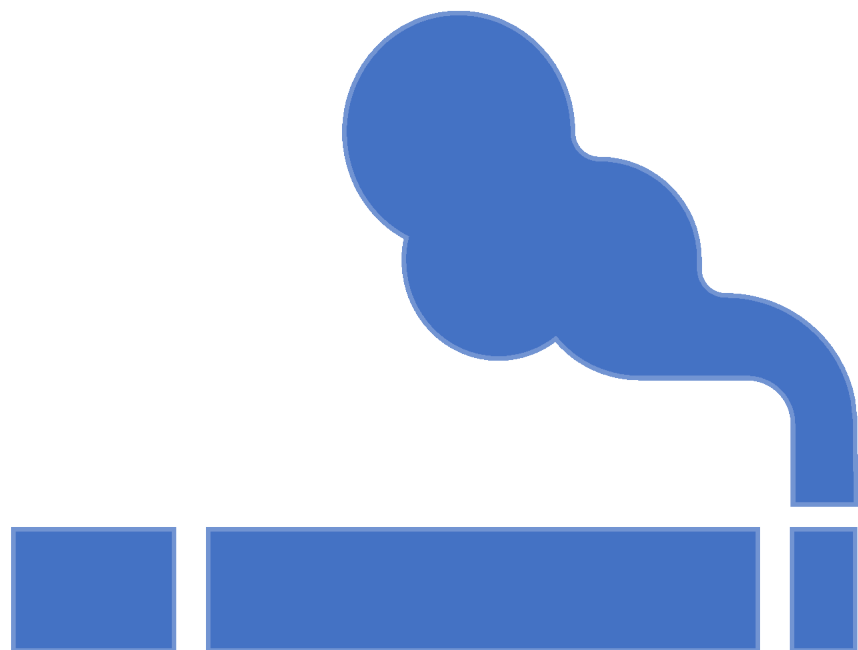


Thurrock Tobacco Control Strategy

2023 – 2028



Essex Partnership University
NHS Foundation Trust



NHS Foundation Trust



Mid and South Essex
Integrated Care
System



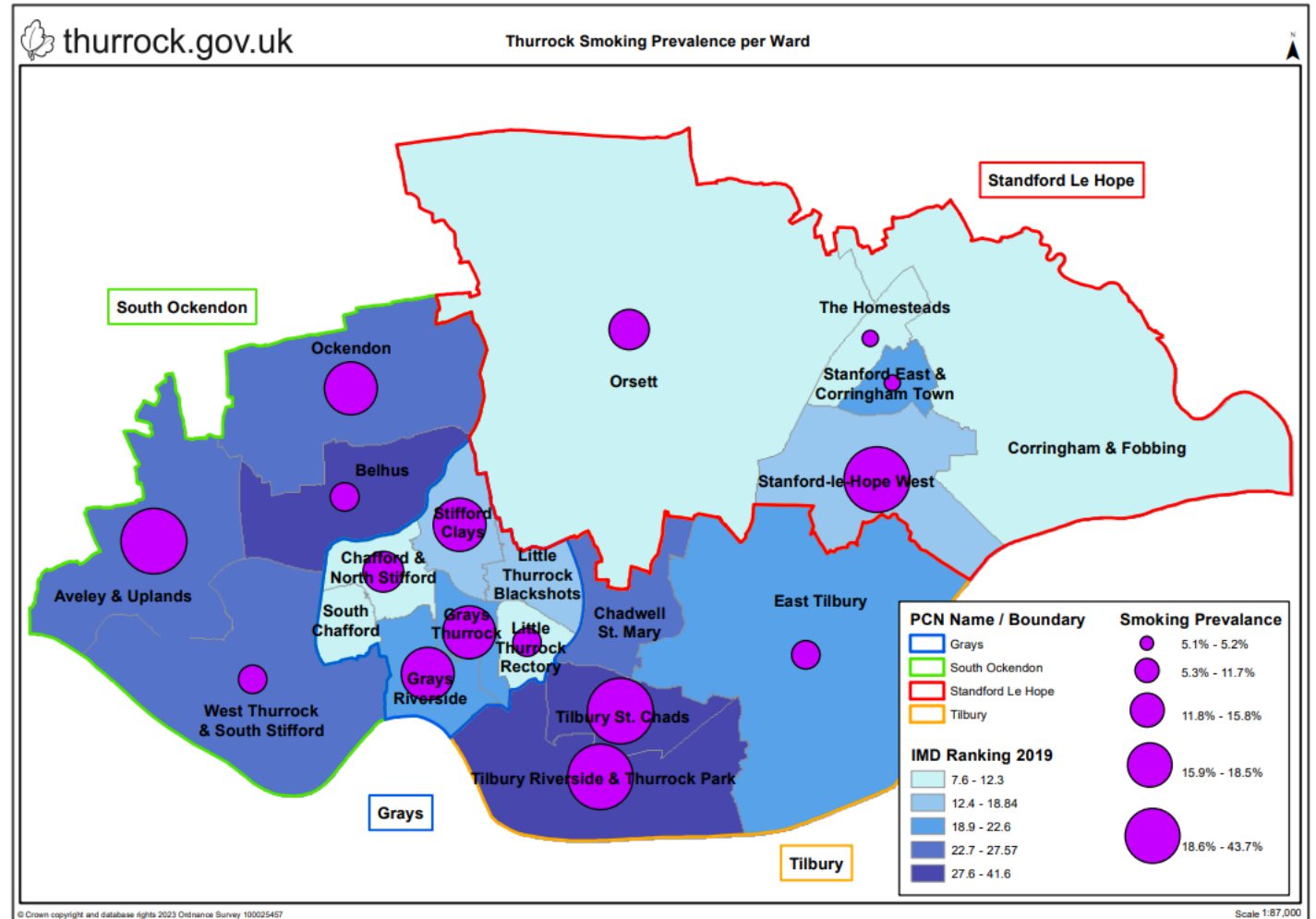
Mid and South Essex
NHS Foundation Trust

