight Management programmes in Lancashire.	To review signposting vs onward referral to lifestyle services and General Practice within specification and contract.	Aug-23	Ongoing as part of the NHS Health Check Template revisions. This will be reflected in data collection over the next 6 months	The BP case finding contract is delivered by Spring North are a charitable consortium comprising of over 130 member organisations The service provides: A free of charge blood pressure check (at point of contact). Access to blood pressure monitoring through community outreach activities for people who might not otherwise engage with primary care (general practice).
						Ongoing quality and Improvement work to increase the uptake and accessibility of BP case Finding Service	Jan-24	Ongoing, managed through contract meetings	
						Consider incorporating the BP case finding contract as part of the NHS Health Check contract from 1/4/24.	Mar-24	Agreed through transformation board	
						Performance Based Milestones	**By when**	**August 23 Update**	
						To reduce the variation in coverage across Lancashire by at least 10% and to record a location for every BP completed.	Aug-23	Ongoing - agreed with prvider and monitored through contract monitoring meetings	

Outcomes	What are the Measures?	Current Performance	Previous Performance	Highlight degree of variation	Targets	Narrative Milestones	By when	Most Recent Update (Aug 23)	Info and Context
To improve the detection and management of patients with Atrial Fibrillation, Hypertension and High Cholesterol	AF Observed Prevelance	3.19% *(Mar 23 - CVD Prevent)*	2.88% *(Dec 22 - CVD Prevent)*	N/A	N/A	1) Sign off ICS CDV Prevention Strategy. 2) Set up ICS CVD Prevention Steering Group 3) Production of ICS CVD Prevention Action plan 4) Creation of ABC(D) workstreams to achieve the National asks of the Long Term Plan and the 23/24 Operational Planning Guidance. 5) Embeding of the strategy into the Population Health team and work on CVD Prevention, Detection and Management through a Health Inequalities lense.	March 23 April 23 June 23 July 23 September 23	1) completed 2) completed 3) completed 4) Up and running with 3 x T&F groups (A,B & C) and a 4th (D) being put in place post August. Each workstream has a programme of work in place, being reported on to the CVD PDM. 5) Primary Care symposium took place as a 'call to arms' for the system around the OPG ask of BP TtT, but using our agreed strategy of working through this with a HI lense. Early indications	1) Stated targets are currently indicative national aspriations that have as yet to be confirmed and then put forward for local adoption 2) Current measures are based on a L&SC footprint rather than specifically a L12 footprint.
	Diagnosed 90% of People Estimated To Have Atrial Fibrillation	86.3% *(QOF 21/22)*	84.2% *(QOF 20/21)*	76.2% - 90.50% *(ICB sub region)*	90% by 2029				
	Treated (with anticoagulation) 90% of Those With Atrial Fibrillation Identified as High Risk (CHA2DS2-VASc =>2)	89.6% *(Jul 23 Aristotle)*	88.7% *(Oct 22 Aristotle)*	89.0% - 91.0% *(ICB sub region)*	90% by 2029				
	Diagnosed 80% of People Estimated To Have High Blood Pressure	55.3% *(QOF 21/22)*	54.9% *(QOF 20/21)*	51.40% - 61.20% *(ICB sub region)*	80% by 2029				
	Percentage of 18+ HBP patients who have had a blood pressure test in the last 12 months (case finding)	86.56% *(Mar 23 - CVD Prevent)*	82.07% *(Dec 22 - CVD Prevent)*	85.37% - 88.41% *(ICB sub region)*	80% by 2029				
	77% of Those Diagnosed With High Blood Pressure Treated to NICE Recommended Blood Pressure Thresholds	68.88% *(Jul 23 Aristotle)*	55.63% *(Jan 23 Aristotle)*	31.43% - 90.07% *(GP Surgery)*	77% by 2024 *(OPG year target as an interim to 80% by 2029)*				
	Patients Aged Between 25 and 84 Years with a CVD Risk Score Greater Than 20% on Lipid Lowering Therapies to 60%	58.06% *(Mar 23 - CVD Prevent)*	57.12% *(Dec 22 - CVD Prevent)*	54.98% - 61.37% *(ICB sub region)*	60% by 2024 *(OPG year target as an interim to 75% by 2029)*	**Performance Milestones**	**By when**	**Most Recent Update (Aug 23)**	
	Increase Detection of Familial Hypercholesterolaemia within Primary Care from 7-15% (interim), 7-25% (LTP Target)	Not yet reported	Not yet reported	Not yet reported	25% by 2024	BP TtT to be at 71%	Oct 2023	Improvement has been noted in BP TtT.	
	90% of GP practices participating in CVDprevent audit	98% *(Mar 23 - CVDP)*	94% *(Dec 22 - CVDP)*	N/A	N/A	Cholesterol with 20% QRISK to be at 59%	Dec-23	PC Symposium took place in June, with all PCN's provided with data and support packs, outlining what tools & resources are available to support in achieving the target.	

Happier Minds

Outcomes	What are the Measures?	Previous Performance	Current Performance	Highlight degree of variation	Targets	Narrative Based Milestones	Date/by when	August Update	Info and Context
Reduction in self harm	Prevalence of self-harm	In 2020/21 there was 2,130 emergency hospital admissions in Lancashire linked to intentional self-harm (rate of 177 per 100,000), English average is 181 per 100,000 for the same period. The current prevalence is unknown	In Lancashire there was 1,915 emergency hospital admissions linked to intentional self-harm in 2021/22 (rate of 156 per 100,000). The English average is 163 per 100,000 for the same period and both rates have reduced in the last year.	Currently we do not have this information and we are awaiting a new reporting dashboard from the NHS which would provide some indications	Target needs to be agreed with the partnership and could include a reduction of the number of emergency admissions in Lancashire linked to self- harm, number of professional trained in self harm prevention, number of people accessing services	1) Development of a self-harm and suicide strategy 2) Development and implement action plan with key partners	End of 2023	On track	
Reduction in suicide	Number of suspected/ confirmed suicides	For the period 2019-21 there were 425 deaths, with the cause of death identified as suicide, in the Lancashire-12 area. Of these 318 were male and 107 female. This is a rate of 13.5 per 100,000 in Lancashire and the national figure is 10.4 per 100,000	No new performance figures available	There is a variation across districts and is often linked to deprivation. ONS data for 2021 provides the variation as Preston 25 and lowest rate is 4 Ribble Valley (year of registered death)	National target (outlined in the five year view for Mental Health in 2016) was a 10% reduction by 2020/21. We are awaiting an updated target with the pending new strategy and consideration around local targets needs to considered and consulted with wider partners.	1) Development of a self-harm and suicide strategy 2) Development and implement action plan with key partners	End of 2023	On track	National strategy due to be published early 2023
Reduce the prevalence of dependent alcohol and drug users (in adults)	Level of unmet need within the dependant alcohol population. Numbers not in treatment. Number of people in drug treatment services	At the end of quarter 4 (2021/22) 15.5% (n2256*) of the dependant alcohol user population had been in treatment in Lancashire. This gives the area an unmet need of 84.5%. 3,848 people were in treatment service in 2020/21 in Lancashire and 68% in service were males	There was a target to get another 192 people into drug treatment services. We was just below (n33) the target as we had 6,297 people into services, this is below the target set of 6,330. Based on last year performance we increased the number by 159 more people into treatment services. We had a target to get 74 more people into alcohol services and we were above the target	Not possible to provide this data at borough level. For drug related data the providers are due to provide a detailed breakdown at the end of quater 4	To reach parity with the England average of unmet need of approximately 80.5%. Second target is to increase number of people in drug treament services and targets are outlined under the milestones	1) Increase the number of places in subs	2022 - 25	On going	*this number includes alcohol users and non-opiates and alcohol users. (1) The performanc e based milestones figures relate only to alcohol users and excludes non-opiate and alcohol users.
						2) Increase the size of the workforce and the range of treatments available to dependant alcohol and drug users	2022 - 25	On going	
						3) Form and develop an alcohol and drug partnership board	Quarter 3 2022/23	Completed	
						4) Undertake a alcohol and drug needs assessment	22-Nov	Completed	
						5) Develop a multiagency action plan based on the local needs assessment	22-Dec	Completed	
						6) Improve pathways from primary care and hospital based secondary health services including hospital alcohol liaison and alcohol care teams. Improve pathways across the criminal justice service	23-Dec	On track	
						Performance Based Milestones (1)	**By when**		
						Increase the number of people in alcohol treatment by 74 and 192 into drug treatment services	23-Mar	Behind target by 33 people - see report for narrative	
						Increase the number of people in alcohol treatment by an additional 109 and 619 into drug treatment services	24-Mar	Future target and plans in place to increase numbers	
						Increase the number of people in alcohol treatment by an additional 279 and 1370 into drug treatment services. By March 25 an additional 462 dependant alcohol users will be in treatment compared to a baseline of 2021/22. These figures are for alcohol users only and do not include non-opiate and alcohol users. By March 25 an additional 2,181 people would have assessed drug treatment services compared to the baseline in 2021/22.	25-Mar	Future target and plans in place to increase numbers	
Reduction in drug related deaths	Number of drug related deaths	In 2018 - 20 there was 161 drug related deaths in Lancashire (4.8 per 100,000). England rate is 5 per 100,000.	No new performance figures available	The rates of drug related deaths in Lancashire are higher than the England average (all persons) in Burnley, Fylde, Chorley, Pendle and Lancaster. In 2020, 8 drug related deaths happened in Burnley and two districts (Rossendale and Ribble Valley) had nil.	Nationally rates have been increasing. The number of drug-related deaths in England and Wales has risen steadily for a decade, with another 6% year on year rise emerging in the latest data from the Office for National Statistics. The National Drug Strategy (From Harm to Hope) sets out a national target to prevent nearly 1,000 deaths. No local target has been set. The alcohol and drug partnership will consider a target (following recommendation by officers working with local partners) and can report back. An estimate figure	1) Appoint a mortality lead on drug related deaths on appoint a drug and alcohol lead within a provider	23-Jan	Completed	
						2) Review historic drug related deaths working with partners and make recommendations on findings	23-Jun	On track and in progress	
						3) Establish a drug related death panel and use the learning with partners to improve prevention for future drug related deaths	23-Jul	Panel arranged to met in September. 2023 due to commitments of partners. ToR and membership formalised in August	
						4) Lancashire Public Health team to host a Lancashire drug related death conference in 2024	2024	On track	

School Readiness – Early Education Funded Places Uptake

1. National Data

- The national data is taken from the spring census, which is a snapshot based on children on roll/attending during the 3rd week of January. This includes all children that are accessing provision in Lancashire, regardless of where the children live. It therefore includes children that live outside of Lancashire's administrative boundaries and excludes children that are accessing provision in another local authority area.
- As can be seen from the table below, Lancashire has made considerable progress in the percentage of two year olds that are accessing provision.
- 80.2% of two year olds were accessing provision in the spring census 2023 compared to 69.1% in 2019.
- The take up of 2 year old provision in Lancashire is now above both the England and Northwest averages for the first time.
- The take up of 3 & 4 year old provision remains consistently high.

Table 1: 2,3 & 4 Year Old Take Up

Area	Description	2-year-olds					3 and 4-year-olds				
		2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
England	Number of registered children	148,751	143,439	124,543	135,410	124,211	1,277,137	1,271,544	1,211,991	1,212,234	1,196,031
	Estimated percentage of eligible children registered	67.8%	69.2%	61.8%	71.9%	**73.9%**	93.4%	92.9%	89.7%	92.3%	**93.7%**
Northwest	Number of registered children	24,286	23,724	21,082	22,655	20,785	171,016	171,376	164,200	163,124	161,485
	Estimated percentage of eligible children registered	73.6%	72.2%	67.3%	76.2%	**79.1%**	96.2%	96.3%	93.5%	95.5%	**97.3%**
Lancashire	Number of registered children	3,243	3,210	2,705	3,279	3,027	27,019	27,153	26,223	25,790	25,707
	Estimated percentage of eligible children registered	69.1%	68.6%	62.2%	76.0%	**80.2%**	96.9%	98.0%	96.6%	98.2%	**99.6%**

2. Local Data

- Local data is calculated based on the number of children accessing provision across the full term, rather than the snapshot census week.
- The local data only includes children that live in Lancashire and access provision in Lancashire. It does not include Lancashire children that access provision elsewhere as we do not hold that data.
- As can be seen from the table below, improvements have been made in two year old take up across all Lancashire districts.
- Target areas for the last twelve months have been Preston, Pendle, Hyndburn, Rossendale, and Burnley and apart from Preston, we now have over 80% of children in these areas taking up a two year old funded place, which is considerable progress. Although Preston is the area with the lowest take up, good progress is still being made.
- The reason take up is above 100% in some areas, is due to the timing of the population figures from the DfE as some families may have become eligible and accessed provision since the latest DfE data was provided. In addition, Lancashire also has 5 categories of 'discretionary criteria' (e.g. children in need, child protection, portage, GRT families and children of armed forces personnel residing in Lancashire), so these children are included as taking up a place but are not included in the DfE population figures supplied to us.

Table 2: Local Data 2 Year Old Take Up

District	Spring Term 2021			Spring Term 2022			Spring Term 2023			% Increase from 2021
	Eligible Population (DfE)	No. of children	% take up	Eligible Population (DfE)	No. of children	% take up	Eligible Population (DfE)	No. of children	% take up	
Burnley	547	385	70.4	560	463	82.7	500	422	84.4	14.0
Chorley	304	221	72.7	286	266	93.0	239	250	104.6	31.9
Fylde	177	112	63.3	174	131	75.3	114	120	105.3	42.0
Hyndburn	447	275	61.5	470	364	77.4	407	339	83.3	21.8
Lancaster	458	364	79.5	410	389	94.9	404	382	94.6	15.1
Pendle	467	279	59.7	504	372	73.8	392	326	83.2	23.4
Preston	662	426	64.4	672	514	76.5	604	473	78.3	14.0
Ribble Valley	76	51	67.1	84	69	82.1	85	94	110.6	43.5
Rossendale	272	175	64.3	249	200	80.3	206	177	85.9	21.6
South Ribble	287	205	71.4	267	246	92.1	254	219	86.2	14.8
West Lancashire	340	229	67.4	344	313	91.0	291	269	92.4	25.1
Wyre	314	235	74.8	286	243	85.0	248	213	85.9	11.0
Unknown		2		11	6	54.5	28	16	57.1	57.1
Total	**4351**	**2959**	**68.0**	**4317**	**3576**	**82.8**	**3772**	**3300**	**87.5**	**19.5**

3. **Take up by Vulnerable Groups**
   - The following two tables show the take up of 2,3 &4 year old places by vulnerable group.
   - The BSiL Senior Children's Operational Group has identified take up for vulnerable groups a stretch priority for the coming year.
   - Education Service, Children & Family Well Being Service and Children's Social Care are working closely to ensure improvements are made in these areas.

Table 3: Local Data 2 Year Old Take up Vulnerable Groups

Vulnerable Group	Spring 22			Summer 22			Autumn 22			Spring 23			% Changes	
	No. of 2 Year Olds	No. of Children Accessing	% Take Up	No. of 2 Year Olds	No. of Children Accessing	% Take Up	No. of 2 Year Olds	No. of Children Accessing	% Take Up	No. of 2 Year Olds	No. of Children Accessing	% Take Up	% Change from Previous Term	% Change From Same Term Last Year
Children Looked After	94	59	62.8	95	55	57.9	79	46	58.2	71	30	42.3	**-16.0**	**-20.5**
Children In Need	75	51	68.0	76	53	69.7	67	35	52.2	70	45	64.3	**12.0**	**-3.7**
Child Protection	45	32	71.1	39	28	71.8	56	34	60.7	50	35	70.0	**9.3**	**-1.1**
Children & Family Well Being Cases	159	92	57.9	175	102	58.3	159.0	100.0	62.9	174.0	103.0	59.2	**-3.7**	**1.3**

Table 4: Local Data 3 & 4 Year Old Take up Vulnerable Groups

Vulnerable Group	Spring 22			Summer 22			Autumn 22			Spring 23			% Changes	
	Total No. of 3&4 Year Olds	No. of Children Accessing	% Take Up	Total No. of 3&4 Year Olds	No. of Children Accessing	% Take Up	Total No. of 3&4 Year Olds	No. of Children Accessing	% Take Up	Total No. of 3&4 Year Olds	No. of Children Accessing	% Take Up	% Change from Previous Term	% Change From Same Term Last Year
Children Looked After	108	77	71.3	108	75	69.4	132	88	66.7	149	97	65.1	**-1.6**	**-6.2**
Children In Need	148	133	89.9	151	124	82.1	159	134	84.3	158	128	81.0	**-3.3**	**-8.9**
Child Protection	62	48	77.4	97	77	79.4	122	101	82.8	108	91	84.3	**1.5**	**6.8**
CFW	317	252	79.5	404	313	77.5	353.0	261.0	73.9	363.0	293.0	80.7	**6.8**	**1.2**

4. Quality of Access

- The percentage of children accessing good or outstanding provision remains high at just under 96% for 2 3 & 4 year olds with just under 96% as can be seen in the tables below:

Table 5: Quality of Access 2 Year Olds

Year	Term	District	% Good or Outstanding
2022/23	Spring	Burnley	99.48
2022/23	Spring	Chorley	100.00
2022/23	Spring	Fylde	92.44
2022/23	Spring	Hyndburn	88.01
2022/23	Spring	Lancaster	99.22
2022/23	Spring	Pendle	86.34
2022/23	Spring	Preston	97.72
2022/23	Spring	Ribble Valley	91.76
2022/23	Spring	Rossendale	100.00

Year	Term	District	% Good or Outstanding
2022/23	Spring	South Ribble	96.92
2022/23	Spring	West Lancashire	98.19
2022/23	Spring	Wyre	100.00
2022/23	**Spring**	**Lancashire**	**95.92**

Table 6: Quality of Access 3 & 4 Year Olds

Year	Term	District	% Good or Outstanding
2022/23	Spring	Burnley	98.1
2022/23	Spring	Chorley	99.0
2022/23	Spring	Fylde	95.7
2022/23	Spring	Hyndburn	89.1
2022/23	Spring	Lancaster	97.5
2022/23	Spring	Pendle	93.6
2022/23	Spring	Preston	94.8
2022/23	Spring	Ribble Valley	95.2
2022/23	Spring	Rossendale	99.3
2022/23	Spring	South Ribble	92.3
2022/23	Spring	West Lancashire	96.8
2022/23	Spring	Wyre	94.7
2022/23	**Spring**	**Lancashire**	**95.6**

Tobacco Free Lancashire & South Cumbria Strategy 2023-2028

Contents

Foreword

Over recent decades, much work has been done in Lancashire and South Cumbria to reduce the harm from smoking and tobacco in communities. However, tobacco continues to cause a significant level of harm to our population. In fact, smoking is the number one cause of preventable death across England, resulting in more deaths than the next five causes combined (obesity, alcohol, road traffic accidents, drug abuse and HIV infection) and is a huge driver of health inequalities. [1].

