



**North Yorkshire Tobacco  
Control 2016 Report**  
One Year On

## Introduction

Welcome to our first Tobacco Control Report. This report highlights the activity that has taken place over the last year to support our vision to inspire a smokefree generation in North Yorkshire. This report provides updates under the 5 priorities of the **North Yorkshire Tobacco Control Strategy 2015-25**.

North Yorkshire has successfully come together to tackle tobacco control under a strong partnership approach. A multi-agency North Yorkshire Tobacco Control Steering Group, formed in 2014, leads this work across the county. This group developed a 10 year strategy and implementation plan following self-assessment, extensive engagement and consultation with partners and North Yorkshire residents.

## New Tobacco Plan for England

The five-year strategy set out in the Government's Tobacco Control Plan for England came to an end in 2015. 'Smoking Still Kills' was published by Action on Smoking and Health (ASH) and was funded by Cancer Research UK and the British Heart Foundation. 'Smoking Still Kills' proposes new targets for a renewed national strategy to accelerate the decline in smoking prevalence over the next decade. The report sets out short-term objectives and longer term aims and develops the agenda for tobacco control launched in 2008 with 'Beyond Smoking Kills'.

The report proposes new targets for a national strategy, a challenge to all stakeholders in tobacco control to increase their efforts and accelerate the rate of decline of smoking prevalence over the next decade, specifically to:

- Reduce smoking in the adult population to 13% by 2020 and 9% by 2025
- Reduce smoking in the routine and manual socio-economic group to 21% by 2020 and 16% by 2025
- Reduce smoking among pregnant women to 8% by 2020 and 5% by 2025
- Reduce regular and occasional smoking among 15-year-olds to 9% per cent by 2020 and 2% by 2025

The new national plan is due in early 2017.



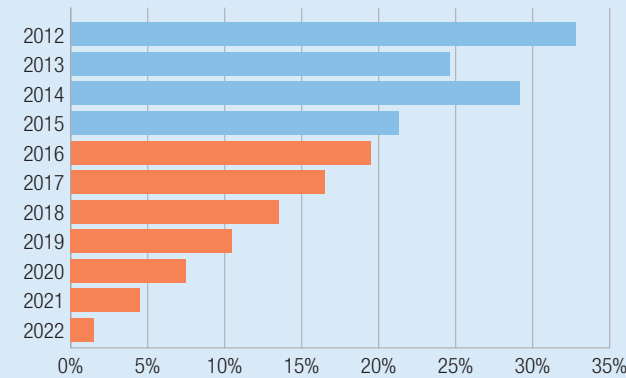
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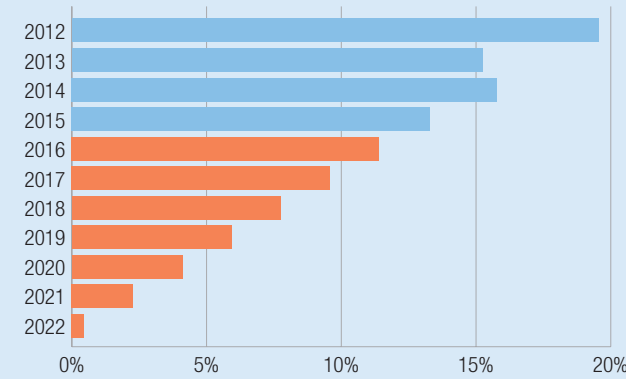
## Rates of smoking and performance indicators

Smoking remains the single biggest cause of premature and preventable death in North Yorkshire. Smoking prevalence in adults is 13.3% across North Yorkshire (Local Tobacco Control Profiles, 2015). The profiles are available at District level and there is wide variation across the county. Please note: There has been a recent change in the data source for the indicators below, from the Integrated Household survey to the Annual Population Survey, which is based on much smaller sample numbers. Therefore we must interpret these trends with caution.

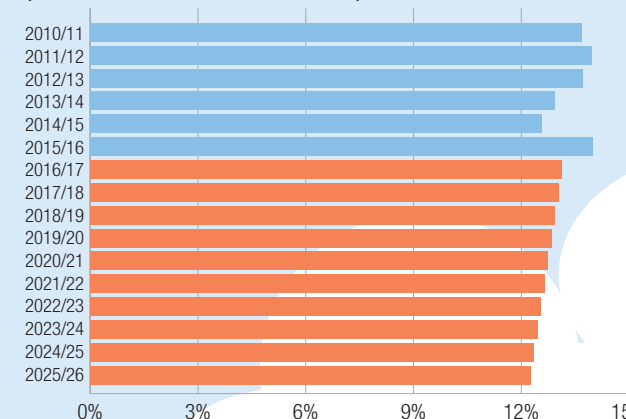
Smoking Prevalence (%) in adults in routine and manual occupations - current smokers (APS)



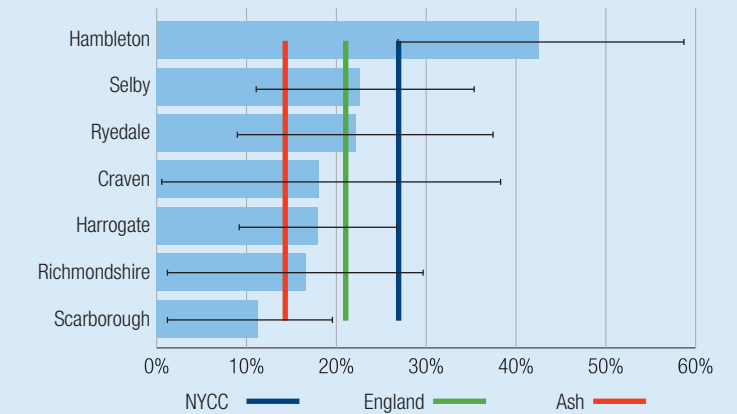
Smoking Prevalence (%) in adults - current smokers (APS)