one team, working together

Context

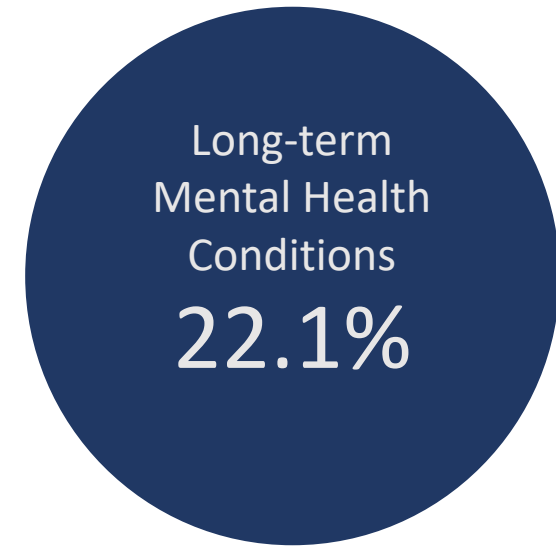
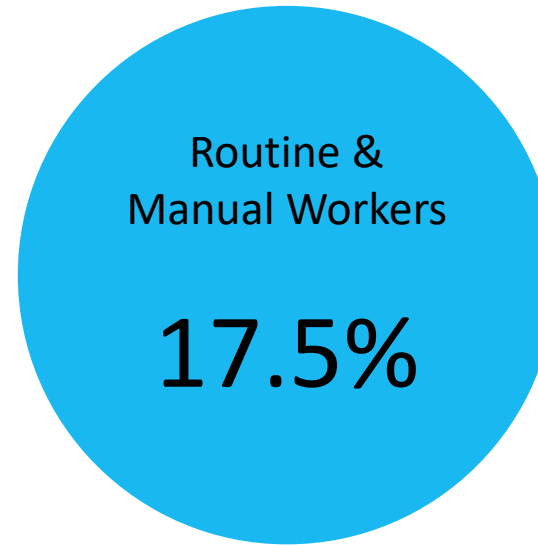
- Thurrock has a similar smoking rate to that of England:
 - Thurrock: 12.6%
 - England: 13%
 - East of England: 12.9%
- The government have set a national ambition to achieve $\leq 5\%$ by 2030
- This strategy takes an inequalities approach to tackling smoking in Thurrock
- Ambitions are guided by recommendations from the 2021 Tobacco Control JSNA

Thurrock Ward-Level Smoking Prevalence (QOF 2021/22)



High Risk Groups

- Strategy focuses on groups that suffer disproportionately from smoking
- Three of these groups have smoking rates higher than the overall Thurrock prevalence of 12.6%
- Smoking at time of delivery is higher than regional (8.5%) and national (9.1%) averages
- Smoking during pregnancy also poses unique harms and so requires targeted reduction, alongside the other groups
- These groups are often harder to engage or require more support to achieve a quit



High Risk Groups

The service appears to work well for Routine & Manual Workers. The focus should be on increasing referrals.