The single best action that an individual can take to improve their health is to stop smoking. Therefore it is imperative that we provide our population with a comprehensive tobacco control strategy to provide the best support possible, not only support individuals to stop smoking, but also to prevent the uptake of smoking and reduce exposure to dangerous second hand smoke.

The development of Integrated Care Systems across England provides a fantastic opportunity to work together as Lancashire and South Cumbria to stamp out tobacco harm. It is our hope that by working together as a system we can generate a whole that is more than just the sum of our parts.

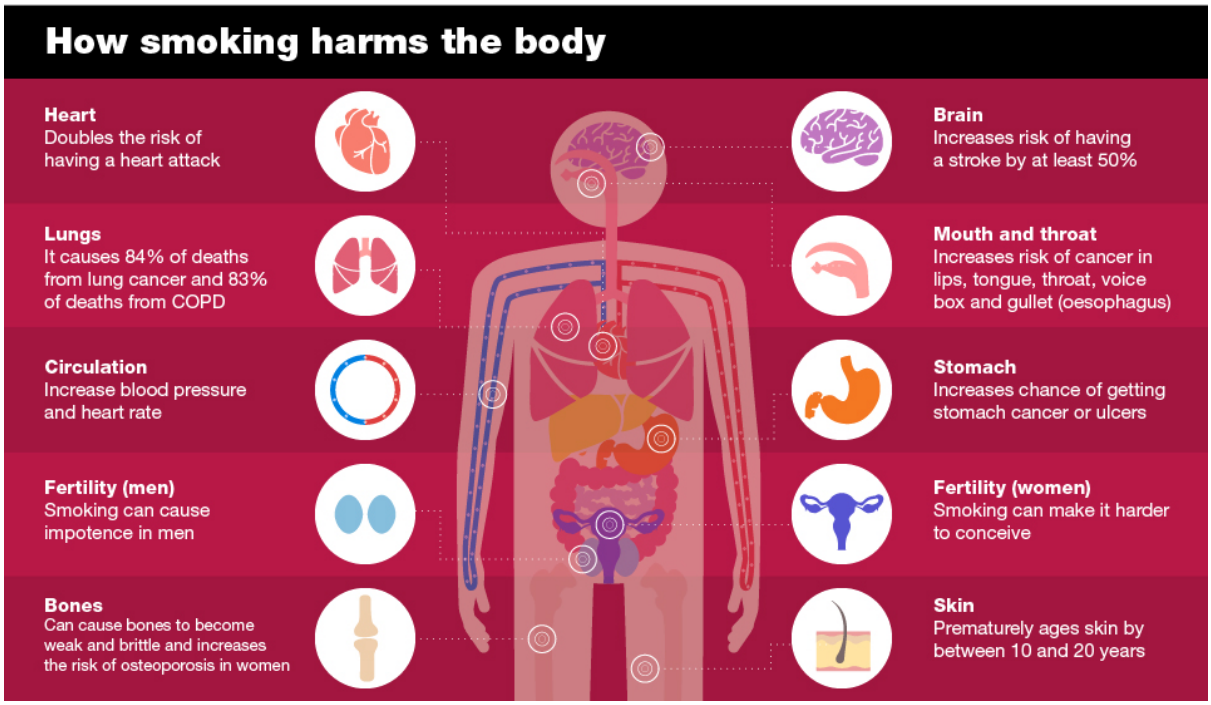
We want to create a future in Lancashire and South Cumbria where every person is able to breathe clean air, free from the harmful effects of tobacco smoke. In order to do this, we are working toward the Smoke Free 2030 ambition of lowering smoking prevalence in every neighbourhood to less than 5% by 2030. This ambitious vision cannot be made possible by one organisation alone, and will require a sustained and comprehensive effort from local authority public health, the NHS, our service providers and communities.

Councillor Brian Taylor, Blackburn with Darwen

Introduction

Why is smoking such a big concern?

Smoking is linked to over 100 different conditions, including at least 15 types of cancer, 9 mental health conditions and numerous respiratory, cardiovascular and other disorders. Prevalence of smoking in England has been gradually declining for a number of years, with around 13% of the adult population estimated to be current smokers in 2021 compared to 45% in 1974. However, this still equates to over 6 million people who smoke in England and smoking continues to kill almost 75,000 people per year.



Source: [Health matters: stopping smoking - GOV.UK (www.gov.uk)]

Tobacco use is also the largest driver of health inequalities in England and is perhaps the most significant public health challenge that we face today. Recorded life expectancy for smokers is at least 10 years shorter than for non-smokers with a disproportionate impact on those from poorer backgrounds where smoking prevalence is higher, as well as those suffering from mental health conditions[2].

Many of the local authorities with the highest proportions of smokers rank among the most deprived in England. In 2016, people living in the most deprived areas of England were four times more likely to smoke than those living in the least deprived areas. This is reflected in the outcomes for diseases such as lung cancer and chronic obstructive pulmonary disease (COPD) where smoking is the biggest risk factor. Deaths from respiratory diseases are more than twice as common in the most deprived places in England as in the least deprived places[3].

Tobacco use in Lancashire and South Cumbria

Tobacco use remains a significant public health challenge in Lancashire and South Cumbria. It is estimated that currently around **15% of adults in Lancashire and South Cumbria smoke** (APS, 2021) which is significantly higher than the 13% smoking prevalence estimate for England.

Figure 1.1 Smoking prevalence (%) in adults (18+), 2011-2021, Annual Population Survey (APS), by local authority

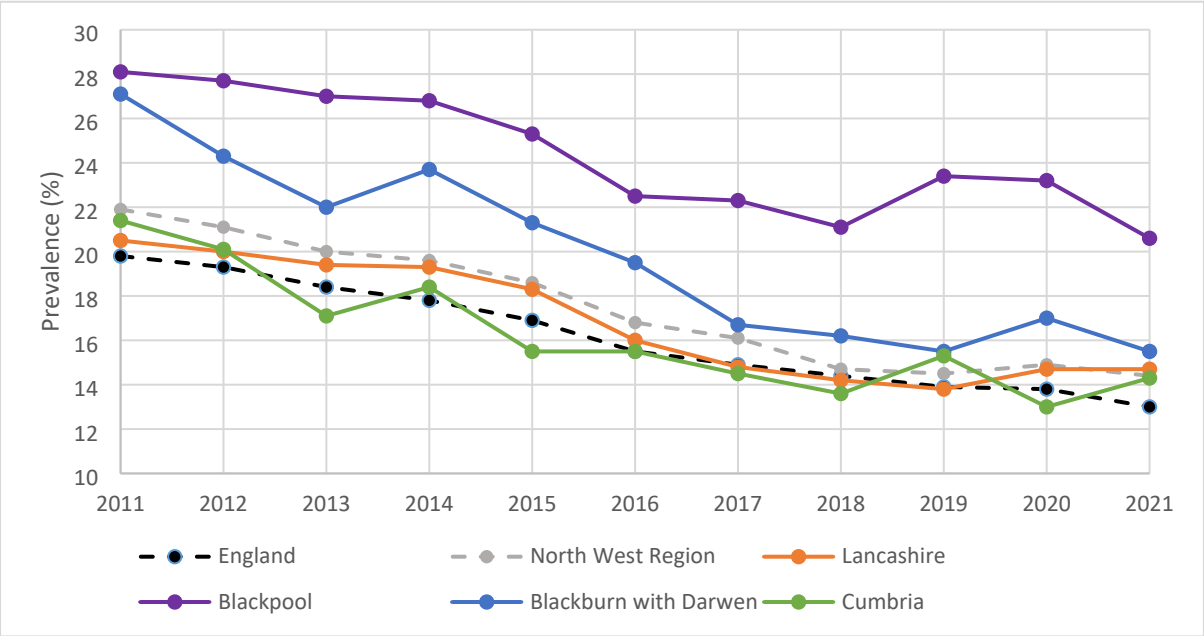
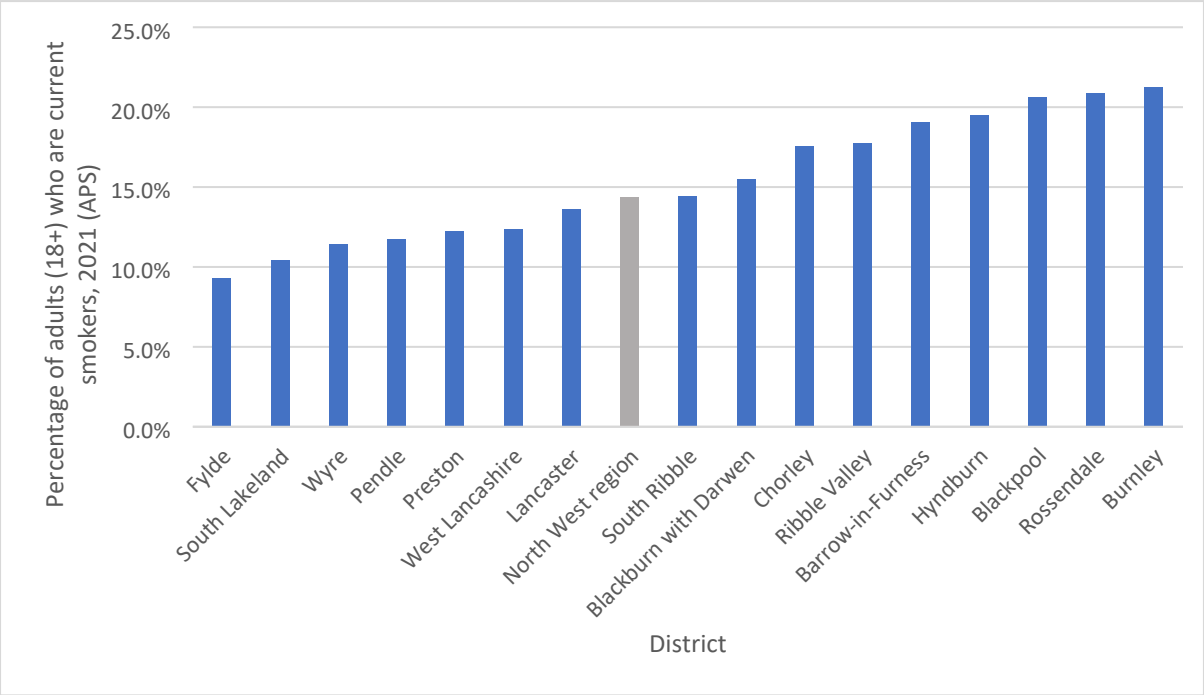


Figure 1.1 shows the trends in smoking prevalence in adults (18+) within England, the North West region and within the local authorities in our footprint using data from the Annual Population Survey- the largest household survey in England. Smoking can be seen to have declined in the past decade in each of our local authority areas, with decline starting to slow in more recent years. In 2021, it is estimated that 14.7% of adults in Lancashire smoke, 15.5% in Blackburn with Darwen, 14.3% in Cumbria, and 20.6% in Blackpool.

Smoking also varies within local authority areas, and this can be illustrated when we look at smoking prevalence by district (Figure 1.2). In 2021, the lowest smoking prevalence was seen in Fylde where 9.3% of adults are current smokers, and the highest prevalences are seen in Rossendale (20.9% current smokers) and Burnley (21.2% current smokers). Yet all three of these areas sit within Lancashire county council local authority. This demonstrates the importance of looking at the drivers of smoking at district and neighbourhood levels.

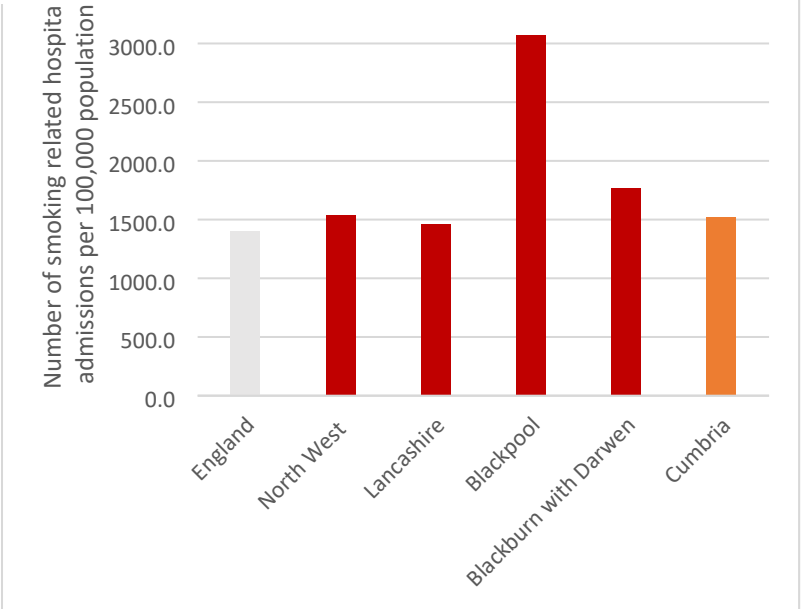
Figure 1.2 Smoking prevalence in adults by district (APS 2021)



Mortality and Morbidity from smoking

Across Lancashire and South Cumbria, smoking is responsible for **around 7,600 premature deaths** and **over 17,000 hospital admissions** each year.

Figure 2.1 Smoking attributable hospital admissions 2019/20, per 100,000 population, by local authority

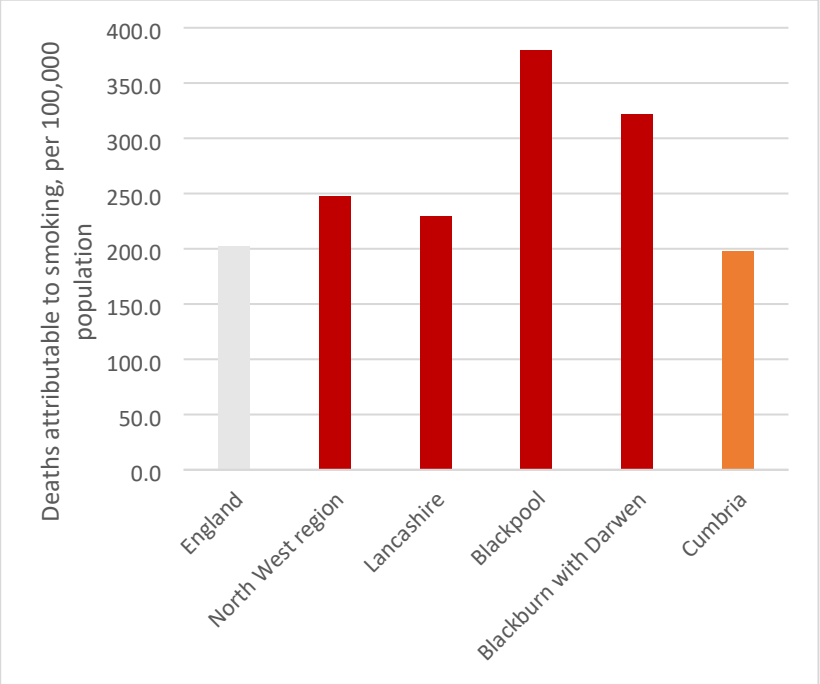


Source: Fingertips, OHID

Looking at smoking attributable hospital admissions acts as a proxy to give an idea about how much ill-health from smoking is suffered in our communities. In England, there are around 1398 hospital admissions per 100,000 of the population per year which can be attributed to smoking. In the North West as a whole, the smoking attributable admissions are higher than England with around 1540 admissions per 100,000 population per year. Figures for each local authority in Lancashire and South Cumbria can be seen in Figure 2.1. In Blackpool, smoking attributable admissions are over double that seen across England with around 3071 admissions per year due to smoking.

Smoking is also a major preventable cause of death, contributing to deaths from cancers, COPD, cardiovascular disease and many other conditions. Across England around 202 deaths per 100,000 population each year are caused by smoking. This is higher in the North West as a whole with around 247 deaths per 100,000 population each year. In Cumbria, the levels of smoking related deaths are similar to that seen across England. However, in Lancashire, Blackburn with Darwen and Blackpool, smoking related deaths are significantly higher than that seen across England. The highest levels being in Blackpool where around 380 people per 100,000 population die due to smoking each year.