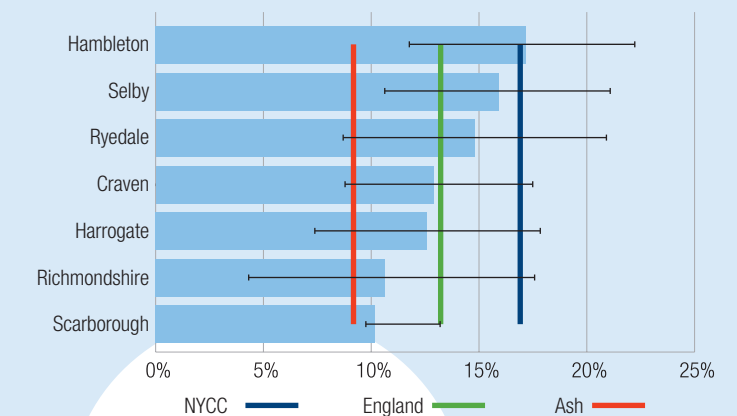
Smoking Status at time of delivery (%) (Based on PHOF data to 2015/16)



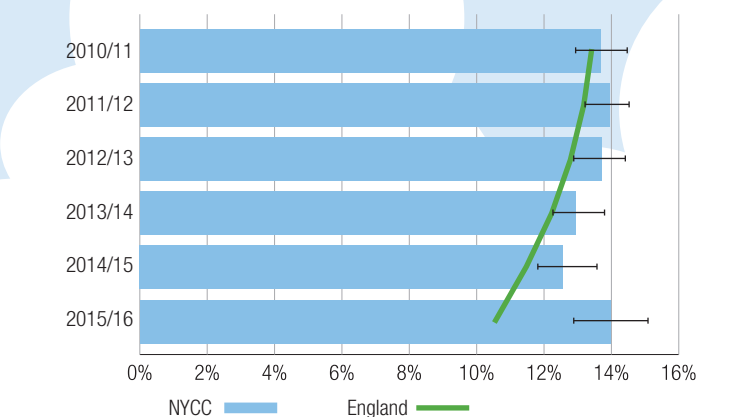
Smoking Prevalence in adults in routine and manual occupations - current smokers (APS) - 2015



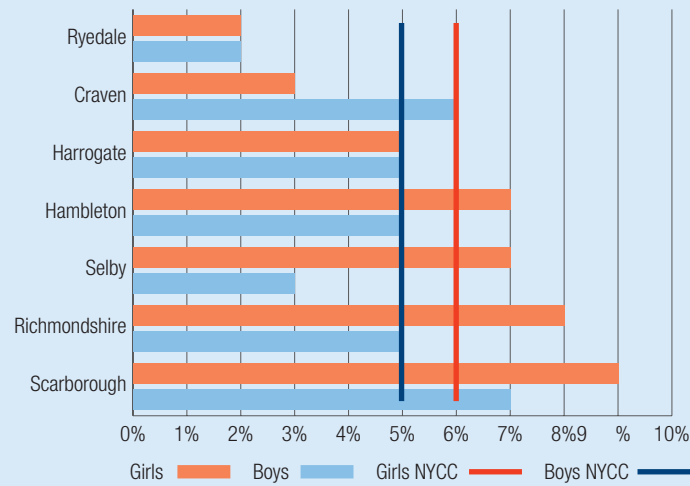
Smoking Prevalence in adults - current smokers (APS) - 2015



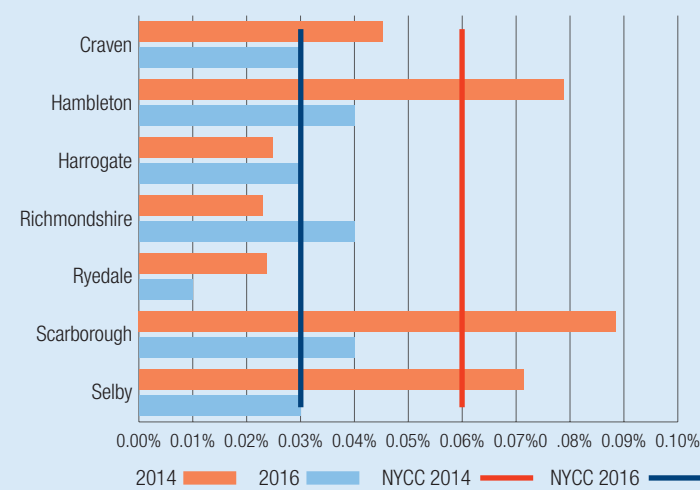
Smoking status at time of delivery - 2015/16