Routine & Manual Workers quit at 12 weeks:

34%

Long-term Mental Health Conditions quit at 12 weeks:

28%

Ways to increase both referrals and effectiveness for smokers with mental health conditions should be explored and implemented.

We need more robust data on clients with substance misuse, but based on national data, this group will require more support to achieve quits.

Adults with Substance Misuse quit at 12 weeks:

More data needed

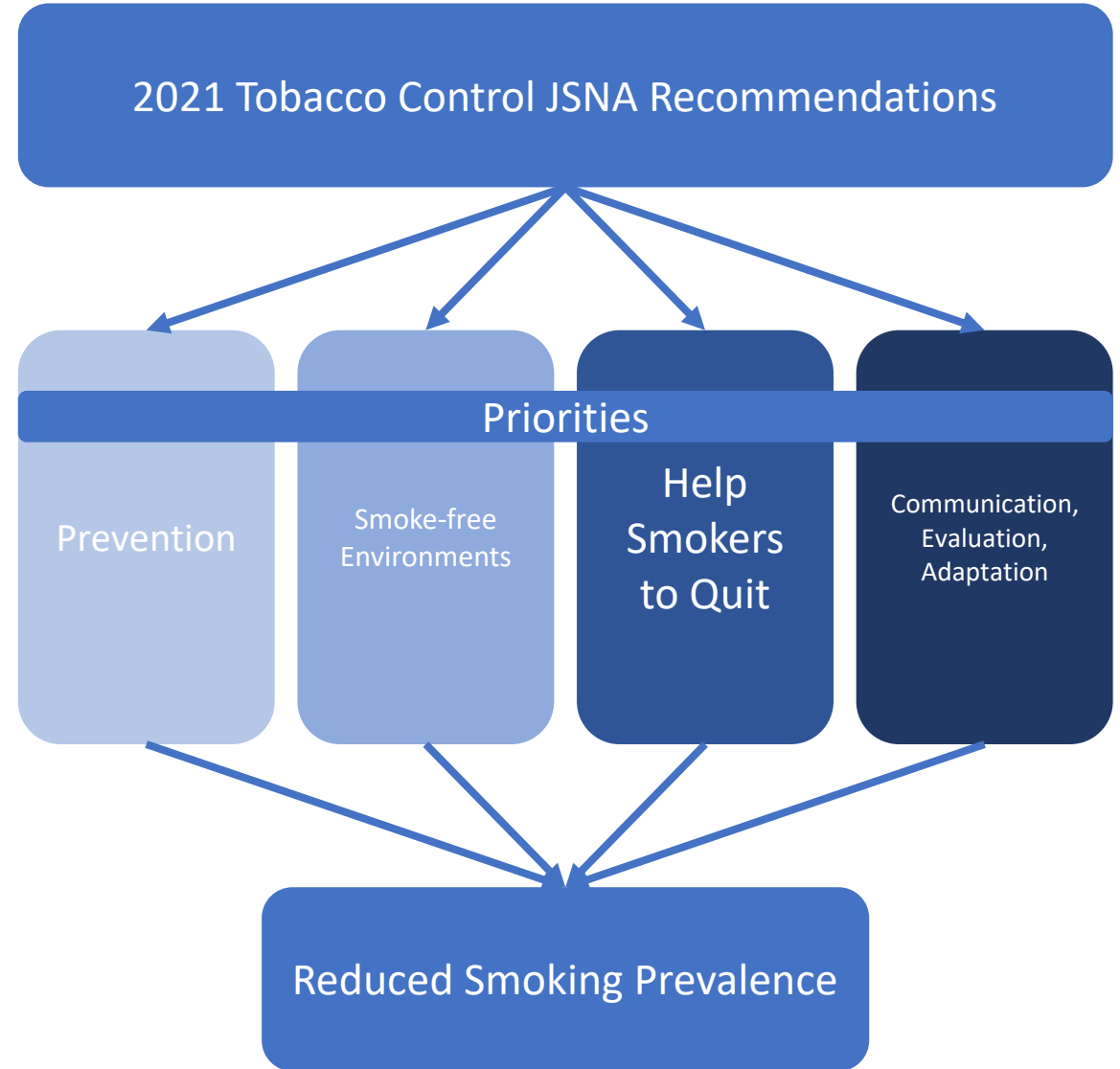
Pregnant quits at 12 weeks:

33%

The service is effective for pregnant women, so an effort should be made to increase referrals. We will also look to adopt a whole family approach to support the wider household.