Figure 2.2 Smoking attributable mortality by local authority, 2017-19



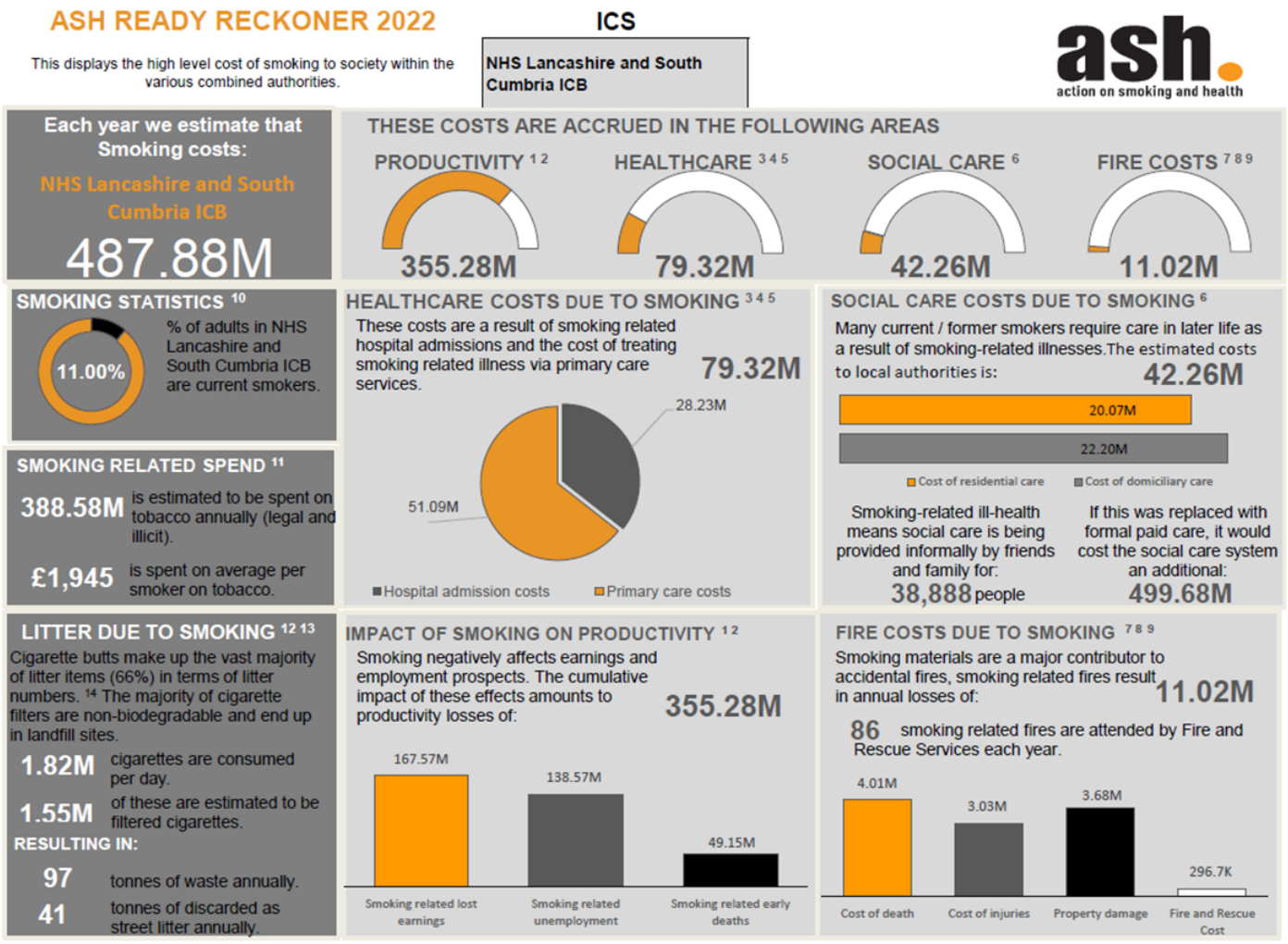
Source: Fingertips, OHID

Wider effects of Smoking on Lancashire and South Cumbria

Smoking not only impacts on the health of our population but also has wider economic costs to our society.

There are almost 200,000 people who smoke in Lancashire and South Cumbria, who on average spend £1945 per year on tobacco (legal and illicit). This gives Lancashire and South Cumbria residents a total spend of over £388 million per year on tobacco products. Stopping smoking could save each person currently smoking 10-20 cigarettes per day around £2000 - £4000 every year.

In addition to this, smoking also accrues wider costs due to its impact on productivity, healthcare, social care and costs of managing smoking related fires. . The Ready Reckoner tool created by Action on Smoking and Health (ASH) allows us to estimate the extent of these effects in Lancashire and South Cumbria[4].



National policy and guidance

In 2019 the government set a target for England to be smokefree by 2030 which would mean that by 2030 less than 5% of the population will smoke. In order to achieve this target, considerable upscaling of current tobacco harm interventions is required as very few areas of the country are on track to meet this target. Summarised below are key national policy, strategy and guidance on tobacco control that inform our approach in Lancashire and South Cumbria.

The national Tobacco Control Plan 2017-2022

Between 2017 and 2022 action has been guided by the National Tobacco Control Plan 2017-2022 [5.] This plan set out a variety of ambitions to achieve by the end of 2022, including reducing inequalities in smoking between routine and manual occupations, improving support for smokers with mental health conditions and encouraging innovation to help smokers quit. Part of these ambitions included targets for lowering smoking prevalence in key groups:

- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less.
- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less.
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less.

To achieve these targets the Tobacco control plan set out the below actions:

1. Prevention first

To achieve a smokefree generation we will:

- Ensure the effective operation of legislation such as proxy purchasing and standardised packaging designed to reduce the uptake of smoking by young people.
- Support pregnant smokers to quit. NICE has produced guidance on how pregnant smokers can be helped to quit. Public Health England and NHS England will work together on the implementation of this guidance.

2. Supporting smokers to quit

To achieve a smokefree generation we will:

- Provide access to training for all health professionals on how to help patients - especially patients in mental health services - to quit smoking.
- NHS Trusts will encourage smokers using, visiting and working in the NHS to quit, with the goal of creating a smokefree NHS by 2020 through the 5 Year Forward View mandate14.

3. Eliminating variations in smoking rates

To reduce the regional and socio-economic variations in smoking rates, we need to achieve system-wide change and target our actions at the right groups so we will:

- Promote links to "stop smoking" services across the health and care system and full implementation of all relevant NICE guidelines by 2022.
- Support local councils to help people to quit by working with Directors of Public Health to identify local solutions, particularly where prevalence remains high.

4. Effective enforcement

To reduce the demand for tobacco and continue to develop an environment that protects young people and others from the harms of smoking we will:

- Maintain high duty rates for tobacco products to make tobacco less affordable.
- Ensure that sanctions in current legislation are effective and fit for purpose,

The next iteration of the National Tobacco Control Plan has not yet been released at time of writing this strategy.

The Khan Review

Link: [The Khan review: making smoking obsolete - GOV.UK (www.gov.uk)]

This independent review by Dr Javed Khan OBE was published on the 9th June 2022, commissioned by Secretary of State for Health and Social Care to inform the government's approach to tackling the wide health disparities associated with tobacco use[6]. In the absence of a new National Tobacco Control Plan at time of strategy development, the findings from this review, have provided key evidence and recommendations to inform our local plans.

Khan finds in his review that without further action, the national smokefree 2030 target would be missed by at least 7 years, with the poorest areas of England not meeting this target until 2044. Indeed, Khan suggested that to meet the 2030 target the decline in smoking rates would have to accelerate by 40%.

In order to achieve this Khan set out 15 recommendations to be implemented at national and local levels. Four of these recommendations were described as "critical recommendations" needing urgent action if we are to meet the 2030 Smokefree target:

Khan's critical recommendations

- **Urgently invest £125m per year in interventions to reach smokefree 2030.**
- **Raise age of sale of tobacco by one year, every year**
- **Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.**
- **The NHS needs to prioritise prevention, with further action to stop people smoking, providing support and treatment across all its services, including primary care**

The Khan Review: Independent review into smokefree 2030 policies

Four critical recommendations are boxed in red. These are 'must dos' for the government to achieve a smokefree England by 2030 , around which all other interventions are based.

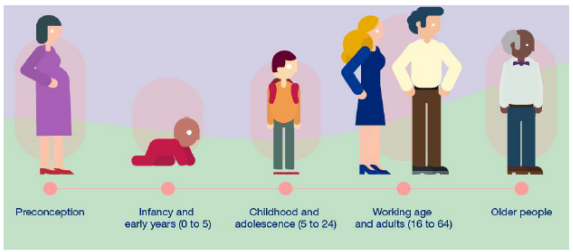
Part 1: Invest Now

REC 1: Urgently invest £125m per year in interventions to reach smokefree 2030.

Option 1: Additional funding from within government
Option 2: A 'polluter pays' industry levy
Option 3: A corporation tax surcharge

Part 2: Stop the Start

REC 2: Raise age of sale of tobacco by one year, every year.



The image above shows **the lifecycle of a smoker**. From smoking in pregnancy and the impact on the unborn baby, to old age, where 2/3 lifetime smokers will likely die from smoking. Interventions are needed at all stages of a person's life.

REC 3: Substantially raise the cost of tobacco duties (more than 30%) across all tobacco products, immediately. Abolish all duty free entry of tobacco products at our borders.

REC 4: Introduce a tobacco licence for retailers to limit where tobacco is available.

REC 5: Enhance local illicit tobacco enforcement by dedicating an additional funding of £15 million per year to local trading standards.

REC 6: Reduce the appeal of smoking by radically rethinking how cigarette sticks and packets look, closing regulatory gaps and tackling portrayals of smoking in the media.

REC 7: Increase smokefree places to de-normalise smoking and protect young people from second-hand smoke.

Part 3: Quit for Good

REC 8: Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.

REC 9: Invest an additional £70 million per year into 'stop smoking services', ringfenced for this purpose.

REC 10: Invest £15 million per year in a well-designed national mass media campaign, supported by targeted regional media.

Part 4: System Change

REC 11: The NHS needs to prioritise prevention, with further action to stop people smoking, providing support and treatment across all its services, including primary care

REC 12: Invest £15m per year to support pregnant women to quit smoking in all parts of the country.

REC 13: Tackle the issue of smoking and mental health.

REC 14: Invest £8m to ensure regional and local prioritisation of stop smoking interventions through ICS leadership.

REC 15: Invest £2 million per year in new research and data, including investing £2 million in an innovation fund.

A number of these recommendations require national policy decisions and cannot be implemented on a local scale without national action. This includes raising the age of tobacco sale, increasing central investment for interventions and services, increasing taxes and levies on the tobacco industry, developing regulations around how cigarette packers should look and introducing tobacco licenses. Therefore it is important that we use our voice in Lancashire and south Cumbria to lobby national government for actions that would be beneficial for our population.

The NHS Long Term Plan

The NHS Long Term Plan was published in 2019 and is a 10-year plan which outlines steps to be taken to improve the health of the population and maintain and develop the NHS to provide the best possible care to patients[7]. A key part of this plan involves increasing prevention within the NHS and addressing inequalities. For smoking cessation this has meant the introduction of a new NHS funded treating tobacco dependency service in:

- **Inpatient settings**
- **Maternity services**
- **Mental health and learning disability services**.

Smoking cessation commitments in the NHS long term plan:

- "By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.
- The model will also be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments.
- A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services."

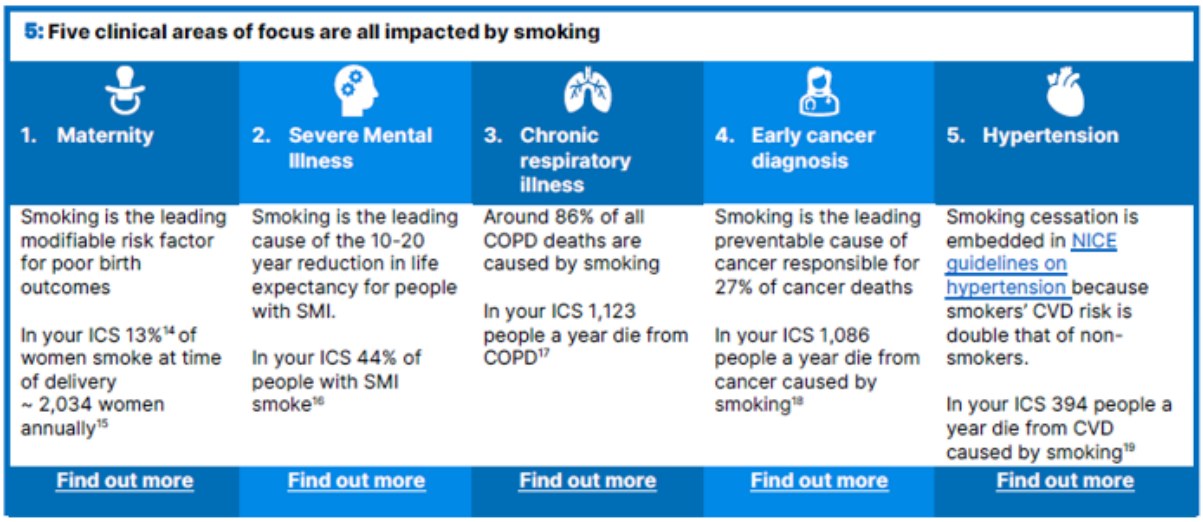
NHS Core20PLUS5

Core20PLUS5 is a national NHS England approach to reduce healthcare inequalities. This approach targets the 20% of England's population living in the most deprivation as identified using the Index of Multiple Deprivation (IMD), as well as population, groups at local levels who experience inequalities such as those from ethnic minority backgrounds, people with long term conditions, and other vulnerable groups.

The approach defines 5 clinical areas where focus is required to accelerate improvement. These are:

- Maternity
- Severe mental illness
- Chronic respiratory disease
- Early cancer diagnosis
- Hypertension

Each of these areas are impacted heavily by smoking, further demonstrating the need to incorporate strong action to tackle smoking moving forward.



Source: Briefings for Integrated Care Systems - ASH

NICE Guidance

The National Institute for Health and Care Excellence (NICE) is an independent public body who provide guidance and advice to improve health and social care in England. NICE have published guidance on the public health approach to smoking cessation in **NG209 "Tobacco: preventing uptake, promoting quitting and treating dependence"** [8]. This was published in November 2021 and replaces previously published guidelines for smoking harm reduction (PH45), stop smoking interventions and services (NG92) and guidance for smoking cessation in acute settings, pregnancy and mental health (PH48).

This comprehensive guideline covers support to stop smoking for anyone aged 12 and over, how to reduce harm from smoking for those not ready to quit, and preventing uptake of smoking.

New and updated recommendations can be found in this guideline regarding adult-led interventions in schools, stop smoking interventions, e-cigarettes, support to stop smoking in secondary care, identifying and supporting pregnant women who smoke and commissioning and designing of services. It also includes best practice guidance on preventing uptake, promoting quitting, treating tobacco dependence, policy, commissioning and training.

This evidence based guidance plays a key role in our strategy, in determining the what works and how to support our population to stop smoking, reduce harm from smoking and prevent the uptake of smoking.

Smokefree 2030: Government action

On the 11th April 2023 Neil O'Brien MP gave a ministerial speech regarding the 9 next steps by the government to work towards their 2030 Smokefree ambition:

1. Youth vaping: A call for evidence

A call for evidence has been published to explore evidence related to youth vaping. This is to collect information and explore issues such as accessibility of vapes to children and young people, regulation, marketing, promotion and environmental impacts of disposable vapes.

2. Swap to stop: 1 million smokers

A two year "swap-to-stop" scheme has been announced that will see nationally funded vaping kits being distributed to a million smokers to be used as quit aids to stop smoking. It has been announced that this will target the most at-risk communities first- including job centres, homeless centres and social housing providers.

3. Illicit products: A new national "flying squad"

£3 million of funding is being used to develop a new "flying squad" to tackle underage and illicit vape sales through trading standards.

4. Smoking in pregnancy: A national incentive scheme

Financial incentive schemes for pregnant women to quit smoking are to be funded centrally and will be offered to all pregnant women who smoke by the end of 2024.

5. Smoking in mental health: Quit support in Mental Health services

All mental health professionals to be trained to at minimum signpost to services.

6. Licensed medicines: Unblocking supplies

There have been issues regarding supply of some evidence based medications to help smokers quit such as Varenicline and Cystisine. Action is planned to improve access and unblock supply chains.

7. Tobacco packaging: Mandatory pack inserts

Consultation is planned on introducing mandatory inserts inside cigarette packs that promote the benefits of stopping smoking and signpost to support.

8. The Major Conditions Strategy: Smokefree at the core

As stated above, the next iteration of the National Tobacco Control Plan has not yet been delivered at the time of writing. It has been announced however, that the Major Conditions strategy will have Smokefree at its core.

Although these announcements were welcomed by the Public Health community, the consensus is that the actions do not go far enough. Many of the recommendations from the Khan review have not been discussed and there appears to be no plans for the substantial additional central investment recommended, or for policy change such as raising the age of tobacco sales and increasing tobacco industry taxes. Many questions still remain as to whether the announced measures will have enough impact and influence on smoking levels, particularly in areas where smoking is most prevalent.

Our priorities for Smoke-Free Lancashire and South Cumbria 2023-2028

The purpose of this strategy is to provide clear direction for commissioners, strategic leads and policymakers across Lancashire and South Cumbria around how we can together make Smokefree a reality for Lancashire and South Cumbria, and reduce the harm to our population from smoking and tobacco.

In order to achieve this our strategy is built around four key priorities;

1. **Working together as a system for a smoke free tomorrow**
2. **Action to address health inequalities**
3. **Making Smoke Free the new normal**
4. **Lancashire and South Cumbria - A United Voice against tobacco harm**

Priority 1: Working together as a system for a smoke free tomorrow

To effectively move towards a smokefree 2030 in Lancashire and South Cumbria, it is essential that we provide our population with effective support to stop smoking. One of the most effective and cost-effective ways to do this is through provision of evidence based treating tobacco dependence services.

Where are we now?

Community stop smoking support is currently commissioned and funded through local authorities. However in addition to this, as part of the NHS Long Term Plan commitment to prevention, new specialist stop smoking support should now be in place for in-house inpatient, maternity and mental health services at NHS acute trusts across Lancashire and South Cumbria. Despite this progress, availability of funding and equity of service provision remains an issue as need and complexity in the levels of intervention needed to successfully treat tobacco addiction means there remain unacceptable levels of variation of support within Lancashire and South Cumbria. What services you have access to very much depends on where you live.

Comprehensive evaluation of different stop smoking models and interventions over the years provide us with robust evidence that the most effective provision for stop smoking support is a specialist treating tobacco dependence service, providing a universal offer with pharmacology alongside behavioural support. This must be provided by a service whose primary role is the provision of stop smoking support[9]. Despite financial pressures on Local Authority's the 2021/22 survey by ASH found that 67% of local authorities still provided community treating tobacco dependence services using this model of delivery with some areas of the country having tried alternative approaches to delivery and having gone back to the specialist approach[10].

Lancashire and South Cumbria Integrated Care Partnership (ICP) was created with the ambition and purpose to harness the collective efforts of all partners to improve the health and wellbeing of the Lancashire and South Cumbria population. This presents a great opportunity to come together to

tackle tobacco addiction across the footprint equitably, with the collective efforts of partners to enable a whole that is more than just the sum of our parts.