Year 10 - % Stating they smoke regularly - 2016 GUNY



Year 10 - % Stating they smoke regularly - 2014 / 2016 GUNY

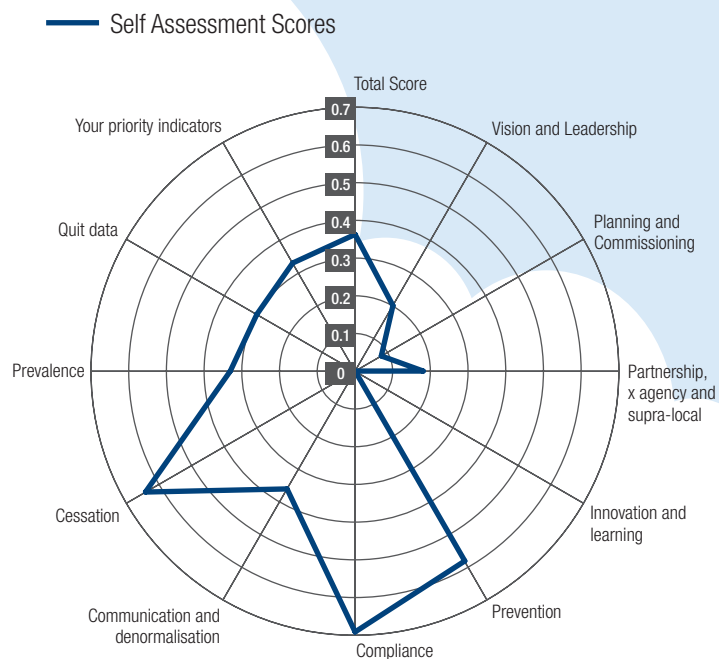


## CLear Self-Assessment

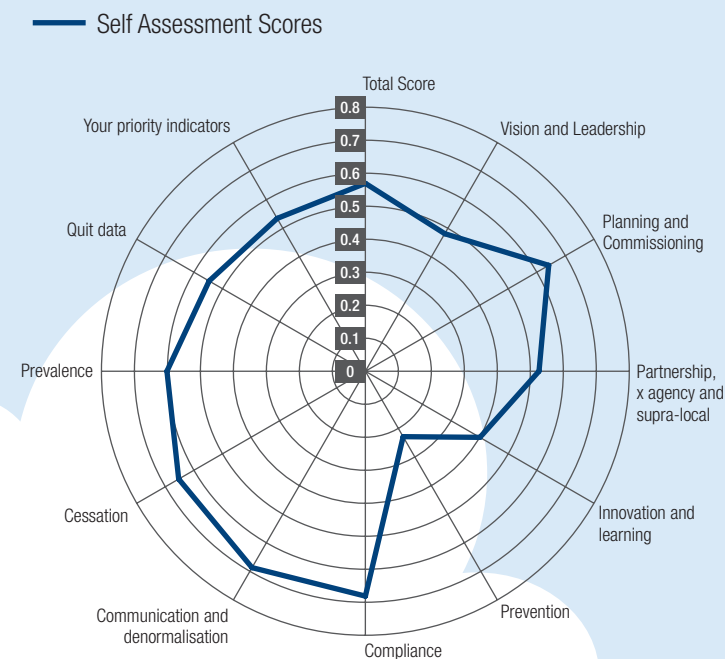
The CLear model is a national approach to improving local tobacco control in England through self-assessment, followed by a peer assessment. The tobacco control steering group score their local approach against items in the CLear questionnaire. North Yorkshire completed this assessment in 2014 and significant gaps in activity were identified. The analysis set out areas for improvement across tobacco control in North Yorkshire, which underpinned the strategy and implementation plan.

The questionnaire was repeated in 2016 and has shown a vast improvement in scores (comparative results shown below).

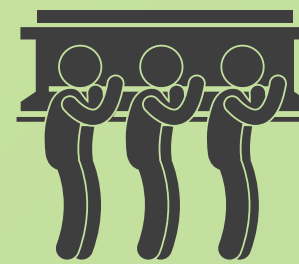
CLeaR Profile: North Yorkshire 2014



CLeaR Profile: North Yorkshire 2016



## Why smoking remains a top priority for North Yorkshire



**16.9%**

Smoking is still the primary cause of premature mortality and preventable illness in North Yorkshire. In 2011-13, 16.9% (3128) of all deaths in the county were attributable to smoking, equating to over 1000 deaths a year.



**Tobacco is linked to more than 200 diseases**

and is the primary cause of lung cancer and Chronic Obstructive Pulmonary Disease (COPD); almost half of smoking-related diseases are cancers.



**£22.5 million**

The estimated annual cost to the NHS across North Yorkshire is £22.5 million: £21.4m is as a direct result of treating smoking related ill health and £1.1m is due to treating the effects of second-hand smoke in non-smokers (ASH Ready Reckoner, 2015).



**£14.6 million**

Current and ex-smokers who require care in later life as a result of smoking related illnesses cost society an additional £14.6 million each year in North Yorkshire.



**£8,358,951**

The social care costs of smoking to North Yorkshire County Council are approximately £8,358,951 a year, and this is considered an underestimate (ASH, 2014).

Comprehensive tobacco control will help to reduce the number of smokers in North Yorkshire, address health and social inequalities, reduce the health and social care burden and reduce mortality and morbidity. Research shows that coordinated multi-faceted tobacco control programmes are required to effectively tackle tobacco use locally.



## NHS Statement of Support for Tobacco Control and Local Government Declaration on Tobacco Control

In September 2016, North Yorkshire County Council (NYCC) signed up to the local government declaration on tobacco control, alongside all five of the North Yorkshire Clinical Commissioning Groups (CCGs) who signed up to the NHS Statement of support for tobacco control. (Hambleton, Richmondshire and Whitby CCG, Airedale, Wharfedale and Craven CCG, Scarborough and Ryedale CCG, Harrogate and Rural District CCG and Vale of York CCG). The statements provide a public commitment to work towards further reducing smoking prevalence in their locality. This commits NYCC to tobacco control as mainstream public health work and to take comprehensive action to address the harm from smoking. This is an impressive display of commitment across North Yorkshire.

### Consultation responses

The North Yorkshire Tobacco Control Steering Group co-ordinate a local response to national consultations, to ensure our views are represented on a national level. The steering group liaise with organisations such as Action on Smoking and Health (ASH) and Cancer Research UK to develop responses on consultations on topics such as advertising and illicit tobacco monitoring systems. This helps to advocate for legislative and regulatory changes.

**NHS Statement of Support for Tobacco Control**

**We acknowledge that:**

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people; two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and
- The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

**We welcome the:**

- Commitment from local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Opportunity to support partnership working with local government as part of delivering local tobacco control in line with NICE guidance;
- Endorsement of this statement by central government, Public Health England, NHS England and others.

**We commit from the date August 2016 to:**

- Continue to actively support work at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco;
- Work with our partners and local communities to address the causes and impacts of tobacco use, according to NICE guidance on smoking and tobacco control;
- Play our role in tackling smoking through appropriate interventions such as 'Make Every Contact Count';
- Protect our work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities; and
- Participate in local and regional networks for support.

**Signatories**

Chair(s) of the CCG/Chief Executive(s) of the Trust  
 Chair(s) of the Health and Wellbeing Board  
 Director(s) of Public Health

**Endorsed by**

Jane Ellison, Public Health Minister, Department of Health  
 Duncan Selbie, Chief Executive, Public Health England  
 Simon Stevens, Chief Executive, NHS England  
 Sir Richard Thompson, President, Royal College of Physicians  
 Dr Hilary Cass, President, Royal College of Paediatrics and Child Health  
 Dr Janet Atherton, President, Association of Directors of Public Health  
 Professor John Ashton CBE, President, UK Faculty of Public Health  
 David Behan, Chief Executive, Care Quality Commission  
 Baroness Hollins, Chair, BMA Board of Science  
 Dr Maureen Baker, Chair, Royal College of General Practitioners

Logos of endorsing organisations: Department of Health, Public Health England, NHS England, Royal College of Physicians, BMA, Care Quality Commission, RCGP, Royal College of Paediatrics and Child Health, RCPCH.