Priorities

- Overarching goal to reduce overall smoking prevalence in Thurrock to 7.1% by 2027/28, with a view towards the UK Government's ambition of $\leq 5\%$ by 2030.
- Four priority workstreams
- Areas of greatest impact as identified by the 2021 Tobacco Control JSNA

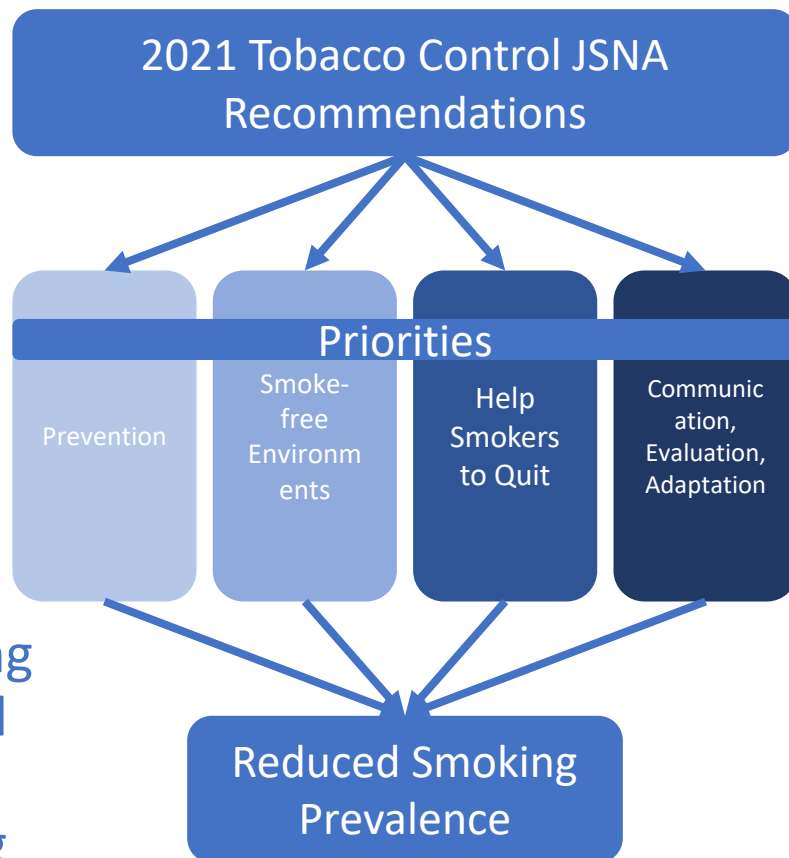


1. Prevention

This priority will focus on stopping smoking before it starts. This will be achieved through working with young people, expectant parents, and education settings.

2. Smoke-free Environments

This priority will focus on reducing the harm caused by second-hand smoke by restricting smoking in public spaces and de-normalizing smoking, as well as increased enforcement of national smoke-free initiatives.



3. Help Smokers to Quit

This priority will focus on getting more Thurrock smokers to quit. There will be a particular focus on reducing health inequalities by targeting smokers from groups that are disproportionately affected by smoking.

4. Communication, Evaluation, Adaptation

This priority will focus on targeted marketing of smoking cessation support, evaluating initiatives to understand what works, and ensuring the delivery of this strategy is dynamic, responsive to change, and open to innovation.

Stakeholders

Reducing smoking prevalence requires input from a wide range of partners, including:

Public Health	Schools	Housing	Young people's services
THLS	Brighter Futures	Community Teams	Primary care
Trading Standards	MSE ICS	Parks	Comms
Children's	HR	Mental Health Providers	Adult support services

Next Steps

- Sign-off from Thurrock Integrated Care Alliance (TICA), Health Overview and Scrutiny Committee (HOSC), and Health and Wellbeing Board (HWB) will be sought prior to publication.
- This strategy will be supported by a delivery plan
- Progress will be monitored against the delivery plan by the strategy coordinator.
- The strategy will report to: Better Care Together Thurrock via the Population Health & Inequalities Working Group