Ambitions:

- **We will work towards reducing smoking prevalence in every district of Lancashire and South Cumbria to 5% or below by 2030, taking a targeted neighbourhood approach where appropriate**
- **We will work together as a system across Lancashire and South Cumbria to ensure that there is consistent, fair access to stop smoking support at every touch point within health, and care services**
- **We will ensure that the level of investment needed to tackle tobacco addiction is appropriate to the needs and circumstances of our communities, to allow provision of evidence based effective interventions and to address variations in levels of provision**
- **We will use local and national intelligence to understand smoking and nicotine use in our populations and provide support that meets the unique needs of populations in each locality**

Recommendations for Action:

- **Each area within the ICS footprint should have access to a specialist community treating tobacco dependence service that provides a universal offer of support to its population**
- **Development of an options appraisal to look at what steps can be taken at an ICS level to work together towards achieving a Smokefree Lancashire and South Cumbria, and to determine levels of financial investment required to level up progress in line with the Smokefree 2030 ambition**
- **Smoking status should be recorded for all patients visiting health and care services and this information should be available to treating tobacco dependence services so that support to stop smoking can be offered.**
- **Training in Very Brief Advice (VBA) should be mandatory for all frontline health and care staff, and be available for key individuals and organisations that work with residents who smoke. This training should be consistent across Lancashire and South Cumbria and include information on how to refer patients to treating tobacco dependence services.**
- **Delivery of very brief advice and the outcome of encounters should be recorded and monitored to understand how training is translated into practice and how this impacts service use.**
- **All resources for training, education and public engagement should be used and developed collaboratively across the footprint. This will ensure that consistent messages are delivered with a shared vision. It will also allow more effective use of resources.**
- **Treating tobacco dependence services should work collaboratively with partners who can signpost and refer into services such as: acute trusts, mental health trusts, primary care, social care, schools, colleges and workplaces to ensure that it is clear how individuals can be referred or refer themselves to access support and what that support entails.**

How will we measure success?

Equity of service provision will be monitored and reviewed through the Smoke free Lancashire and South Cumbria group.

Success will also be measured through improvements in the following indicators:

- Local smoking prevalences
- Treating tobacco dependence service referrals
- Recording of patient smoking status by services
- Treating tobacco dependence service quit rates
- VBA training compliance

Priority 2: Action to address health inequalities

Smoking in Pregnancy

Stopping smoking during pregnancy is one of the best things that a mother can do to ensure a healthy start in life for their child. Smoking cigarettes and exposure to second hand smoke during pregnancy increases the risk of a variety of problems including, increased likelihood of low birth weight, stillbirth, miscarriage, pre-term delivery and heart defects. Adverse health effects can also be seen after delivery with children of mothers who smoke being 3 times more likely to experience sudden infant death syndrome (SIDS).

A summary of the impacts of smoking in pregnancy is displayed below in Table 1.

Table 1: Impacts of smoking in pregnancy.

	Maternal smoking	Second-hand smoke exposure
Low birth weight	Average 250g lighter	Average 30-40g lighter
Stillbirth	Double the likelihood	Increased risk
Miscarriage	24-32% more likely	Possible risk
Preterm birth	27% more likely	Increased risk
Heart defects	50% more likely	Increased risk
Sudden infant death	3 times more likely	45% more likely

Source: NHS Long Term Plan

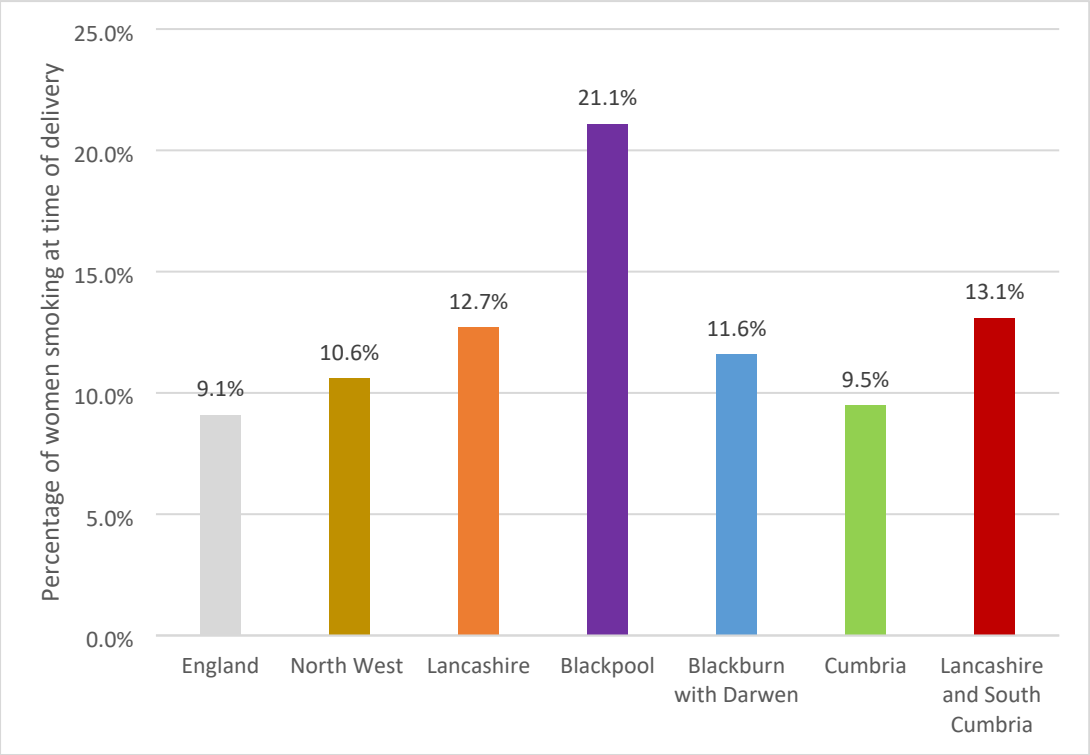
Rates of smoking in pregnancy are strongly linked to age and social economic deprivation. Mothers aged 20 or under are five times more likely than those aged 35 and over to have smoked throughout pregnancy (45% and 9% respectively)[26]. Women in routine and manual occupations are more than five times as likely to smoke throughout pregnancy compared to those in managerial and professional occupations. As a result, those from lower socio-economic groups are at much greater risk of complications in pregnancy[27].

For these reasons, smoking in pregnancy has been a key component of plans to reduce smoking at national and local levels and is a key area of focus in the NHS Long Term Plan, under which specialist in-house maternity treating tobacco dependence services are being rolled out across England. Prevalence of smoking within pregnancy is measured by collecting data on smoking status at time of delivery (SATOD) for pregnant women and the Government Tobacco Control Plan for England 2017-2022 set an ambition to reduce smoking in pregnancy to below 6% by the end of 2022.

Where are we now?

Rates of smoking at time of delivery (SATOD) have been gradually declining over the past decade, and vary considerably across England (Figure 4). Prevalence remains above national targets with the latest annual figure from NHS Digital in 2021/2022 year showing that 9.1% of women in England are smoking at time of delivery. This compares to 13.1% within Lancashire and South Cumbria, however there is great variation in this within the patch. The highest rates of smoking at time of delivery are seen in Blackpool, where 21.1% of women were still smoking at time of delivery.

Figure 3- Smoking at time of delivery (%) in 2021/22, by location



In order to further reduce smoking in pregnancy in Lancashire and South Cumbria, more action is needed to support pregnant women and their families. The new in-house specialist maternity treating tobacco dependence services, introduced as part of the NHS Long Term Plan is a key step forward and will ensure all pregnant women have the option of a combination of nicotine replacement therapy (NRT) and psychological support from trained professionals to help them stop smoking.

There is good evidence that the use of financial incentive schemes for smoking cessation in pregnant women works, with those receiving incentives being twice as likely to stop smoking [11]. Financial incentive programs for pregnant women are now being rolled out as part of a national, centrally funded scheme announced in the April 2023 ministerial speech on tobacco and should be available for all pregnant women by the end of 2024.

Currently, not all women who report as smokers at booking with maternity services are referred and engage with treating tobacco dependence services. As it is an opt-out pathway, some women choose to stop smoking independently, some try to stop smoking but don't succeed and others do not feel able to engage with services. Some local insight work has been conducted previously in Lancashire and South Cumbria to understand the reasons behind different smoking behaviours in pregnancy, and smoking in pregnancy has also been a key focus in the recent qualitative research conducted by Bluegrass and ASH around smoking behaviours [12]. Further developing, utilising reviewing this work is imperative to understand how we can best support pregnant mothers.

Ambitions:

- **All pregnant women will have access to a specialist in-house maternity treating tobacco dependence service offering both NRT and behavioural support as part of standard care**

- **To work towards a smoking at time of delivery prevalence of 6% of less in every neighbourhood**
- **To ensure all evidenced based best practice is adopted in maternity services so that women are given the best opportunity to stop smoking during pregnancy and beyond**
- **To better understand why women in Lancashire and South Cumbria smoke during pregnancy and how they can be best supported to quit**

Recommendations for action:

- **Regular training with consistent messaging and up to date information should be made available for midwives, maternity health trainers and midwifery support workers on the importance on stopping smoking during pregnancy, with a specific focus on how to counsel pregnant women**
- **Supporting significant others on the women's pregnancy journey should include them also having access to stop smoking support in all areas of Lancashire and South Cumbria. Where this support is to be delivered by community services, pathways and the referral process should be simple, clear and robust.**
- **All pregnant women who smoke should have access to a stop smoking incentivisation programme to support their quit attempt.**
- **Carbon monoxide monitoring should be performed and documented in all pregnant women, occurring as a minimum at booking and 36 weeks with regular monitoring and auditing of these figures.**
- **Data should be systematically collected and analysed regarding reasons why stop smoking support is declined by pregnant mothers and why quit attempts do not succeed. This will allow a better understanding of the wider challenges faced by our pregnant mothers and inform public health action on wider determinants of health.**
- **Prominence of messages around why stopping smoking in pregnancy is important, and how to access support should be increased through campaigns across the ICS and wider region.**

How will we measure success?

Success will be measured through monitoring of action plan implementation in the Tobacco Free Lancashire and South Cumbria group and through improvements in the following indicators:

- Smoking at time of delivery rates
- Maternity treating tobacco dependency service quits
- Maternity reating tobacco dependence service referrals
- Incentivisation scheme offer and quit rates
- CO monitoring compliance
- Referrals of significant others into services and subsequent quits

Mental health and Smoking

Those with mental health conditions die, on average, 10-20 years earlier than the general population with smoking the single largest cause of this gap in life expectancy. There is evidence that smoking prevalence is higher across a range of mental health conditions and that smoking rates increase with the severity of illness. In addition to this, people with mental health conditions smoke significantly more, have increased levels of nicotine dependency, and are therefore at even greater risk of smoking-related harm [2].

Smoking causes the release of a chemical called dopamine in the brain. When someone smokes they begin to crave this dopamine release and feel more stressed when levels of nicotine decrease in the bloodstream between cigarettes. The relief felt when this craving is finally satisfied is the feeling that smokers commonly describe as 'relaxing'.

For smokers with a mental health condition, the association between smoking and feeling relaxed is more pronounced and this can lead some to believe that smoking is good for their mental health[13]. However, the relief from nicotine withdrawal is only temporary and there is evidence that smoking can exacerbate problems. Smokers with a mental health condition tend to be more heavily addicted to smoking; and the higher the number of cigarettes smoked per day, the greater the likelihood of someone developing a mental health condition[14].

Where are we now?

Data from the GP Patient Survey estimates that in 2020/21 26.3% of adults (18+) with a long term mental health condition in England smoke. A similar prevalence can be seen across most areas of Lancashire and South Cumbria. However in Blackpool, 41.7% of those with a mental health condition are recorded as smoking.

Since July 2008, mental health facilities in England have been required by law to be smokefree indoors. Since this time, more mental health facilities have offered stop-smoking support to patients who express an interest in quitting. Currently, as part of the NHS Long Term Plan, a specialist inpatient treating tobacco dependence service is being implemented in all Mental Health NHS Trusts in England.

However, many people with mental health conditions receive support from mental health services in their communities. Therefore it is imperative that support is also available in outpatient settings. People with a mental health conditions often anticipate the difficulty of stopping smoking, which can make quitting the habit harder. However, motivation to quit smoking is often high in these groups and it is therefore important to ensure that an adequate level of specialist support is available to meet their needs[15,16].

Ambitions:

- **Individuals with mental health conditions will have access to specialist stop smoking support, both in inpatient settings and in the community**
- **Pathways between mental health and community treating tobacco dependence services will be strengthened with all staff appropriately trained to manage the unique needs of those with mental health conditions**
- **We will work with partners across the footprint to dispel myths around smoking and mental health to ensure a change in culture in mental health settings**

Recommendations for Action:

- **Lancashire and South Cumbria mental health inpatient specialist stop smoking support service should be appropriately resourced to support all those with mental health conditions. This should include adequate provision of pharmacotherapy and behaviour support for patients to make abstinence from smoking extend beyond their inpatient stay.**
- **Specialist stop smoking support should be made available for patients with mental health conditions as an outpatient, in the community.**
- **Evidenced based training for staff on smoking, access to treating tobacco dependence services (inpatient, outpatient and community) need to be available for all involved with the patient. This must include dispelling the myths around mental health and smoking and detailed guidance on medications.**
- **Work needs to be developed to engage all in a drive towards culture change which challenges the current social norms around smoking and mental health.**

How will we measure success?

Success will be measured through improvements in the following indicators:

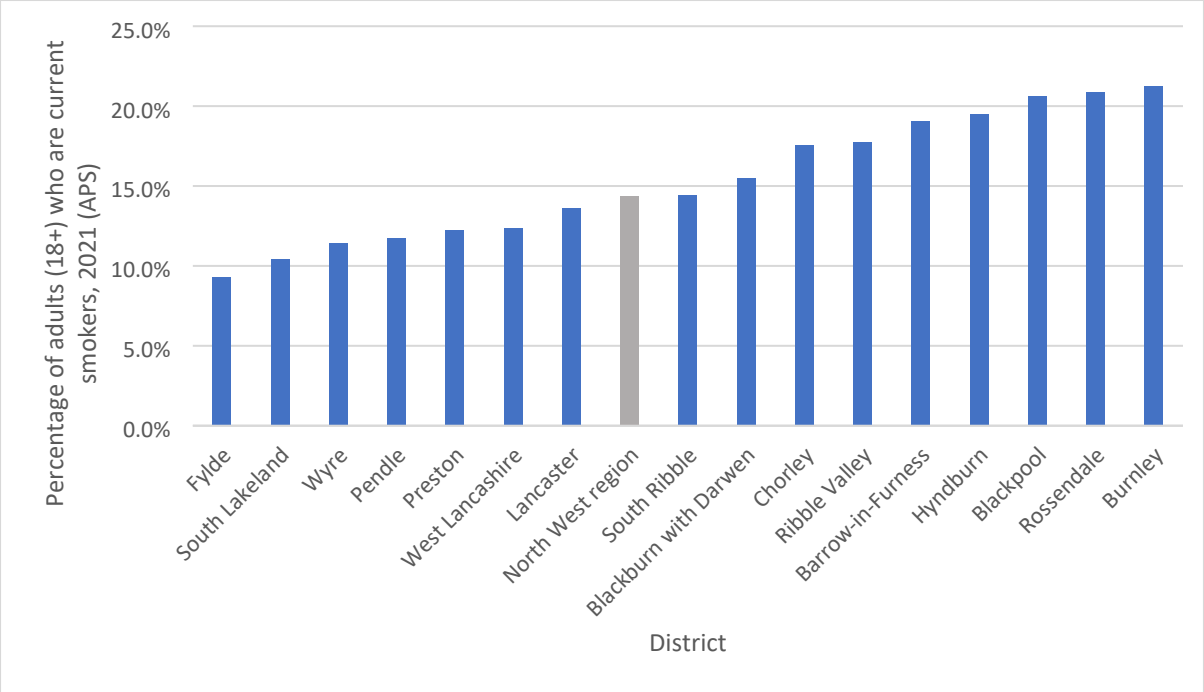
- Referrals and quits in specialist mental health treating tobacco dependency services
- Smoking prevalence in patients with mental health conditions and severe mental illness

Sociodemographic inequalities in Smoking

Smoking not only varies between local authority areas, but variation in prevalence can also be seen between and within our districts and neighborhoods.

Figure 1.2 shows the smoking prevalence across Lancashire and South Cumbria at a district level. Within Lancashire County Council, prevalence ranges between 5.5% in Fylde to almost 23% in Burnley, therefore it is important when striving for targets around smoking levels, that we monitor habits and behaviours at district and neighbourhood levels and target additional interventions to reduce inequalities. Attention also needs to be paid to sociodemographic groups where smoking is more prevalent, including: routine and manual occupations and in those with multiple addictions. Specific interventions may also need to be considered in some areas tackle smokeless tobacco products and shisha.

Figure 1.2 Smoking prevalence(%) in adults (18+) by district (APS 2021)



Source: Annual Population Survey (2020), via Fingertips

Ambitions:

- **We will ensure that treating tobacco dependence service provision is equitable and services are able to provide support appropriate to the varying needs within our communities across Lancashire and South Cumbria**

Recommendations for Action:

- **Develop local data and intelligence to understand the reasons behind variations in smoking prevalence at district and neighbourhood levels**
- **Target additional support at groups where prevalence is high (see below)**

Routine and manual occupations

In England, around 1 in 4 people working in routine and manual occupations (for example, as labourers, bar staff, lorry drivers, receptionists or care workers) smoke, compared to just 1 in 10 of those in managerial and professional occupations (for example, as lawyers, architects, nurses or teachers). In some areas of Lancashire and South Cumbria, the proportion of routine and manual workers who smoke is even higher. Data from the Annual Patient Survey estimates that in Burnley almost 46% of those in routine and manual occupations smoke, and in Blackpool 36% of these workers smoke.

Supporting this group to stop smoking is not only imperative to prevent the long term health consequences that smoking causes, but is also important to ensure that we have a healthy and productive workforce to economically support our area.

Recommendations for Action:

- **Stop smoking campaigns should be developed to targeting those in routine and manual occupations**
- **Work should be undertaken with employers and workplaces that provide these routine and manual occupations, especially in areas where smoking prevalence in this group is highest.**
- **Workplaces should be supported to promote a smokefree culture through development and implementation of smokefree policies**
- **All ICS partners should set a clear, strong example in their workplaces by ensuring that they have clear smokefree policies in place and pathways to treating tobacco dependence services and support for all employees and contractors**

How will we measure success?