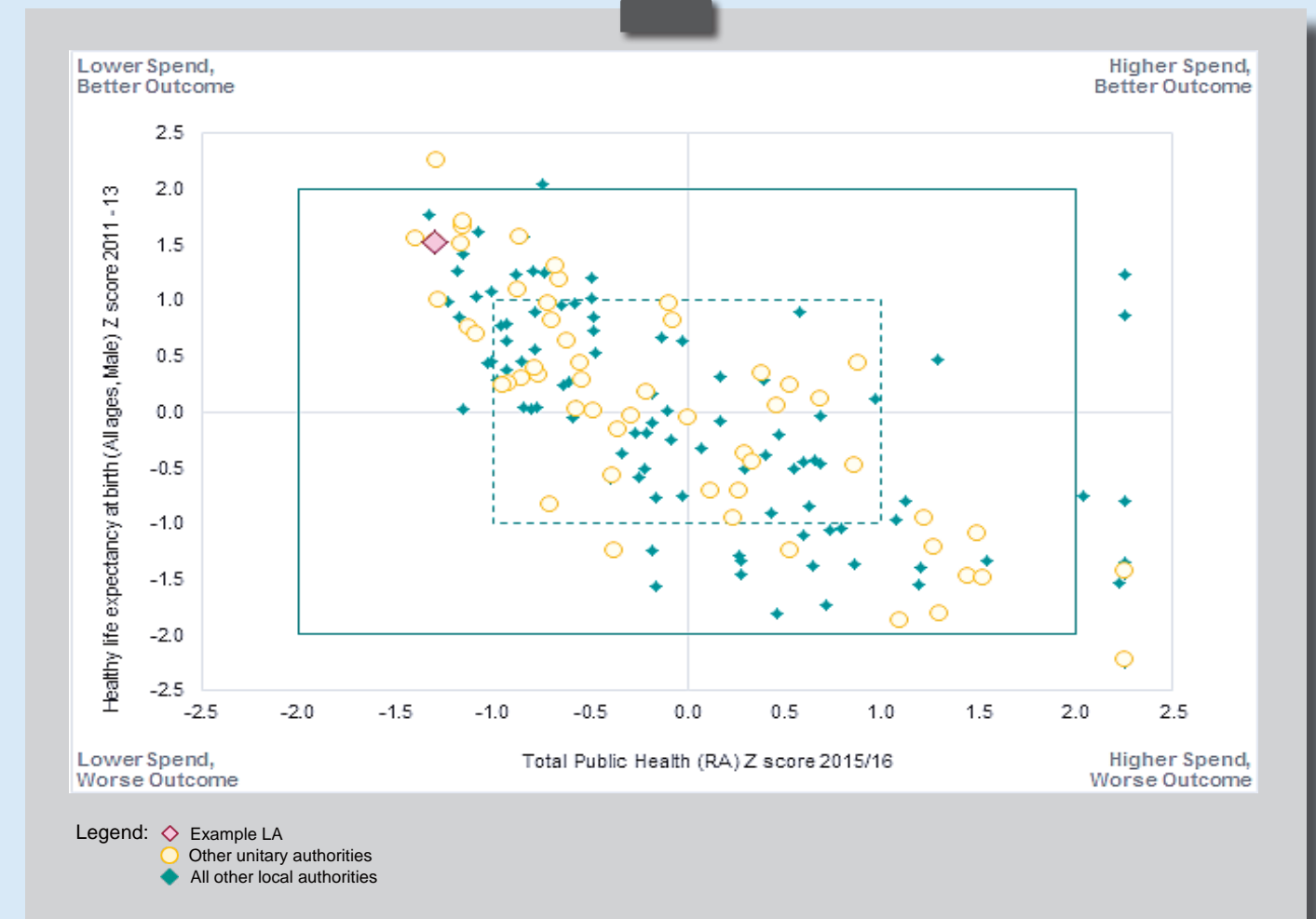
## Spend and Outcome Tool (SPOT)

The Spend and Outcome Tool (SPOT) gives an overview of spend and outcomes across key areas of business.

Local authority data for 2015 has been refreshed and clinical commissioning data for 2015 has been included.

SPOT includes a large number of measures of spend and outcomes from several different frameworks. Similar organisations can be compared using a range of benchmarks and potential areas for further investigation identified.

### North Yorkshire for tobacco control sits within the lower spend, better outcome quadrant.





## Priority 1: Prevention for children and young people

### Smoking in cars legislation



It is illegal to smoke in a car (or other vehicle) with someone under 18. The law changed on 1 October 2015, to protect children and young people from the dangers of secondhand smoke. Both the driver and the smoker could be fined £50. The law applies to every driver in England and Wales, including those aged 17 and those with a provisional driving licence.

Every time a child breathes in secondhand smoke, they breathe in thousands of chemicals. This puts them at risk of serious conditions including meningitis, cancer, bronchitis and pneumonia. It can also make asthma worse.

NYCC supports this change and circulated a press release to raise awareness of this change for North Yorkshire residents.

### The NYCC schools smokefree workplace policy and guidance for North Yorkshire schools and other settings to implement a smokefree environment for pupils and staff

The schools smokefree workplace policy was recently refreshed and approved in line with best practice and legislative changes. The fundamental change to the existing policy is that support is now offered to staff who wish to quit, allowing flexi-time to be used to attend stop smoking appointments where appropriate. The policy also covers e-cigarettes. School based staff are not permitted to use e-cigarettes on school sites as they are illegal for under 18 year olds.

The guidance for schools implementing a smokefree environment has also been updated to reflect a new service provider and contact details. The new service offers stop smoking advice to children from aged 12 and above, free of charge. Pathways into the service are being developed from schools and the Healthy Child Programme to ensure access is available when required. The guidance also details the smoking in cars legislation. This has been sent to all schools across North Yorkshire.

### Smoke free playgrounds

Smokefree play areas protect children from second hand smoke, help to normalise a smokefree lifestyle and provide positive role models for children and young people at play. Ongoing work is underway to create smokefree play areas across the county. Play areas are managed by different organisations in each district, usually by district councils or community groups. Therefore different approaches are required across North Yorkshire.

In 2016, Scarborough Borough Council launched a smokefree play area, and has committed to including a smokefree message in all replacement signage over the coming years. Harrogate Borough Council has launched smokefree play areas in Valley Gardens, Harrogate, Knaresborough Pool and Ripon Spa Park, in response to requests from local parent groups championing this agenda.

In summer 2016, Richmondshire District Council launched a consultation for local people to have their say on smokefree play areas and will be sharing the results in due course. A member of the Public Health team attended the first meeting of the Hambleton Play group, which brings together community groups managing play areas across the district, and discussed the benefits of smokefree play areas and how community groups can work on making their facilities smokefree. The partnership aims to increase the number of smokefree play areas across North Yorkshire in the coming year.

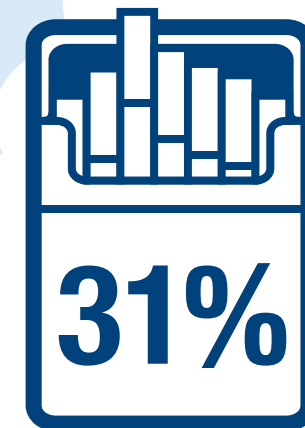


## Priority 2: Normalise a smoke-free lifestyle

### Underage Sales

E-cigarette use is not recommended for young people. In October 2015, UK protection was put in place via prohibitions on the sale of e-cigarettes to under 18s, and purchase by adults on behalf of under 18s, and restrictions on advertising were brought in May 2016.

The NYCC Trading Standards team has seen a significant increase in complaints relating to the availability of e-cigarettes and nicotine inhaling products to under 18s. Further work is required to engage with retailers to ensure minors cannot buy them. Work to tackle tobacco sales to under 18s continues. A test purchase is where a trained young person aged under 18 attempts to make a purchase of tobacco with Trading Standards officers nearby.



Between September 2015 and September 2016, 70 test purchases of tobacco were attempted with 22 sales occurring. This equates to a sale rate of 31%.





### Proxy sales

A proxy sale is where an adult buys tobacco products on behalf of a person aged under 18. Between September 2015 and September 2016, Trading Standards received 9 reports of proxy sales occurring at off-licenses in the Hambleton district. CCTV footage has helped officers to identify the purchasers and the minors asking for the purchase to take place. In one instance, despite the purchaser being warned that the act of purchasing on behalf of a minor was illegal, the person continued to do it and as such committed further offences. It is expected that several instances of these proxy sales will be put before the courts later this year, with a view to prosecution.

### Ambition for Health: Prevention task group (Scarborough and Ryedale)

The prevention task group is a partnership group for the Scarborough and Ryedale locality tasked with improving the health of the local population, with a particular focus on smoking and obesity. The group chose to tackle smoking initially. An audit was undertaken to assess the current position of all workplaces in relation to the smokefree agenda. Commonalities were found and the group agreed to make improvements to their smokefree workplace policies and seek Workplace Charter accreditation.

### Standardised packaging

The introduction of standardised packaging legislation in May 2016 heralded an opportunity for North Yorkshire to 'seize the moment' and capitalise on engagement with smokers coming into contact with the new packs for the first time. Standardised packs feature more prominent health warnings and graphic images, are a consistent dark green colour and feature no company branding. A similar legislation change in Australia resulted in increased calls to a national quitline, smokers reported feeling that their cigarettes tasted different, and the number of children who have 'never tried' smoking is increasing. North Yorkshire took part in the Breathe 2025 challenge #trackthepack, which saw residents

across the Yorkshire and Humber region Tweet the locations where they had spotted the new packs. Promotional work regarding the new packs and their potential impact is underway across the county.



### Workplace Charter and NYCC Smokefree workplace refresh

North Yorkshire County Council are working towards Workplace Wellbeing Charter accreditation, and being a smokefree workplace features prominently in the criteria. The North Yorkshire County Council smokefree workplace policy has been reviewed and refreshed to incorporate best practice outlined in the Charter and NICE guidance. There is now a stronger focus on support for those employees who wish to quit, offering free access to local stop smoking services. Employees are now able to use flexi time to attend stop smoking appointments in the same way as a doctor or dentist appointment.

## Priority 3: Reduce illegal tobacco in the community

### Facebook project

In September 2015, Trading Standards officers concluded a project in which they monitored North Yorkshire based 'Buy, sell, swap' Facebook sites to evaluate the extent of illicit tobacco being offered online. Over a four week period, officers accessed 17 community groups and identified 70 people offering suspected illicit tobacco, via 105 posts. These adverts equated to a minimum value of £6314, with a standard retail value of £12,438. On every occasion the sellers were warned that they were committing criminal offences by supplying illicit tobacco. Facebook screening will be repeated in 2016/17 with enforcement action being undertaken against persistent offenders.

### Operation Henry

In February 2016, Trading Standards took part in Operation Henry 2. This regionally funded operation allowed access to illicit tobacco detection dogs in order to identify illicit tobacco at premises subject to allegations of illegal activity. Four establishments in the Selby area were visited, all subject to previous intelligence. No illicit product was found however engaging with traders and the future deterrent effect was seen as a major success. Indeed, no further intelligence has been received regarding illicit activity in the area since the operation.

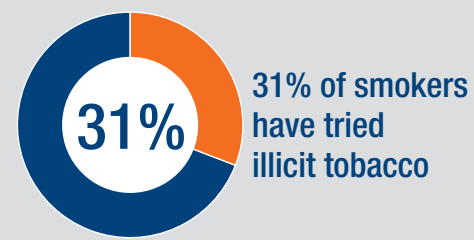




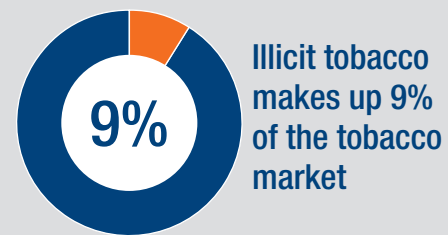
### Illicit tobacco

In April 2016, NYCC commissioned a survey evaluating the prevalence of illicit tobacco in the county. The supply of illicit tobacco is a criminal offence, the profits of which fund organised crime and its availability to minors can lead to addiction later in life. Furthermore, illicit is cheaper than genuine tobacco, allowing users to continue to smoke and smoke more, making quitting more difficult.