Success will be measured through monitoring of action plan implementation in the Tobacco Free Lancashire and South Cumbria group and through improvements in the following indicators:

- Reduction in variation of smoking prevalence in routine and manual occupations from from general population smoking prevalence, at place level

Shisha and Smokeless Tobacco

Shisha smoking involves the smoking of tobacco through a shisha pipe, also known by the names water-pipe, hookah and narghile. This practice is traditionally more common in the Middle East and in some areas of Asia and Africa. However, shisha has become more popular in the UK in the last decade, with shisha lounges opening in many UK towns and cities.

Smokeless tobacco is a term which encompasses a range of tobacco products that are not smoked but may instead be chewed, inhaled through sniffing or placed in the mouth. Examples include tobacco pouches, paan and naswar.

Both shisha and smokeless tobacco are most commonly used in minority ethnic, particularly groups of South Asian descent[17]. In Lancashire and South Cumbria, prevalence of shisha and smokeless tobacco use varies, and is most common in areas with a higher South Asian populations such as Blackburn.

There are a number of commonly held misconceptions around the health risks of shisha and smokeless tobacco. Some mistakenly believe that the process of passing tobacco through water in a shisha pipe filters the tobacco making it safer than smoking or believe that shisha is less addictive. Whilst shisha is not as extensively researched as cigarette smoking, there is considerable evidence that smoking shisha constitutes similar health risks to smoking, including exposure to tar, nicotine and various carcinogens.

Whilst smokeless tobacco is not associated with the same risk for lung cancer and respiratory diseases as smoking, there are still considerable associated health risks to this practice, including risks of oral and pharyngeal cancers, ischaemic heart disease and stroke.

Recommendations for Action:

- **Increase awareness of the harms caused by smokeless/niche tobacco products, targeting specific communities, utilising health harm awareness campaigns**
- **Develop and implement treating tobacco dependence services and care pathways for smokeless tobacco users, and find sustainable mechanisms to embed these pathways in targeted communities, (such as through faith groups and community leaders)**
- **Trading standards should be supported to ensure that shisha premises comply with laws and regulations**
- **Organisations should ensure to consider niche tobacco, such as shisha and smokeless tobacco when developing local guidance and policy. This can be supported by use of the OHID niche tobacco self-assessment tool.**

How will we measure success?

Success will be measured through trading standards intelligence on shisha establishments and improvements in the following indicators:

- Quit rates through services in users of niche and smokeless tobacco products
- Referrals into services for users of niche and smokeless tobacco products

Smoking in those with Multiple Addictions

Smoking rates in those with alcohol and other drug dependencies are between two and four times higher than rates seen in the general population.

Sometimes treating tobacco dependence services and support may not seem like a priority in these settings but it presents a good opportunity to quit and improve their health outcomes. Evidence shows that by providing support to stop smoking to individuals in treatment for alcohol and other drug dependencies increases the likelihood of successfully quitting[18].

Recommendations for Action:

- **Strengthen pathways of support between stop smoking and substance misuse services**
- **Provide further training for all staff within our drug and alcohol treatment services to highlight the importance of stopping smoking alongside treatment for other dependencies, and dispel myths around smoking, mental health and stress relief**
- **Provision of a support offer for staff who are regular smokers to drive towards a shift in culture**
- **Collaboration with alcohol and drug services to provide co-located support offers to individuals with multiple addictions**

How will we measure success?

Success will be measured through monitoring of action plan implementation in the Tobacco Free Lancashire and South Cumbria group and through improvements in the following indicators:

- Quits in individuals receiving support for other addictions
- Referrals into services for individuals receiving support for other addictions

Priority 3: Making Smoke Free the new normal

Smoking and the environment

Smoking not only impacts our population negatively, but also has negative effects on our environment. Cigarette butts make up 66% of all litter items in the UK and the majority of cigarette filters are made of non-biodegradable material that ends up sitting in our landfill sites.

In Lancashire and South Cumbria approximately 1.8 million cigarettes are consumed each day, with over 1.5 million estimated to be filtered cigarettes. This results in approximately 41 tonnes of street litter from cigarettes alone each year [4].

Smokefree places

A key part of become smokefree is to denormalise smoking and create more smokefree spaces. Smoke from tobacco does not only cause harm to the smoker. Second hand smoke (SHS) comprised "mainstream smoke" which is exhaled by the smoker, and also "sidestream smoke" from the lit end of the cigarette. There is no safe level of exposure to second hand smoke and inhalation by those around individuals who smoke increases the risk of a number of diseases commonly experienced by smokers, including lung cancer, heart disease, stroke and COPD[19].

Second hand smoke is especially dangerous in children and babies. Exposure increases the risk of sudden infant death syndrome (cot death), asthma, glule ear and respiratory problems in later life such as emphysema[20]. It is therefore extremely important to minimise exposure to cigarette smoke as much as possible.

The biggest step forward in the UK to reduce the impact of second hand smoke on our population came in 2007 when the smoking ban in public and work spaces was implemented following the Health Act 2006 [21]. This made smoking illegal in enclosed public spaces such as restaurants and bars, and workplaces such as offices. This law was extended in 2015 to also include a ban on smoking in cars where children under the age of 18 are present. This legislation has been imperative in reducing exposure to second hand smoke, especially in children and young people. Media campaigns around the benefits of smokefree homes have also meant that far fewer children are now exposed to second hand smoke at home. In ASH's Youth Smokefree 2019 survey, 90% of young people aged 11-18 across the UK said that people are never allowed to smoke inside their house, 7% lived in houses where people can smoke, and 3% said that they didn't know.

However, there is still room for further progress. Smoking is still common in outdoor public spaces and can expose nearby individuals to similar levels of second hand smoke as indoor settings[22]. This can be combatted by the creation of Smokefree places, where individuals are asked to refrain from smoking.

This is beneficial in helping us move towards a Smokefree generation in a number of ways:

- Reducing exposure to dangerous second hand smoke
- Denormalising smoking to younger generations by reducing the visibility of smoking
- Supporting those trying to quit smoking by reducing their exposure to others who are smoking
- Helping to reduce cigarette litter and waste

Ambitions:

- **We will ensure that all health and care settings are smokefree**
- **We will reduce the prevalence of smoking within family homes**
- **We will work with partners to develop and implement smokefree parks and public places in Lancashire and South Cumbria**
- **We will support partners to ensure compliance with smokefree policies**
- **We will encourage businesses to develop smokefree policies and support staff to stop smoking**
- **We will reduce the impact of cigarette litter on our environment**

Recommendations for action:

- **All Local Authorities and NHS trusts should be signed up to the latest smokefree pledge**
- **NHS Trusts should monitor and review implementation of their smokefree policies regularly in collaboration with frontline staff and treating tobacco dependence services**
- **Development of co-ordinated action is needed on the development and implementation of outdoor smokefree places such as parks, children's play areas and other services across Lancashire and South Cumbria**
- **Joint resources need to be developed to support businesses and organisations to implement smokefree policies and support staff to stop smoking**
- **Campaigns should be developed to include focussed messaging on the importance of smoke free homes and the dangers of second hand smoke**
- **We need to ensure that all Social Housing providers in Lancashire and South Cumbria work towards the ambition to have their homes smokefree**
- **Trading Standards and Environmental Health should be supported to enforce smokefree legislation; particularly smoking in cars and littering of tobacco and e-cigarettes**
- **Management of tobacco products and e-cigarettes should be incorporated into local authority strategies around the environment and sustainability**

How will we measure success?

Success will be measured through monitoring of action plan implementation in the Tobacco Free Lancashire and South Cumbria group

Smoking in Children and Young People

Smoking often begins at a young age with around two thirds of our current adult smokers report that they took up smoking before the age of 18 [23]. If we are to become a smokefree society, a key part in this is preventing the uptake of smoking in children and young people.

The younger an individual starts smoking, the greater the risk to their health. Starting smoking young is associated with higher levels of dependency and a lower chance of successfully quitting[24]. Moreover, smoking can stunt the development of children's respiratory systems, making them more susceptible to COPD in later life and also putting them at greater risk of coronary heart disease and lung cancer [25].

The latest data from the 2021 smoking, drinking and drug use survey shows that across England, there has been a decrease in the prevalence of smoking cigarettes in young people aged 11-15 with 12% of pupils having ever smoked (16% in 2018), 3% being current smokers (5% in 2018), and 1% regular smokers (2% in 2018).

This decreasing trend is positive, but more work is needed to reduce these figures further. To do this it is important to understand why children and young people smoke. Parental smoking is a key influencing factor, further strengthening the need to support adult smokers to quit the habit. Peer pressure, stress and the media also contribute to this picture.

Ambitions:

- **We will reduce the uptake of smoking in children and young people**
- **We will reduce underage sales of tobacco and nicotine products to children and young people**
- **We will provide support to children and young people who smoke to stop smoking**
- **We will reduce exposure to second hand smoke for children and young people**
- **We will reduce the culture of smoking across our footprint with further development of smokefree places**

Recommendations for Action:

- **All schools and colleges should have smokefree policies in place and be supported to design and implement these**
- **Resources for delivery of education around smoking, e-cigarettes and stopping smoking should be developed collaboratively across Lancashire and South Cumbria to deliver a consistent message**
- **Children, young people, schools and youth organisations should be engaged in the development of resources to ensure accessibility and relevance of accurate, evidenced based materials**
- **Insight work should be undertaken with schools, children and young people to understand and address reasons why they choose to start smoking; this may include discussion on whether e-cigarettes are a gateway to smoking**
- **Community specialist treating tobacco dependence services should be accessible and appropriate to children and young people who wish to stop smoking (and/or vaping)**
- **Trading standards should receive further investment to increase their ability to tackle underage sales of tobacco, e-cigarettes and nicotine product sales; including illicit products**

How will we measure success?

Success will be measured through monitoring of action plan implementation in the Tobacco Free Lancashire and South Cumbria group and through improvements in the following indicators:

- Smoking prevalence in children and young people
- Trading standards intelligence on illicit and underage sales

Priority 4: Lancashire and South Cumbria - A United Voice against tobacco harm

Evidence shows that media and campaigns can be an effective way to influence tobacco use behaviours in both young and adult audiences [26]. However, the prominence of campaigns around smoking and tobacco use has decreased over the past decade both locally in Lancashire and South Cumbria, and nationally.

Digital and social media have huge potential to influence our population, especially in children and young people. Therefore it is important that these are utilised to communicate unified messages around smoking and tobacco across Lancashire and South Cumbria.

It is also important that Lancashire and South Cumbria's voice is heard at a national level. There are some important actions around tobacco that we do not have the power to implement at local levels. For example, as recommended in the Khan Review, we feel that gradually increasing the age of sale of tobacco products, increasing duties on tobacco with a "polluter pays" approach, and increased funding for preventative services and trading standards are key components needed to help us reach the 2030 Smokefree ambition. Where we cannot implement measures locally, we as Lancashire and South Cumbria will use our voice, expertise and local intelligence to lobby national government and campaign for measures that will benefit our population.

Ambitions:

- **We will work together to raise the prominence of stop smoking and smokefree messaging across the footprint with joint media campaigns**
- **We will work with key partners in Local Authority (including Trading Standards and Environmental Health), NHS Trusts, schools, businesses and the voluntary, community, faith sector to ensure prominence of action and messaging around Smokefree**
- **We will use our voice as a Lancashire and Cumbria system to lobby government around national policy and legislation changes needed to help us move towards our smokefree goals**

Recommendations for action:

- **Launching of a united campaign across Lancashire and Cumbria ICS to highlight the dangers of smoking, engage vulnerable and excluded groups and signpost to specialist stop smoking support**
- **All ICS organisations should work towards a shared smokefree policy to ensure consistency in patient experience across the region**
- **Increase the prominence of stop smoking messages across the ICS using both physical and digital media**
- **Lancashire and South Cumbria should use its combined voice as a system to lobby national government on legislation and policy that we are not in a position to change at regional and sub-regional levels. This should include:**
    - **Increased national investment in specialist treating tobacco dependence services in order to allow high quality, effective support to smokers to help them quit**

- **Substantial increases to cost of tobacco duties across all tobacco products**
- **Increasing the age of sale for tobacco and nicotine containing products**
- **Introduction of tobacco licencing for retailers**
- **Increasing ring-fenced funding for Trading Standards to ensure additional capacity and resource to tackle illicit tobacco, e-cigarettes and smokeless tobacco products, and to tackle underage sales of products**

How will we measure success?

Success will be measured through monitoring of action plan implementation in the Tobacco Free Lancashire and South Cumbria group.

Vapes and vaping

Vapes, also known as e-cigarettes or electronic nicotine delivery systems (ENDS), are battery powered devices that deliver nicotine by heating a liquid solution containing nicotine, flavourings and other additives into a vapour. These devices have become increasingly popular across the UK in the last decade, with prevalence of vaping continuing to increase. Vaping prevalence in England in 2021 was between 6.9% and 7.1%, depending on the survey, which equates to between 3.1 and 3.2 million adults who vape.

Many people now use vapes as a quit aid when stopping smoking. In treating tobacco dependence services across England in 2020 to 2021, quit attempts involving a vaping product were associated with the highest success rates (64.9% compared with 58.6% for attempts not involving a vaping product).

However, there are concerns around vaping. Prevalence of vaping is also increasing in children and young people with national data estimating that around 8.6% of children and young people aged 11 to 18 are vaping regularly or occasionally, more than doubling estimates from 2021. Local intelligence tells us that in reality vaping prevalence in young people may be even higher. In Blackpool, the 2022 SHEU survey found that 17% of children in years 8 and 10 used vapes regularly (at least once per week).

Moreover, single-use or “disposable vapes”, which low cost vaping devices that are pre-filled with a vaping liquid and contain a single use lithium battery are also increasing in popularity. These devices cannot be recharged or refilled, therefore once used they are often thrown away. In adults who vape, around 15.2% use single-use devices, compared to 2.2% in 2021. In children and young people this increase is even more marked with 52.8% of under 18s who vape using single-use vapes compared to 7.8% in 2021. Concerns are held regarding both the environmental impact of these products and their accessibility to children and young people.

Balancing the potential benefits that vapes can bring in reducing smoking related harm, whilst also managing concerns around wider use of vapes is a highly complex and contentious issue. It was clear when developing this strategy that work also needed to be done to develop consensus in Lancashire and Cumbria on vaping. To provide clarity on our position in Lancashire and South Cumbria, a proposed position statement on nicotine vaping has been developed. This can be found in **Annex A.**

Ambitions:

- **We will continue to use research evidence alongside local and national intelligence to inform a united stance on the place of vaping and e-cigarettes**
- **We will support where appropriate, the use of vapes as a quit aid to stop smoking**
- **We will work together to reduce the uptake of vaping in children and young people**
- **We will work to minimise the negative impacts of vapes on our environment**

Recommendations for action:

- **To continue to monitor and review the evidence around vaping, using local and national intelligence to inform our position on vapes.**
- **Where services choose to commission vapes as part of smoking cessation programs they should:**

    - **Encourage vape use as a quit aid rather than as a long term replacement for cigarettes.**
    - **Ensure that quitters are provided with a supporting regime to gradually reduce and ultimately stop vape use.**
    - **Ensure that advice is given on how to effectively use vapes to satisfy nicotine cravings.**
    - **Ensure that suppliers of vapes do not have links with the tobacco industry in line with Article 5.3 of the WHO Framework Convention on Tobacco Control. This can be ensured using the OHID national vaping portal.**
    - **Avoid using suppliers who market products to children and young people or encourage long-term vape use in their marketing.**
    - **Use plain packaging where possible.**
- **Close working with trading standards should be ensured to tackle underage sales and illicit products**
- **We advocate for further regulation around marketing of vapes and more severe sanctions for establishments who do not adhere to regulations, in order to better protect our children and young people.**
- **Schools and colleges should be both smokefree and vaping-free places. Schools and colleges should be supported to manage vaping, including disposal of confiscated devices, and ensure that policy is in place regarding how to manage vaping.**
- **Schools and colleges should be supported to provide further education around vaping.**
- **Further work is needed to understand and address the drivers of vaping behaviours in children and young people.**
- **Services commissioning vapes for use as a quit aid should choose reusable devices where possible. Where single-use vapes are used as a quit aid by services, it should be ensured that facilities are in place to appropriately recycle devices.**
- **Management of e-cigarette litter should be incorporated into local authority strategies around the environment and sustainability**

Measures:

Success will be measured through monitoring of action plan implementation in the Tobacco Free Lancashire and South Cumbria group and through improvements in the following indicators:

- Reduction in vaping prevalence in children and young people
- Increasing numbers of vape supported quits in adults

Governance and Accountability

Tobacco Free Lancashire and South Cumbria is a multi-agency group which has individual lines of reporting to each of the partner organisations. Overall accountability for the work of the group is however to each of the Health and Wellbeing Boards (HWBs); Lancashire, Blackpool, Blackburn with Darwen, Westmorland and Furness, and to Lancashire and South Cumbria Integrated Care Board (ICB).

Links are made with national and regional expert advisors and good governance dictates that latest evidence, policy and practice are regularly reviewed to ensure that work continues to be relevant and current in the context of local needs and circumstances.

How will this strategy be delivered?

Implementation of this strategy includes a variety of actions at both individual local authority and integrated care system levels. A system wide action plan will be monitored and reviewed through the Tobacco Free Lancashire and South Cumbria multi-agency group and this should be supplemented by local tobacco action plans for each local authority area.