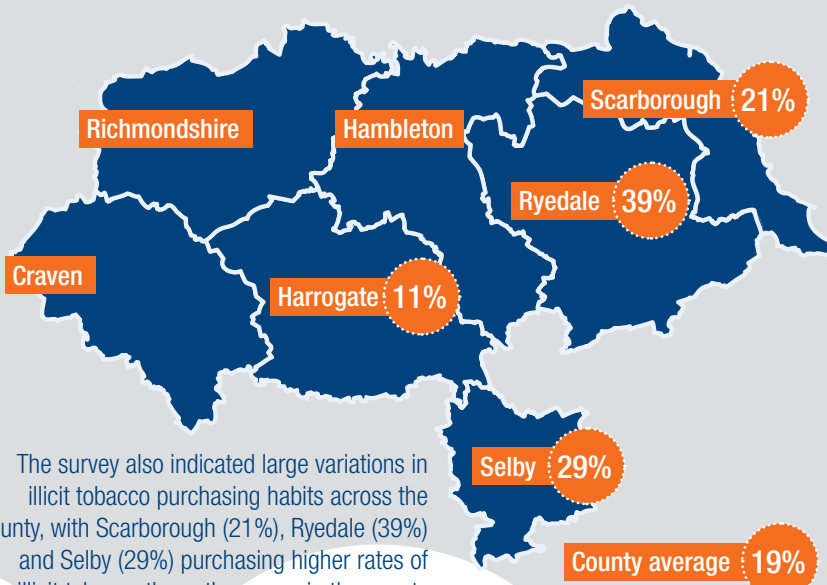
The survey indicated that, in North Yorkshire:



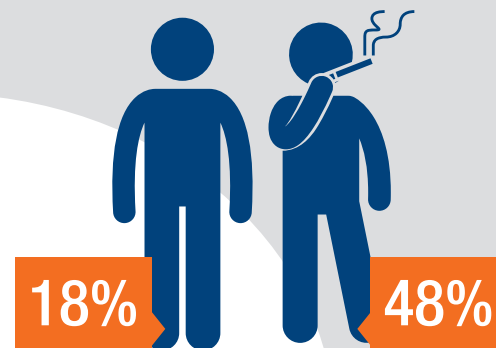
**16%** of smokers are comfortable with the sale of illicit tobacco



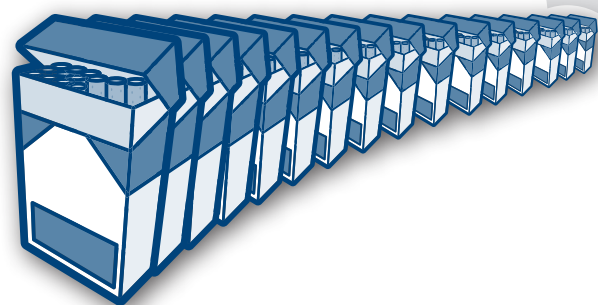
Variations in illicit tobacco purchasing habits across the county



The survey also indicated large variations in illicit tobacco purchasing habits across the county, with Scarborough (21%), Ryedale (39%) and Selby (29%) purchasing higher rates of illicit tobacco than other areas in the county (average 19%, lowest in Harrogate 11%).



18% of non-smokers and 48% of smokers have encountered the sale of illicit tobacco



**113,459** cigarettes seized

Investigations of illicit tobacco have been ongoing which have involved the seizure of illegal tobacco amounting to 113,459 cigarettes and 2040 50g packets of tobacco.

In response to the survey, Trading Standards undertook a variety of activities to raise awareness of the consequences of illicit tobacco use in key communities, and to encourage individuals to report illicit activity. Trading Standards officers attended Scarborough and Ryedale Pubwatch meetings, conducted 50 advisory visits to tobacco retailers, and visited and inspected Ryedale and Selby car boot sales. A comprehensive marketing and communications strategy across local, regional and social media was developed. Trading Standards also engaged with the Ryedale Local Delivery group and the Scarborough and Ryedale Ambition for Health Board, to raise awareness of the impact of illicit tobacco use on North Yorkshire communities.

Trading Standards investigate every allegation of illicit tobacco supply and with the assistance of North Yorkshire Police have already made seizures of illicit tobacco from a variety of premises including independent newsagents, a travellers' site and private vehicles.

In Quarter 3 of 2016/17 Healthier Futures CIC will conduct further insight work in the Scarborough, Ryedale and Selby areas on behalf of NYCC and partners. This insight will identify key messages for the general public to discourage illicit tobacco use and will inform a communications campaign aimed at reducing the acceptability of illicit tobacco within our communities.





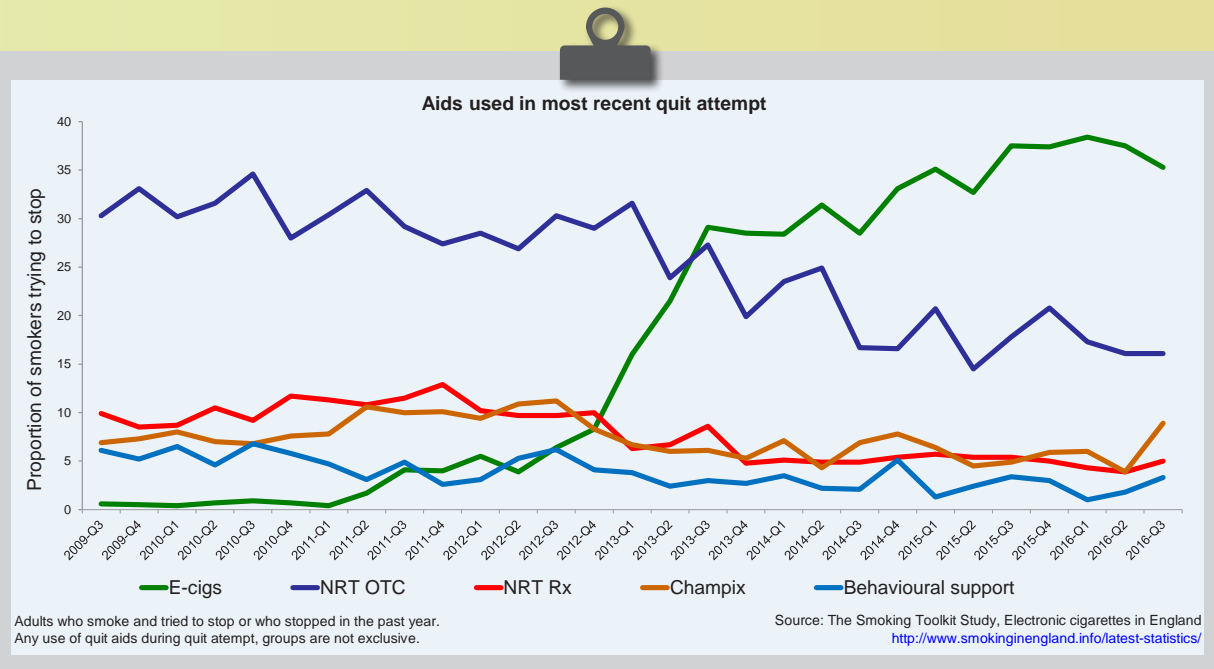
## Priority 4: Support smokers to quit and reduce smoking rates during pregnancy