References

1. NHS Digital. Statistics on Smoking, England 2020. Statistics on Smoking, England 2020 - NDRS (digital.nhs.uk)
2. RCPsych, 2013. Smoking and mental health. A joint report. https://www.rcplondon.ac.uk/sites/ default/files/smoking_and_mental_health_-_full_report_web.pdf
3. Office for National Statistics, 2020. Likelihood of smoking four times higher in England's most deprived areas than least deprived. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/articles/likelihoodofsmokingfourtimeshigherinenglandsmostdeprivedareasthanleastdeprived/2018-03-14
4. Action on Smoking and Health (ASH), 2022. ASH Ready Reckoner. https://ash.org.uk/resources/view/ash-ready-reckoner
5. Department of Health and Social Care, 2017. Towards a Smokefree Generation, A Tobacco Control Plan for England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022__2_.pdf
6. Khan, J, 2022. Making smoking obsolete. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1081366/khan-review-making-smoking-obsolete.pdf
7. NHS, 2019. NHS Long Term Plan https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/smoking/
8. National Institute for Helath and Care Excellence, 2021.Tobacco: preventing uptake, promoting quitting and treating dependence. https://www.nice.org.uk/guidance/ng209
9. Public Health England, 2017. Models of delivery for treating tobacco dependence services: options and evidence. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647069/models_of_delivery_for_stop_smoking_services.pdf
10. Action on Smoking and Health (ASH), 2021. Reaching Out: Tobacco control and treating tobacco dependence services in local authorities in England, 2021. Reaching-Out-1.pdf (ash.org.uk)
11. Notley C, Gentry S, Livingstone-Banks J, Bauld L, Perera R, Hartmann-Boyce J. Incentives for smoking cessation. Cochrane Database of Systematic Reviews 2019, Issue 7. Art. No.: CD004307. DOI: 10.1002/14651858.CD004307.pub6.
12. Action on Smoking and Health & Bluegrass. 2022. Smoking: Qualitative Insights Primary Research Report. https://ash.org.uk/uploads/Qualitative_Insights_Primary_Research_Report_2022-12-02-140553_trte.pdf?v=1669989950

13. Ratschen E, Britton J, McNeill A. The smoking culture in psychiatry: time for change. The British Journal of Psychiatry 2011; 198: 6-7.
14. McDermott M et al. Change in anxiety following successful and unsuccessful attempts at smoking cessation: cohort study. The British Journal of Psychiatry Jan 2013; 202 (1): 62-67
15. Action on Smoking and Health (ASH), 2019. Tobacco and ethnic minorities https://ash.org.uk/resources/view/tobacco-and-ethnic-minorities
16. Apollonio D, Philipps R, Bero L. Interventions for tobacco use cessation in people in treatment for or recovery from substance use disorders. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD010274. DOI: 10.1002/14651858.CD010274.pub2.
17. Action on Smoking and Health (ASH), 2020. Secondhand smoke https://ash.org.uk/resources/view/secondhand-smoke - ref2
18. Royal College of Physicians., 2010. Passive smoking and children. A report of the Tobacco Advisory Group of the Royal College of Physicians. London, RCP.
19. Health Act 2006. Health Act 2006 (legislation.gov.uk)
20. Smoke-Free Ontario Scientific Advisory Committee., 2010. Evidence to Guide Action: Comprehensive Tobacco Control in Ontario. Toronto, ON: Ontario Agency for Health Protection and Promotion
21. Hopkinson N, Lester-George A, Ormiston-Smith N, Cox A, Arnott D, 2013. Child uptake of smoking by area across the UK. Thorax. 2013;69(9):873-875.
22. Leonardi-Bee J, Jere M, Britton J, 2011. Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis. Thorax. ;66(10):847-855.
23. Royal College of Physicians, 2005. Going smoke-free: The medical case for clean air in the home, at work and in public places. A report by the Tobacco Advisory Group.
24. Durkin SJ, Brennan E, Wakefield MA, 2022. Optimising tobacco control campaigns within a changing media landscape and among priority populationsTobacco Control;31:284-290.
25. Hajek, P., Phillips-Waller, A., Przulj, D., Pesola, F., Myers Smith, K., Bisal, N., Li, J., Parrott, S., Sasieni, P., Dawkins, L., Ross, L., Goniewicz, M., Wu, Q., & McRobbie, H. J., 2019. A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy. The New England journal of medicine, 380(7), 629–637. https://doi.org/10.1056/NEJMoa1808779

Annex A

Lancashire & South Cumbria Directors of Public Health

Proposed Position Statement on Nicotine Vaping

This document has been created collaboratively with colleagues from across Lancashire and South Cumbria with the purpose of representing the agreed position of public health with regard to nicotine vaping. Our position has been informed by the evidence base around vaping and both local and national intelligence regarding vaping behaviours.

Our Position on Vapes and Vaping

Smoking tobacco kills up to 2 out of 3 long term smokers and remains the single biggest cause of preventable illness and is responsible for the death of appropriately 7,500 people in Lancashire & South Cumbria each year from smoking.

Smoking tobacco products is a significant driver of health inequalities and our priority should remain on tobacco control and the need to reduce the number of people who smoke

- We acknowledge that Medicines and Healthcare products Regulatory Agency (MHRA)[1] regulated vaping products have an important role in helping adults to quit smoking
- We have significant concerns about the increasing use and documented harms of vapes amongst children and young people
- We have significant concerns about the ease of access to vaping products – particular the direct and indirect advertising and marketing of these products to children & young people and the rise in availability of illicit products
- We feel the need to act in order to combat the environmental harms associated with so called 'single disposable' vapes and recommend tighter regulation including a ban
- We acknowledge the urgent need to provide clarity to our NHS provider services and settings on the status of vapes in NHS Smokefree Policies

If you don't smoke, don't vape.

[1] The Medicines and Healthcare products Regulatory Agency (MHRA) is the competent authority for the UKs notification scheme for nicotine containing Vaping products. Rules ensure minimum standards for the safety and quality of all e-cigarettes and refill containers and that information is provided to consumers so that they can make informed choices. More information can be found at: E-cigarettes: regulations for consumer products - GOV.UK (www.gov.uk)

Vapes as a Quit Aid for Adults

- We acknowledge that in the short and medium term, evidence shows that vaping confers a much smaller risk to health than smoking. More information and evidence is needed regarding long term use of vapes (over 2 years).
- We acknowledge the evidence around the effectiveness of vapes as an aid for quitting smoking and agree that short term use of vapes for this purpose can be beneficial given the considerable health burden imposed by smoking.
- Individuals who independently source vapes to be used as a quit aid should be supported by our Smoking Cessation Services to use their devices for this purpose, alongside the offer of NRT and behavioural support.
- Where Smoking Cessation Services choose to commission vapes as part of smoking cessation programs they should:

    - Encourage vape use as a quit aid rather than as a long term replacement for tobacco.
    - Ensure that quitters are provided with a regime to gradually reduce and support to ultimately stop vape use.
    - Ensure that advice is given on how to effectively use vapes to satisfy nicotine cravings.
    - Ensure that suppliers of vapes do not have links with the tobacco industry in line with Article 5.3 of the WHO Framework Convention on Tobacco Control.
    - Avoid using suppliers of vapes who market products to children and young people or encourage long-term vape use in their marketing.
    - Use plain packaging where possible.

- Long-term use of vapes should be discouraged unless cessation of use would lead to a return to smoking. Long-term risks of vape use are not yet certain and nicotine addiction from vapes holds its own health harms.
- Vapes are a powerful tool for smoking harm reduction however, when considering their widespread use in our communities, we do hold concern that this may further normalise vape use and contribute to increasing recreational use of vapes, especially amongst children and young people.
- Strategy to tackle vaping in children young people should be an integral component of plans where vapes are to be used as a quit aid.

Vapes in Children and Young People

- Children and young people under the age of 18 should not take up vaping.
- Most vapes used by children and young people contain nicotine, which is highly addictive and use incurs various health risks, including negative impacts on brain development in young people.
- National data regarding increasing prevalence of use among children and young people is concerning. This concern is heightened by local intelligence which suggests that prevalence in Lancashire and South Cumbria may be much higher than national estimates.
- Vapes are too easily available. This is a particular issue for children and young people. We need to work closely with trading standards and enforcement to tackle underage sales and the availability of illicit products. We advocate for more resource to be invested in trading standards and enforcement to ensure they can effectively tackle illicit tobacco and vaping products.
- We advocate for further regulation around marketing of vapes and more severe sanctions for establishments who do not adhere to regulations, in order to better protect our children and young people.
- We feel that further education and awareness around smoking and vaping harms are important - not only for children and young people but also for parents, carers and those that work with children and young people, including teachers and youth workers.
- Schools and colleges should be Smokefree – including tobacco and vaping. Schools and colleges should be supported to manage vaping and ensure that policy is in place regarding how to manage vaping.
- Work is needed to understand and address the drivers of vaping behaviours in children and young people. Local intelligence suggests that issues such as stress, anxiety, boredom and peer pressure may contribute to vape use. We feel that interventions to address these factors are an important component to plans to reduce vaping prevalence in these groups.

Single-use/Disposable Vapes

- The rapid rise in single use, disposable vape use is highly concerning with litter from such devices causing a considerable environmental burden.
- We hold significant concern that the low cost of these devices makes them very accessible to children and young people.
- Disposable vapes each contain a lithium battery. This creates a huge amount of lithium waste and constitutes a significant fire hazard when incorrectly disposed of in landfill sites.
- We support calls for legislation and regulation to stop the sale of single use, disposable vapes to retail audiences.
- Services commissioning vapes for use as a quit aid should choose reusable devices where possible. Where single-use vapes are used as a quit aid by services, it should be ensured that facilities are in place to appropriately recycle devices.

Vaping on Smokefree NHS Sites

The use of vapes on NHS sites is a complex issue. We are aware of discussions locally and across England regarding whether vaping should be allowed in certain spaces on NHS sites to facilitate use of vapes as a quit aid.

It is acknowledged that vaping is already in place as a treatment option at Lancashire and South Cumbria Foundation Trust (LCSFT) within Mental Health Inpatient services to support those that wish to quit and to provide nicotine replacement for individuals to support smoking abstinence during inpatient stays. For these patients vaping is therefore permitted in patient rooms, and also in non-communal spaces and the ward outdoor space.

Further work is required with staff and patients in Lancashire and South Cumbria to determine the most effective way to manage vaping at our NHS sites.

We feel that development of a single Smokefree Policy that addresses tobacco smoking and vaping across all NHS Acute and Community sites would be the most effective way to manage the issue; giving a clear and consistent message to patients as they move around the region.

When developing a single Smokefree Policy for NHS sites, our position is:

- Vaping should not be permitted indoors in public areas
- Vaping should not be permitted around doorways or in high foot traffic-areas
- Clear signage should be used to indicate whether, and/or where, vaping is permitted on site, and that smoking on site is still not permitted.

Background Information

Smoking & Tobacco

Smoking continues to kill almost 75,000 people in England every year and is the number one cause of preventable death, resulting in more deaths than the next five highest preventable causes of mortality combined (obesity, alcohol use, road traffic accidents, drug abuse and HIV infection[1]. Across Lancashire and South Cumbria Integrated Care System, smoking is estimated to cause over 17,150 hospital admissions and 7,600 deaths each year[2].

Smoking is the most common way that tobacco is used in the UK. When a person smokes, they inhale a mixture containing not only highly addictive nicotine but also a variety of other substances, which have negative health consequences, such as tar, carbon monoxide and chemicals such as benzene and formaldehyde. Tobacco is also used in other forms, including chewing tobacco, pouches that sit in the mouth and through water pipes known as “shisha” or “hookahs”.

Huge health inequalities exist within smoking. Life expectancy of smokers is at least 10 years lower than that in non-smokers with a disproportionate impact on those from lower socio-economic backgrounds. In Lancashire and South Cumbria, over 88,000 smoking households live in poverty and almost 7000 people are out of work due to smoking. In addition, almost 39,000 people across the ICS receive informal care from friends and family due to smoking[2].

Therefore supporting people who smoke to quit smoking, and preventing the uptake of smoking, are key priorities across Lancashire and South Cumbria.

Vapes & Vaping

Vapes, also known as e-cigarettes or electronic nicotine delivery systems (ENDS), are battery powered devices that deliver nicotine by heating a liquid solution containing nicotine, flavourings and other additives into a vapour. There are some vaping products available that do not contain nicotine. However, the vast majority of vapes used in the UK market are nicotine containing vapes. Using these devices does not cause exposure to tar or carbon monoxide, however does expose users to addictive nicotine alongside chemical flavourings and additives from the e-liquid solution.

These devices have become increasingly popular across the UK in the last decade, with prevalence of vaping continuing to increase. Vaping prevalence in England in 2021 was between 6.9% and 7.1%, depending on the survey, which equates to between 3.1 and 3.2 million adults who vape[3].

Vaping prevalence is also increasing in children and young people with national data estimating that around 8.6% of children and young people aged 11 to 18 are vaping regularly or occasionally, more than doubling estimates from 2021. Local intelligence tells us that in reality vaping prevalence in young people may be even higher. In Blackpool, the 2022 SHEU survey found that 17% of children in years 8 and 10 used vapes regularly (at least once per week).

Single-use or “disposable vapes” are low cost vaping devices that are pre-filled with a vaping liquid and contain a single use lithium battery. These devices cannot be recharged or refilled, therefore once used they are often thrown away. Since 2021 the popularity of single-use vapes has increased significantly. In adults who vape, around 15.2% use single-use devices, compared to 2.2% in 2021. In children and young people this increase is even more marked with 52.8% of under 18s who vape using single-use vapes compared to 7.8% in 2021.

Vapes as a Quit Aid to Stop Smoking

Vapes have become increasingly popular for people wishing to stop smoking. In treating tobacco dependence services across England in 2020 to 2021, quit attempts involving a vaping product were associated with the highest success rates (64.9% compared with 58.6% for attempts not involving a vaping product). The only product that has achieved higher quit rates than vapes is varenicline.

Use as a quit aid is also supported by findings from a recent Cochrane review of studies including 22,052 patients, which reports high-certainty evidence that vapes with nicotine increase quit rates compared to NRT, and moderate-certainty evidence that they increase quit rates compared to vapes without nicotine[4]. A large UK based randomized control trial also found that using vapes as a quit aid was twice as effective and only incurred one fifth of the cost of NRT[5].

Support for use of vapes as a quit aid is nationally recognised in NICE Guidance, within the NHS Long Term Plan and is a critical recommendation within the Khan review if England is to reach 2030 smoke-free targets. In the April 2023 ministerial speech, the rollout of a new national "swap to stop" initiative by the government was announced, in which 1 million smokers will receive vape kits to be used to help stop smoking.

Safety of Vaping

Over recent years, the evidence base around vaping has been increasing and there is an expanding evidence base to suggest that vapes pose a small fraction of the risks of smoking in the short to medium term[3]. However, vaping is not risk free and this is particularly important to consider in people who do not smoke. More robust evidence is needed to make conclusions around the risks of vaping long term (over 2 years).

Concerns Regarding the Social & Cultural Norms of Vaping

Whilst evidence does show that vapes can be an effective quit aid, there are still concerns about their wider use.

If the choice is between vaping and fresh air, then fresh air is always better. People who do not smoke taking up vaping is a concern, and it is also feared that widespread use of vapes as quit aid may further normalise their use for recreational purposes. This is especially concerning for children and young people under the age of 18.

The prevalence of vaping among children and young people is continuing to increase and local intelligence suggests that the problem may be more widespread than national data suggests. Vaping has become a trend in youth audiences and it appears to be alarmingly easy for children and young people to access vapes.

In response to this issue, it has recently been announced that Australia are planning reforms that will ban importation on non-prescription vaping products, including those without nicotine, and also plan to ban single-use "disposable" vapes.

Regulation of vapes, including under-age sales and illicit products are a significant issue in the UK. Trading standards North West reported a 450% rise in intelligence reports related to underage vape sales in 2022. Test purchases conducted to see if shops would sell to underage customers in Lancashire and Cumbria within Q3 2022/23 found that over ¼ of retailers allowed underage purchases.

Moreover, we are seeing marketing tactics from the vaping industry that appear to target younger audiences, such as the use of confectionery based flavours, bright colours and cartoons, light up devices and sponsorship of public buildings within our local area by vaping companies.

There are specific concern regarding single use vapes and the increase in their use. There is a significant environmental burden attributed to these devices with regard to litter on the street and material in landfill. The low cost of these devices also makes them easily accessible to children and young people, with over half of young vapers choosing single use devices.

References

26. NHS Digital. Statistics on Smoking, England 2020. Statistics on Smoking, England 2020 - NDRS (digital.nhs.uk)
27. Action on Smoking and Health (ASH). Impact of smoking on Core20PLUS5- Guide for NHS Lancashire and South Cumbria ICB. https://ash.org.uk/uploads/Guide-for-NHS-Lancashire-and-South-Cumbria-ICB.pdf?v=1649675817
28. Office for Health Improvement and Disparities (OHID). Nicotine vaping in England: 2022 evidence update main findings. 2022. Nicotine vaping in England: 2022 evidence update main findings - GOV.UK (www.gov.uk)
29. Hartmann-Boyce J, Lindson N, Butler AR, McRobbie H, Bullen C, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Fanshawe TR, Hajek P. Electronic cigarettes for smoking cessation. Cochrane Database of Systematic Reviews 2022, Issue 11. Art. No.: CD010216. DOI: 10.1002/14651858.CD010216.pub7.
30. Hajek P, Phillips-Waller A, Przulj D, et al. A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy. N Engl J Med. 2019;380(7):629-637. doi:10.1056/NEJMoa1808779

Resources

Evidence and guidance around vaping

Nicotine vaping in England: 2022 evidence update main findings - GOV.UK (www.gov.uk)

Nicotine vaping in England: an evidence update including health risks and perceptions, September 2022 (publishing.service.gov.uk)

The Khan Review- Making smoking obsolete: summary - GOV.UK (www.gov.uk)

Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE

Quitting vaping

Supporting clients who want to stop vaping (ncsct.co.uk)

Single-use vapes

The environmental impact of disposable vapes (parliament.uk)

Recycling vapes (recycleyourelectricals.org.uk)

Office for Health Improvement and Disparities: Vaping Procurement portal

A new category has been created on the existing Tail Spend Solution platform named “Vaping Solutions” to assist in procuring devices for use in stop smoking initiatives. Instructions on how to access can be found at: Tail Spend Solution - CCS (crowncommercial.gov.uk)

Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday, 5 September 2023

Corporate Priorities:
Caring for the vulnerable;
Protecting the environment;
Delivering better services;

Tackling Illicit Vapes and Youth Vaping in Lancashire

(Appendices 'A', 'B' and 'C' refer)

Contacts for further information:
Paula Hawley-Evans, Consultant in Public Health, Public Health, Lancashire County Council, paula.hawley-evans@lancashire.gov.uk
Angela Lomax, Trading Standards Manager, Trading Standards and Scientific Services, Lancashire County Council, angela.lomax@lancashire.gov.uk

Brief Summary

Smoking tobacco is still the single biggest cause of preventable illness and death and the priority remains to achieve a Smoke Free Lancashire. Youth smoking is at its lowest rate, however, there has been a concerning rise in young people under 18 years of age vaping.