### E-cigarettes and stop smoking support

E-cigarettes have become the most popular stop smoking aid in England. There is growing evidence that they can be effective in helping smokers to quit, particularly when combined with behavioural support from local stop smoking services.

Currently, there are no medicinally licensed e-cigarettes available on the market and they cannot be prescribed for smoking cessation.

However local stop smoking services are encouraged to be open to smokers who want to use an e-cigarette in their quit attempt, and to provide the expert support that will give them the best chance of stopping smoking successfully.



### BabyClear - Scarborough Hospital

BabyClear was launched at Scarborough Hospital in January 2016, a national programme developed by Tobacco Control Collaborating Centre which aims to ensure that every woman smoking during pregnancy is given full, frank and factual information from a trained health professional about the harmful effects of tobacco and is provided with behavioural support to quit smoking. The project was approved at the Scarborough and Ryedale Locality Transformation Board and is funded via The Better Care Fund. The

Scarborough and Ryedale Clinical Commissioning Group leads the project with support from Public Health and is delivered by the Hospital Trust.

The BabyClear service includes additional training to up skill all midwives who interface with patients at booking to accurately detect smoking status. Providing enhanced brief intervention training to midwives encourages patients to access and better engage with local Stop Smoking Services. The minority who refuse referral to local Stop Smoking Services during first booking are signposted

into an additional clinic which aligns with the dating scan appointment. The clinic, named Risk Perception Intervention (RPI), is delivered by a smoking specialist midwife. The clinic begins with a CO monitor reading which changes the colour of the computer generated image from green, amber to red depending upon the extent of the elevated reading. This provides an opportunity to outline more detailed factual information on the harmful effects of smoking for both baby and Mum, and for the midwives to make an onward referral into the Stop Smoking Service.

The service has had a challenging 10 months and improvements are needed to increase quit rates through this pathway. Planned changes to the set up and delivery of this intervention are in progress.

### Re-commissioning the North Yorkshire Stop Smoking Service and profiled spend

Effective commissioning of interventions and services is key to improving outcomes and achieving best value on investment. The Local Authority was required legally to re-tender the Stop Smoking Service, but importantly this was also an opportunity to review and develop a new commissioning model which supports better outcomes for North Yorkshire's residents and is more effective and efficient.

Following an extensive engagement and consultation period and a full review of the evidence, a new model was developed for a North Yorkshire Stop Smoking Service. The model of delivery had an emphasis on 8 priority groups where smoking rates continued to be stubbornly high, as opposed to the general population where smoking rates have reduced significantly over the years. The model was to include text, online and web based support alongside the traditional group and 1:1 support. The targeted service would be delivered by a main provider with sub-contracting arrangements in place with GPs and

Pharmacies. The new provider Solutions4Health were awarded the contract which started in January. Smokefreelife North Yorkshire officially launched in March on No Smoking Day, with media coverage.



### Quitting smoking before surgery

There is strong evidence of higher risks and worse surgical outcomes when a patient continues to smoke. Quitting smoking before surgery reduces the risk of postoperative complications. It reduces lung, heart and wound-related complications, it decreases wound healing time and reduces the average length of stay in hospital.

Scarborough and Ryedale CCG, Harrogate and Rural District CCG and Hambleton, Richmondshire and Whitby CCG have all recently approved plans to establish a Stop Before Your Op type scheme.

Harrogate and Rural District recently launched their scheme, on the 1 November 2016. The approved commissioning policy is that patients who smoke are to be offered a referral to the local stop smoking service for a 6 month period of health optimisation, before being considered for referral for a routine surgical outpatient appointment.



### Priority 5: Carry out marketing and communication programmes

A range of campaigns have been run across North Yorkshire in the past year. Tobacco control campaigns feature prominently in the wider Public Health communications calendar, and form part of a co-ordinated programme of health promotion messages. A North Yorkshire County Council Communications employee sits on the steering group and leads on delivering tobacco control messages alongside partners.

The partnership has been involved in the regional campaign 'Breathe 2025', which aims to see a smokefree generation by 2025. Organisations and individuals were encouraged to make a pledge to help realise the vision of Breathe 2025. A website was established as part of the regional campaign, which captured pledges and shared ideas about how to promote the smokefree message in different contexts.

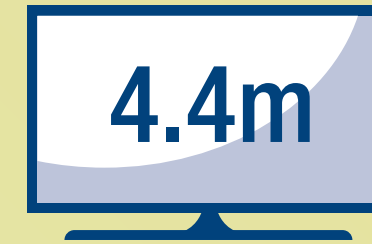
#### 16 Cancers

In February 2016, Breathe 2025 and FRESH pooled resources to adapt and implement a hard hitting quit smoking campaign aimed at raising smokers' awareness of the links between smoking and 16 types of cancer, and to trigger quit attempts.

This is now thought to have been among the most successful quit campaigns ever to have run in England in terms of awareness, attitudes and actions taken. It builds on the strong existing evidence as to why campaigns are a vital part of efforts to reduce smoking.