The Trading Standards North West Youth Survey 2023 (Appendix 'A') highlighted that young people are attracted by fruit flavours, attractive packaging, and cheap products with nearly half of the 14–17-year-olds involved in the survey having tried e-cigarettes but not cigarettes. Lancashire Trading Standards Service has seen a significant rise in complaints in relation to underage sales of vape products and in 2023/24 (April–June) seized over 20000 non-compliant/illicit vapes and removed them from the shelves of Lancashire businesses, depriving traders of approximately £100,000 of illicit income.

This increase in youth vaping and illicit products raises several challenges including enforcement capacity and combatting the marketing of products to young people under 18.

The report outlines current work and opportunities to address these challenges by joint working across public health, schools and colleges, Trading Standards Service and Lancashire's new Stop Smoking Service. It also sets out a Lancashire County Council position statement on youth vaping.

Recommendations

The Health and Wellbeing Board is asked to endorse the following:

i) Work with schools and colleges to promote a whole school approach to tackling smoking and vaping including the distribution of curriculum support materials from Trading Standards and Office of Health Inequalities and Determinants for use in Personal, Social, and Health Education lessons to inform young people about the harms of vaping.
ii) Development with partners including Trading Standards of a marketing campaign targeted at reducing children and young people vaping by Lancashire County Council's new Smoking Cessation Service in the autumn.
iii) Work by Trading Standards on tackling illicit products and underage sales in relation to vaping and explore the need for funding to focus solely on Underage Sales and illicit vapes this could include a Responsible Retailer Scheme and/or additional targeted Test Purchase exercises.
iv) Lancashire County Council's position statement (Appendix 'B') on vaping which supports delivery of the ambitions in the refreshed Lancashire Tobacco Strategy 2023-28 to 'make Smokefree the norm', and address children and young people smoking and vaping.
v) Work with colleagues across the Lancashire and South Cumbria Integrated Care Partnership to influence the national team around limiting promotions online.

Detail

Purpose

To set out Lancashire County Council's position on vaping and respond to the Council's motion, 13 July 2023, to bring a report to Health and Wellbeing Board outlining current enforcement action on vaping in relation to sales to young people in Lancashire, to consider educational opportunities for young people (under the age of 18) in relation to vapes and making available funds for a Trading Standards campaign.

Context

Smoking tobacco is still the single biggest cause of preventable illness and death linked to over 100 different conditions including 15 cancers, nine mental health conditions and numerous respiratory, cardiovascular, and other disorders. Between 2017 and 2019 smoking killed an estimated 191,903 people in England and 5,174 people in Lancashire. In the Lancashire 12 area, smoking prevalence is 14.7% of adults (18+) smoke (Office for Health Improvement and Disparities (OHID) 2021) which is in line with the England average, however that varies significantly by areas from 9.3% to 21% (Annual Population Survey 2021), it is estimated that in Lancashire we have approximately 151,161 smokers. Smoking tobacco products is also a significant driver of health inequalities and our priority should remain on tobacco control and the reducing the number of people who smoke (Lancashire Tobacco Strategy 2023-2028).

The Government set out an ambition for a Smokefree England in its Tobacco Control Plan 2017 and although there have been many improvements in reducing the harms from tobacco the recent 'Khan review: making smoking obsolete' (2022) highlighted the need to do much more to meet this target. It recommended several actions including offering vaping as an alternative for smoking (adults), alongside accurate information on the benefits of switching and enhanced illicit local enforcement.

In April 2023 Neil O'Brien MP gave a ministerial speech regarding the next steps by the Government to work towards their 2030 Smokefree ambition. These included:

- **Youth vaping:** A call for evidence in June 2023 to collect information and explore issues such as accessibility of vapes to children and young people, regulation, marketing, promotion, and environmental impacts of disposable vapes. Results awaited.
- **Swap to stop:** Announcement of a two year "swap-to-stop" scheme of nationally funded vaping kits distributed to a million smokers to be used as quit aids to stop smoking targeting the most at-risk communities first.
- **Illicit products:** £3m to be used to set up a new national "flying squad" to tackle underage and illicit vape sales through trading standards.

The use of vapes by adults has grown from around 700,000 in 2012 to 4.7 million in 2023, Action for Smoking on Health (ASH 2023). National Institute for Health and Care Excellence (NICE) evidence found that vaping was nearly twice as effective as Nicotine Replacement Therapy in helping smokers quit in a Stop Smoking Service setting in England. Several evidence reviews have also found e-cigarettes to be 95% less harmful than smoking when used for 12 months, although not risk free.

The Trading Standards North West Youth Survey 2023 (TSNWS), undertaken by almost 14000 young people including those from Lancashire, showed there has been a significant increase in the numbers of young people vaping. 17% claim to vape more than once a week, compared to 6% in 2020. Respondents said that flavours were a key factor in tempting them to vape. 1 in 7 now claim to vape regularly, more than double the level recorded in 2020. Young people in the North West are increasingly trying vaping rather than smoking tobacco cigarettes. 18% had tried a cigarette first, 20% had tried vaping first 54% of young people have tried a vape but not a cigarette.

Lancashire – Smoking, Vaping and Young People

The Trading Standards North West Youth Survey showed in Lancashire, of 2285 young people aged 14-17 years old from 17 different secondary schools, that tobacco smoking amongst this age group has reached its lowest ever level, 6% of respondents claimed to smoke (a reduction from 10% since the last survey in 2020).

Although this is not a representative sample, it shows that unfortunately the pattern of vaping in Lancashire follows the national and regional picture of a concerning rise in young people vaping with 1 in 6 young people saying they vape regularly. The

survey also evaluated changing attitudes and behaviours including vaping. The results of the survey on vaping can be found in Appendix 'A'.

In the last three years, up until March 2023, Trading Standards Service (TSS) received 510 complaints relating to the Underage Sale (UAS) of E-Cigarettes. The number of complaints received has significantly increase by 2000% from 10 in 2020/21 to 269 last year. In 2022/23 the service received in total 389 Underage Sale (UAS) complaints, with e-Cigarettes making up 69% of these (269). It is anticipated that this will continue to rise.

Challenges presented by the increase in youth vaping and illicit e-cigarettes

This increase in vaping in young people and illicit e-cigarettes presents several challenges:

- Combatting the marketing and promotion of products to under 18s eg attractive packaging, fruit flavours, and the use of social influencers whilst targeting smokers and raising the awareness of promoting e-cigarettes as an evidence based quit aid for adults who smoke. Among the 1.8 million smokers who are yet to try vaping 43% believe e-cigarettes are as harmful or more than smoking up from 27% in 2019 (ASH,2023).
- Accessibility of e-cigarettes despite it being illegal to sell to under 18s.
- Affordability of e-cigarettes such as disposable vapes being offered at discount prices for multiple purchases at pocket money prices.
- Limited insight into understanding and addressing the drivers of vaping behaviours in children and young people.
- Environmental impact particularly of disposal vapes which are plastic and contain lithium batteries.
- Enforcement of regulations on illicit e-cigarettes, Underage Sales, and capacity of Lancashire Trading Standards Service to address significant increase in Underage Sales (UAS).

Current work to tackle smoking, illicit vapes and young people vaping

i) Public Health

A refreshed Lancashire Tobacco Strategy 2023-2028 has been produced with colleagues across Lancashire and South Cumbria. It has four priorities including, 'Making Smokefree the new norm' with an ambition to address smoking and vaping in children and young people, recommendations for action and a position statement on vaping. Several of these statements have been incorporated in developing the Lancashire County Council position on vaping in Appendix 'B'.

Lancashire County Council's Public Health Team are in the process of recommissioning its Smokefree Lancashire Service. The new service, to commence October 2023, will include supporting delivery of 'making Smokefree the norm' and

development of campaigns and educational materials working with a range of organisations including Trading Standards and children and young people.

ii) Schools and Colleges

National Institute for Health and Care Excellence (NICE) has recommended a whole school approach to smoking and vaping including coverage in the curriculum. Schools and colleges have policies on smoking and vaping and a statutory requirement to deliver sessions which cover tobacco as part of the Personal Social and Health Education (PSHE) curriculum. There is also a focus on young people within the new tobacco cessation service offer to work with education settings.

Further work is underway to support schools and colleges including distribution of 'Where's the Harm' booklet to pupils in Years 8 and 9 across the county in September. A total of 30,000 copies to 214 schools by Trading Standards Service (TSS), this has been funded by Supplementary Misuse Treatment and Recovery Grant.

The Office for Health Improvement and Disparities (OHID) is also producing a new resource pack for schools on vaping, aimed at Years 7 and 8 linked to the national curriculum. The activities will feature films made with young people in which they will talk in their own words about the issues around vaping, as well as a clear presentation of the latest evidence.

iii) Trading Standards

E-cigarettes is a priority for Trading Standards and additional work for 2023/24 includes:

- Introduction of an e-cigarette awareness face to face training course as an alternative enforcement disposal method developed with colleagues at Blackburn with Darwen Council. Any business who fails an attempted test purchase will be invited to undertake this training. The initial course took place in July. Evaluation is positive.
- 213 businesses who have been the subject of an Underage Sales (UAS) complaint in the last 12 months have been identified written to and reminded of their legal obligations when it comes to vape sales.
- Writing to a further 1,700 businesses who may sell vapes, identified by type of business, and advised them of the law and their legal obligations when it comes to vape sales.
- In the first quarter of 2023/24 (April–June) seized over 20000 non-compliant/illicit vapes and removed them from the shelves of Lancashire businesses, depriving traders of approximately £100,000 of illicit income.
- Increase in test purchases where Trading Standards direct volunteer young people between the ages of 14 and 16.5 years (these ages are determined by The Age Restricted Sales Code of Practice) to attempt to purchase age restricted products including e-cigarettes.
- Enforcement action - several enforcement options are available to address traders who choose to break the law. For information relating to the law see Appendix 'C'.

As a result of increasing complaints, Trading Standards has reviewed its work plan and set challenging targets for 2023/24 in relation to work e-cigarettes such as increasing the number of Test Purchase (TP) attempts this would also result in a reduction of Test Purchase (TP) for other age restricted products such as tobacco and alcohol.

Appendices

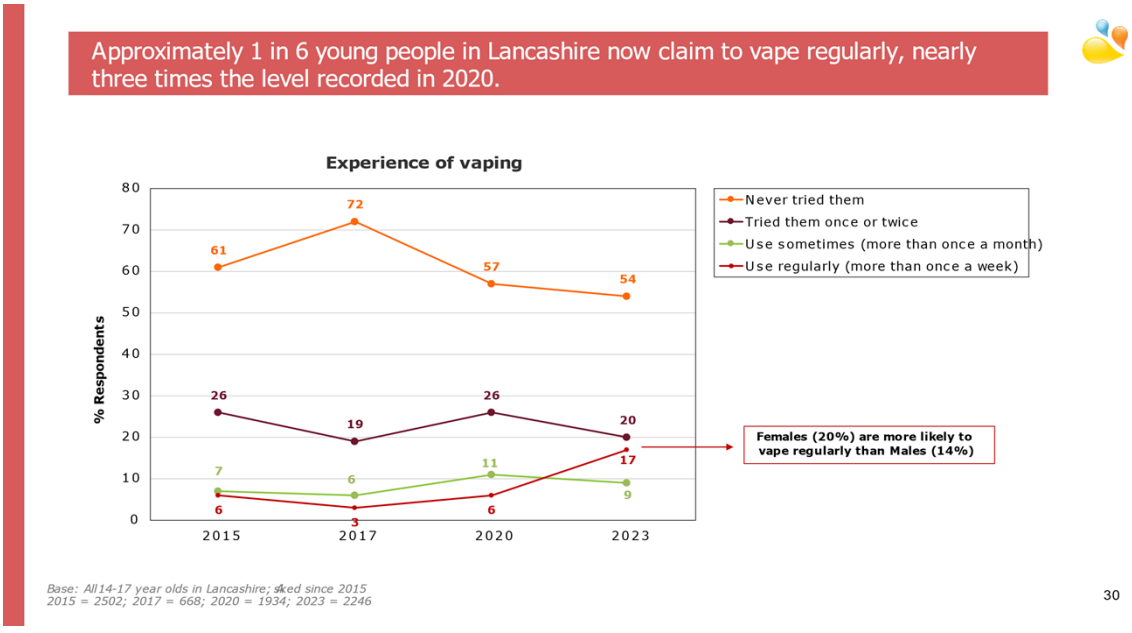
Appendices 'A'-'C' are attached to this report. For clarification they are summarised below and referenced at relevant points within this report.

Appendix	**Title**
Appendix 'A'	Trading Standards North West Young People Survey 2023– Vape responses. This summarises the responses from young people in Lancashire on vaping behaviour.
Appendix 'B'	Lancashire County Council's Vaping Position.
Appendix 'C'	Legislation applicable to e-cigarettes – summary of product regulations.

Tackling illicit vapes and youth vaping in Lancashire

VAPING BEHAVIOUR

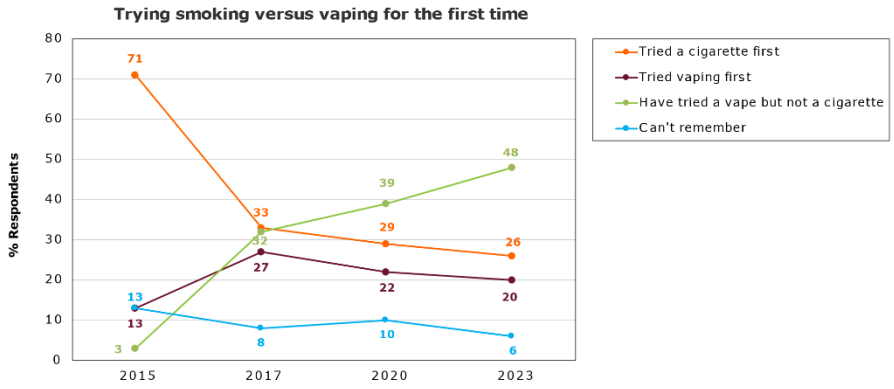
Nationally vaping behaviours have increased with current e-cigarette use (vaping) up to 9% from 6% in 2018. Around 1in 5 (21%) 15-year-old girls were classified as current e-cigarette users.[1] In Lancashire approximately 1 in 6 young people claim to vape regularly. **46%** of young people claim to have tried vaping *(**41%** North West average).*



- **1045** young people (46%) say they have tried an e-cigarette, more than twice than in 2020 *(In 2020, **502** young people (26%) said they had tried an e-cigarette)*

[1] National Statistics National statistics
Smoking, Drinking and Drug Use among Young People in England, 2021 Pubd Sept 22

Young people in Lancashire are increasingly trying vaping rather than smoking tobacco cigarettes.



Base: All 14-17 year olds in Lancashire who have tried vaping. New question asked in 2015
2015 = 373;2017 = 185; 2020 = 820;2023 = 1015

31

- **201** young people (20%) have tried an e-cigarette before they first tried smoking a real cigarette.(*In 2020, **180** young people (22%) said they tried an e-cigarette before they first tried smoking a real cigarette).*
- **Almost half of young people** (48%)(492) claim to have never smoked a real cigarette but have tried an e-cigarette. *(In 2020, **320** young people (39%) claimed to have never smoked a real cigarette but have tried an e-cigarette)*

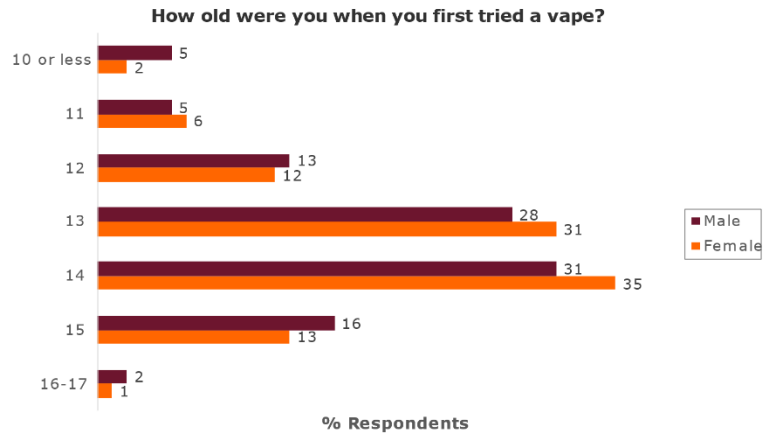
"WHICH OF THE FOLLOWING APPLIES TO YOU ?"

2023

I tried smoking a real cigarette/tobacco before I first tried an e-cigarette	**26%**
I tried an e-cigarette before I first tried smoking a real cigarette	**20%**
I **have never smoked a real cigarette but have tried an e-cigarette**	**48%**
I don't remember	**6%**

+9% from 2020

Boys are more likely than girls to try vaping when they're younger (aged 12 or less).

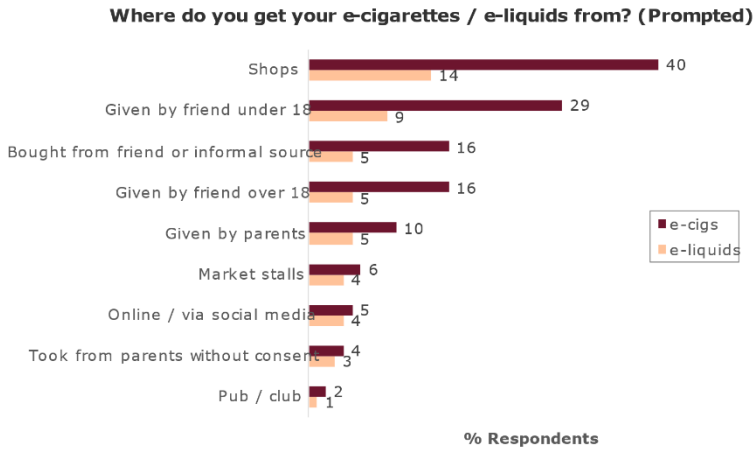


Base: 958 (408 Males / 506 Females); All14-17 year olds in Lancashire who have tried vaping
New question asked in 2023

32

BUYING E-CIGARETTES

Young people are more likely to use e-cigarettes than e-liquids, and get them primarily from shops and their friends, who are also underage.



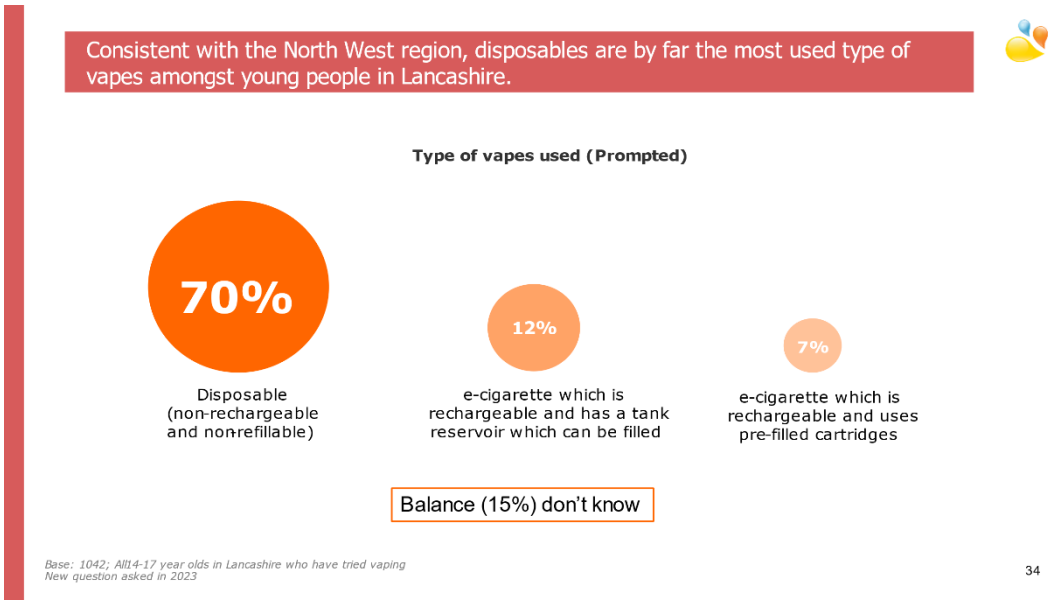
Base: 1045; All14-17 year olds in Lancashire who have tried vaping
New question asked in 2023

33

The majority of young people are sourcing e-cigarettes from shops this has changed since 2020 when this was via friends

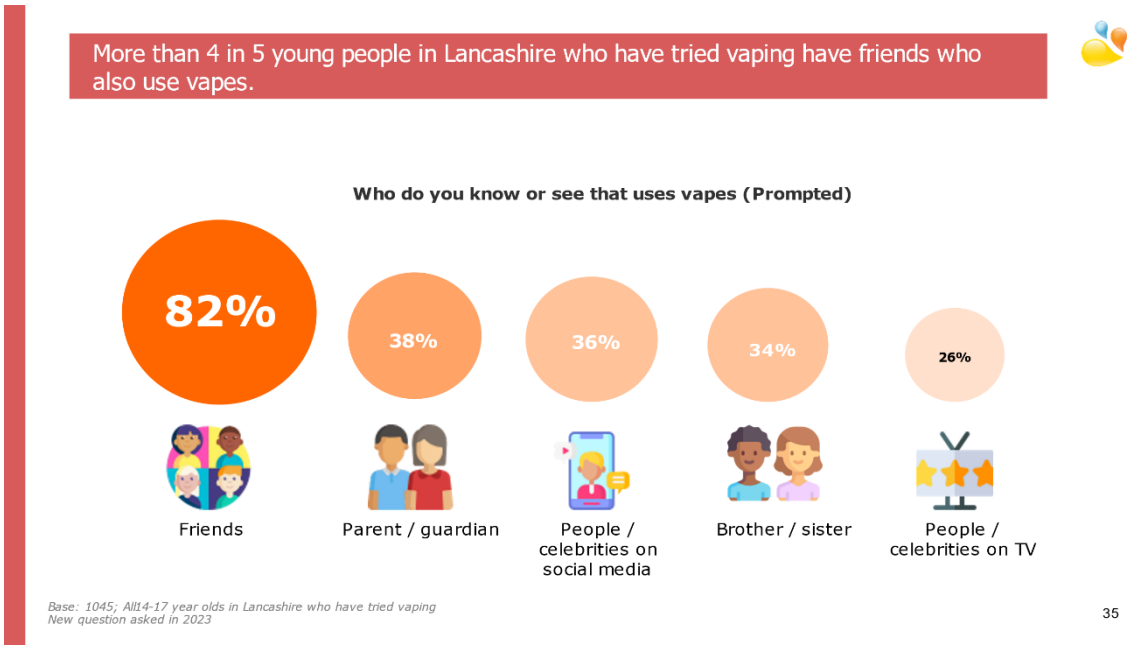
- **415** young people (40%) are claiming to buy e – cigarettes from shops and 149 (14%) e-liquids.*(In 2020, **69** young people (10%) claimed to buy from off-licences / shops.* **67** (6.4%) claim to buy e - cigarettes and **39** (3.7%) e-liquids from market stalls
- In 2020 **41** young people (6%) are claimed to buy from market stalls.

- **106** young people (6%) claimed that they are asked for ID when buying e-cigarettes / e-liquids. *In 2020, 76* young people (11%) said they were asked for ID.



By far the most type of vapes smoked are disposables with 70% of young people claiming to use them.

Almost 1 in 3 of young people in Lancashire (32%) who took part in the survey use a disposable vape



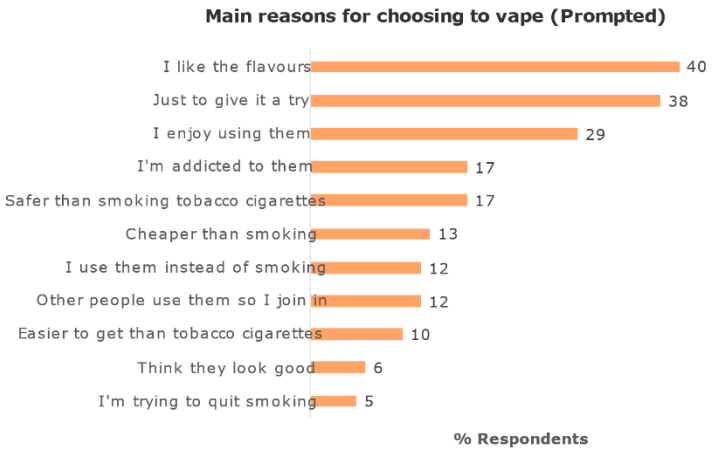
What attracts young people in Lancashire to vaping?

415 young people 40% (base of 1045) say liking the flavours is the main reason for vaping.

177 young people 17% say they are addicted to vapes

303 young people 29% say they enjoy using vapes

The flavours and curiosity are the main factors that encourage young people in Lancashire to try vaping.

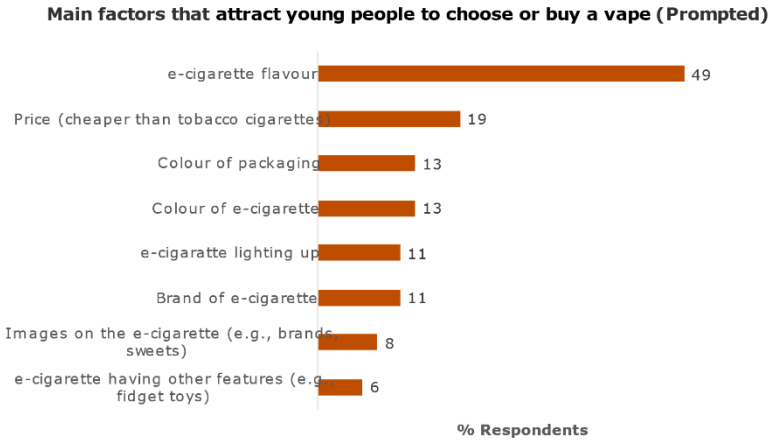


Base: 1045; All14-17 year olds in Lancashire who have tried vaping
New question asked in 2023

36

Almost half of the young people, 507 (base 1045) 49% say it's the flavours that mainly attracts them to choosing a vape

The flavours are also the main factor influencing what vapes young people choose to buy.

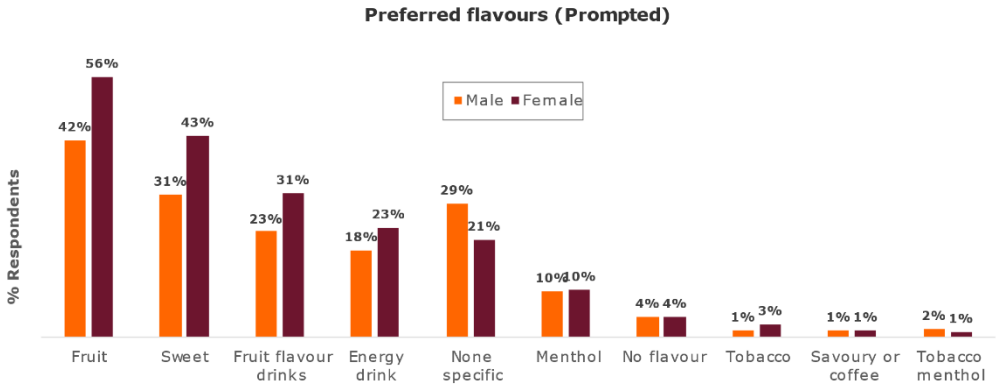


Base: 1045; All14-17 year olds in Lancashire who have tried vaping
New question asked in 2023

37

56% of girls (539) and 42% of boys (460) (base1045) say they prefer the fruit flavours this is followed by the sweet flavours of vapes.

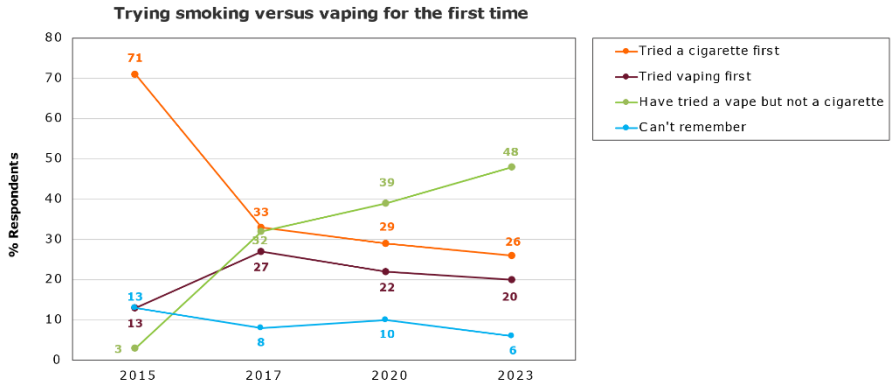
Fruit and sweet flavours are the most popular amongst young people, especially girls.



Base: 1045 (460 Males, 539 Females); All 14-17 year olds in Lancashire who have tried vaping
New question asked in 2023

38

Young people in Lancashire are increasingly trying vaping rather than smoking tobacco cigarettes.



Base: All 14-17 year olds in Lancashire who have tried vaping; New question asked in 2015
2015 = 373; 2017 = 185; 2020 = 820; 2023 = 1015

31

Lancashire County Council's Position on Vaping

- We acknowledge the evidence around the effectiveness of vapes as an aid for quitting smoking for adults and agree that short term use of vapes for this purpose can be beneficial given the considerable health burden imposed by smoking.
- We support and promote clear messaging 'if you don't smoke, don't vape'.
- Children and young people under the age of 18 should not take up vaping.
- We have significant concerns about the increasing use of vapes amongst children and young people and support the actions in the revised Lancashire Tobacco Strategy 2023-28 on youth vaping.
- We have significant concerns about the ease of access to vaping products particularly the direct marketing of these products to children and young people and the rise in availability of illicit products and support the crackdown on unscrupulous businesses targeting young people with vaping products by Lancashire County Council's Trading Standards Team.
- We need to work closely with key partners and trading standards to enforce and address the issue of underage sales and the availability of illicit products.
- We believe that the right resources need to be invested in trading standards and enforcement to ensure they can effectively tackle illicit tobacco and vaping products.
- We support the Government's review on the rules for issuing on-the-spot fines to shops that break the law by selling vapes to underage children and look into banning the sale of nicotine-free vapes to under 18s.
- We advocate for further regulation around marketing of vapes and more severe sanctions for establishments who do not adhere to regulations, to better protect our children and young people.
- We will take every opportunity to educate young people about the potential harms of vaping to young people working with providers, schools and colleges etc.
- We will work with Trading Standards and education settings to report the provision of illicit vapes at a place-based level.
- Schools and colleges should be Smokefree including tobacco and vaping. Schools and colleges should be supported to manage vaping and ensure that a policy is in place regarding how to manage vaping.
- We will review and use the information from the School Health Needs Assessment to work with school nurses to address the issue of vapes in young people. Provide training to school nurses around the harms of tobacco and issues around vaping including signposting to services for support and specific interventions targeting schools.
- We will work to understand and address the drivers of vaping behaviours in children and young people. Local intelligence suggests that issues such as stress, anxiety, boredom and peer pressure may contribute to vape use. We feel that interventions to address these factors are an important component to plans to reduce vaping prevalence in these groups.
- We will work with colleagues internally and externally to gather information around the use of vapes in education settings and use this intelligence to inform future practice.
- We will support the actions in the Lancashire Tobacco Strategy 2023-28 to combat the environmental harms associated with so called ‘disposable’ vapes.
- Services commissioning vapes for use as a quit aid should choose reusable devices where possible. Where single use vapes are used as a quit aid by services, it should be ensured that facilities are in place to appropriately recycle devices.

Relevant E – cigarette legislation

A person who sells a vape to someone under 18 commits an offence. This is a strict liability offence; the owner of the business can be held responsible as well as the member of staff who made the sale.

There is an exception for vapes that are licensed as medicines or medical devices. This exemption only applies to the extent to which the product is authorised.

If a business is convicted of selling vapes to persons under 18, and at least two other offences occurred in the preceding two years relating to the same premises, trading standards can make an application to a Magistrates' Court for a restricted premises order and/or a restricted sales order.

A restricted premises order prohibits the sale from the premises of any tobacco, cigarette papers or vapes to any person, by the business owner or any staff for a period of up to one year.

A restricted sales order prohibits a specified person who has been convicted of a tobacco or nicotine offence from selling any tobacco, cigarette papers or vapes to any person and from having any management function related to the sale of tobacco, cigarette papers or vapes for a period of up to one year.

Offences are committed if a person sells tobacco, cigarette papers or vapes when a restricted premises order is in place or if a person fails to comply with a restricted sales order.

An adult who buys or attempts to buy tobacco, cigarette papers or vapes on behalf of someone under 18 commits an offence. This is called 'proxy purchasing'. It is the buyer and not the trader who commits an offence under these circumstances.

The Tobacco and Related Products Regulations 2016 deal with the manufacture, presentation and sale of tobacco and related products, including herbal products for smoking, vapes and refill containers, as well as smokeless and novel tobacco products.

The Tobacco and Related Products Regulations 2016 set out rules covering vapes. No one must produce or supply a vape or refill container unless they meet the following requirements:

- nicotine-containing liquid for retail sale must be in a dedicated refill container in a maximum volume of 10 ml; in a disposable vape, single-use cartridge or a tank the maximum volume is 2 ml
- the capacity of the tank of a refillable vape must not be more than 2 ml
- there is a nicotine limit of 20 mg per ml that applies to nicotine-containing liquids in an vape or refill container

Disposable vapes sometimes display a typical number of puffs on the packaging. Typically, a disposable vape would provide 600 puffs or the equivalent of 20 cigarettes.

Nicotine-containing liquid must:

- be manufactured using only ingredients of high purity
- not contain certain additives (see the **'No vitamins, colourings or prohibited additives in tobacco products'** section of this guide) but can contain flavours
- not contain substances other than the ingredients that were part of the formal notification process laid down in the Regulations
- not include ingredients (except nicotine) that pose a risk to human health

In normal use the vape must deliver a consistent dose of nicotine.

A vape or refill container must be child-resistant and tamper-evident, protect against breakage and leakage and have a mechanism to ensure that refilling can take place without leakage (this does not apply to disposable vapes).

Information and labelling

No one may produce or supply a vape or refill container unless it meets the requirements set out below:

- each unit packet of the vape or refill container must include a leaflet with the following information:
    - instructions for storage and use, including a reference that the product is not recommended for use by young people and non-smokers
    - contra-indications
    - warnings for specific risk groups of people
    - possible adverse effects
    - addictiveness and toxicity
    - the producer's contact details
- each unit packet of the vape or refill container must include:
    - a list of all ingredients in descending order by weight
    - nicotine content and delivery per dose
    - batch number
    - recommendations to keep the product out of reach of children
- each unit packet and any container pack must carry the health warning 'This product contains nicotine which is a highly addictive substance'. It must appear on the front and back surfaces and cover 30% of that area.

Product presentation

A vape or refill container must meet the following requirements before it is produced or supplied. The unit packet and any container pack may not include any element or feature (including text, symbols, names, trademarks, figurative or other types of sign) which:

- promotes or encourages consumption by creating a false impression about its characteristics, health effects, risks or emissions
- suggests it is less harmful than other vapes or refill containers, has vitalising, energising, healing, rejuvenating, natural or organic properties or has other lifestyle benefits
- refers to taste, smell or other additives (except flavourings) or their absence
- suggests that a particular vape or refill container has improved biodegradability or other environmental advantage
- must not contain printed vouchers, offer discounts, free distribution, two-for-one or other similar offers

Advertising

Vapes and refill containers cannot be advertised or promoted, directly or indirectly:

- on TV or on-demand TV
- on radio
- through internet advertising, commercial email and any other information society services
- in certain printed publications, such as newspapers, magazines and periodicals

The following activities are also prohibited:

- sponsorship of television and radio programmes that promote vapes
- product placement of vapes

The rules on advertising do not prevent you from supplying information about vapes and refill containers as long as it is supplied at the request of a consumer and given in a non-promotional manner. Nicotine-containing vapes and refill containers.

All producers of nicotine-containing vapes and refill containers must submit information about their products to the Medicines and Healthcare Regulatory Agency (MHRA), using a GB portal. This includes ingredients and emissions information, toxicology data, information on the nicotine dose and uptake when used normally and a description of the components of the product. Producers must also notify of the withdrawal of a product from the market.

Retailers should ensure, before they purchase these products, that they have been properly notified and not subsequently withdrawn. They can do this by checking the list of submitted vape products on the MHRA website or, if they cannot find them on the list, they should ask their supplier to confirm they comply with the requirements of the regulations and have been notified to MHRA. Products that have not been notified or have been withdrawn cannot be supplied and may be seized by trading standards.