### The five week campaign featured:

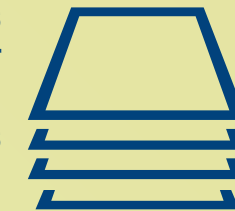


A TV advert reaching around 4.4m adults across the North East (NE) and Yorkshire and Humber (Y&H)



16 Cancers website with contact details for local stop smoking support and facts about smoking

Campaign posters and flyers for local authority and NHS partners



Engagement tool to help GP surgeries/ pharmacies to raise campaign messages with patients

15m

Online display, Facebook and video advertising creating around 15m impressions and 700,000 video views

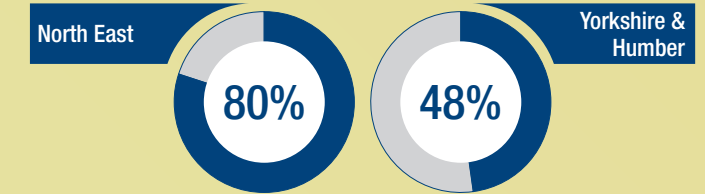


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Over 42,000 website visits

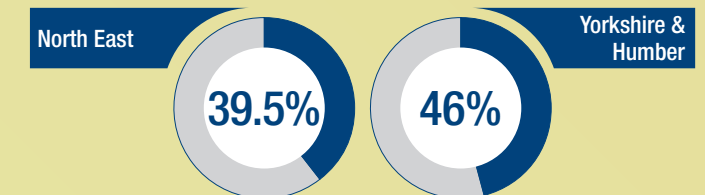
### Evaluation (survey of smokers)

Number of smokers who recalled the campaign:



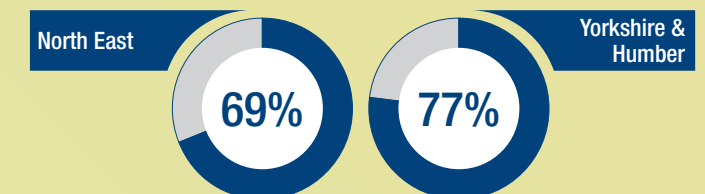
80% in NE/ 48% in Y&H (est. 740,000 smokers) recalled the campaign

Smokers who took a quit related action:



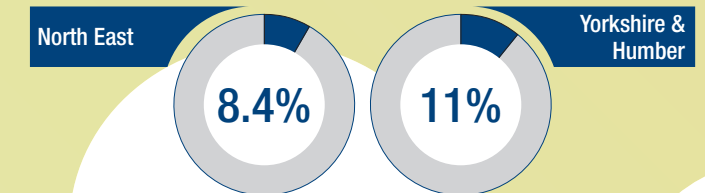
39.5% (NE) and 46% (Y&H) took a quit related action (est. 319,000 smokers)

Number of smokers who are "more concerned" about their smoking:



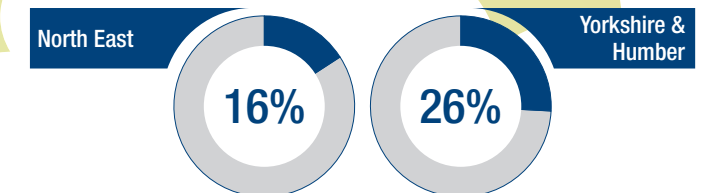
69% (NE) and 77% (Y&H) "more concerned" about their smoking

Smokers who saw it made a quit attempt:



8.4% (NE) and 11% (Y&H) who saw it made a quit attempt (est. 72,800 smokers)

Smokers who cut down: (159,400 people)



An estimated 17,000 smokers switched to an e-cigarette.

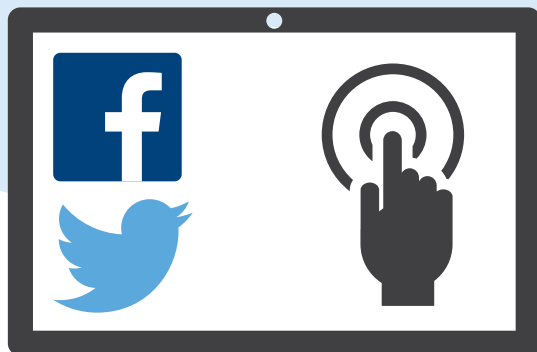




National campaigns were also promoted by the partnership, ranging from Health Harms in January 2016 to Stoptober, a national mass quit attempt. World No Tobacco Day and No Smoking Day were also marked and promoted. The partnership wrote press releases, used internal NYCC communications routes such as blogs and news stories, disseminated information and shared resources with partners.

### Social Media

Trading Standards have a bespoke Twitter and Facebook account which is used to distribute key messages such as national initiatives like Stoptober or more localised messages relevant to individual communities. In addition to this the partnership also uses the Community Messaging system, which communicates crime prevention and public safety messages to a wide audience within each community.



## Priorities for the coming year

### Priority 1:

#### Prevention for children and young people

- Develop a programme to roll out smokefree sports clubs, in order to increase the number of smoke free zones in North Yorkshire, and to provide positive role models to children and young people
- Continue to provide targeted support to schools where smoking rates amongst children are a concern

### Priority 2:

#### Normalise a smoke-free lifestyle

- Continue to influence change and to promote smokefree workplaces across North Yorkshire
- Tackle allegations of proxy sales and potential associated safeguarding implications for children and young people

### Priority 3:

#### Reduce illegal tobacco in the community

- Continue to identify and prosecute sellers of illicit tobacco
- Identify key messages through commissioned insight work to discourage illicit tobacco use and develop a communications campaign aimed at reducing the acceptability of illicit tobacco within communities

### Priority 4:

#### Support smokers to quit and reduce smoking rates during pregnancy

- Continue to promote and embed the Smokefreelife North Yorkshire stop smoking service
- Engage with secondary care to become smokefree, in line with NICE Guidance PH48: Smoking: acute, maternity and mental health services
- Continue to develop and improve the BabyClear programme, and work with CCGs and the Partnership Commissioning Unit to reduce smoking at time of delivery across all hospital trusts

### Priority 5:

#### Carry out marketing and communication programmes

- Ensure the tobacco control agenda and stop smoking messages are highly visible across North Yorkshire, using a range of marketing techniques

This report was written on behalf of the North Yorkshire Tobacco Control Steering Group by:

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2025

INSPIRING A SMOKEFREE GENERATION

## Contact us

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