

Walsall Tobacco Control Plan 2023-2027

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Action Plan 2023 - 2027

Foreword

Smoking is the leading preventable cause of ill-health and premature death nationally. As well as impacting on health, the access and availability of illicit tobacco and vapes highlight the wider reaching, negative impact of tobacco with safety and criminal activity.

A comprehensive tobacco control plan is the best thing a local authority can do for the wellbeing and safety of its residents.

In [Our Council Plan 2022-2025](#), one of our key areas of focus is to encourage our residents to maintain or improve their health and wellbeing, to lead more active, fulfilling and independent lives and get timely support for this, where required. This includes access to stop smoking support and awareness of illicit tobacco.

“We are healthy and well” is one of four ambitions in the [We are Walsall 2040 Borough Plan](#). It incorporates the vision for people to live more physically active lives, with an outcome that by 2040, we will be the most improved borough for smoking rates and drug addiction in the region.

Although Walsall has seen a steady decline in people smoking, there is still more work to be done, especially in supporting those groups in highest need. This includes pregnant women, routine and manual workers and those with long-term mental health conditions.

We also must address the growing concern around the use of vapes by young people, in line with access and availability of illicit products.

Success in the effective control of tobacco cannot be tackled in isolation. A comprehensive approach to tobacco control is more than providing services or enforcing legislation. A wide range of co-ordinated activities need to be developed and delivered across all our partnerships.

As part of our ambition to ‘inspire a smoke-free generation’, Walsall Council and its partners are committed to improving the safety and health and wellbeing of all people of all ages living across the borough.

The four priority action areas of the Tobacco Control Plan for Walsall (2023-2027) aim to provide a co-ordinated approach to tobacco control, maximising the safety, health and economic benefits to Walsall and its residents:

1. Effective Leadership and Partnership

Tobacco control and smoking cessation is central to a wide range of policies and practices across Walsall. Ownership and robust governance across a range of partners is key to ensure a collaborative approach and accountability for delivery of the Tobacco Control Plan.

2. Enhance Local Regulation and Enforcement (including vaping)

This covers effective measures that are required for identifying and tackling the trade in illicit tobacco and vaping products.

3. Preventing residents from starting (smoking and/or vaping)

This explores how we can raise awareness and implement action to reduce the number of new smokers, including those who vape.

4. Enhancing Stop Smoking Services to target those in greatest need (e.g. high-risk groups such as residents with mental health conditions, routine and manual workers and pregnant women).

This considers how we can increase access to stop smoking support for high-risk groups and contribute to reducing inequalities.

The Walsall Tobacco Control Plan will provide support to both residents and the local economy to reduce the harms caused by smoking and vaping by: providing children and young people clear information about the dangers of smoking and vaping; providing access to evidence-based stop smoking interventions tailored to individual needs for those who want to quit smoking; tackling the sale of illegal tobacco and vaping products; tackling the sale of smuggled tobacco making the price more of a barrier for those who otherwise would continue smoking and supporting local businesses to implement new Government Legislation on age-restricted sales of tobacco and vaping products.

We are pleased to support the Tobacco Control Plan. We look forward to the delivery of actions that will bring Walsall closer to its aims and ambitions to reduce smoking prevalence to lower than the regional average by 2027, move closer to the national 2030 Smokefree ambition and be the most improved borough in the West Midlands by 2040.

Councillor Gary Flint, Portfolio Holder for Wellbeing, Leisure and Public Spaces

Councillor Garry Perry, Deputy Leader and Portfolio Holder for Resilient Communities

Introduction

Smoking is widely accepted as one of the most detrimental behaviours which can affect the health of our communities and increase the risk of suffering serious illness and premature death.

Cigarettes are the cause of death for about half of all long-term smokers and greatly contribute to increased morbidity in those who are long-term smokers.¹ Smoking causes conditions ranging from cancers, vascular disease to respiratory diseases and events such as heart attacks and strokes, dementias, rheumatoid arthritis and macular degeneration - the leading cause of sight loss in people aged over 50. Smoking is a major public health concern, causing damage not only to smokers themselves but also to the people around them. It (Smoking) is also the single largest cause of preventable deaths.²

Nicotine is addictive and is one of the key reasons why it can be difficult for smokers to quit. Whilst addictive nicotine is not the cause of smoking related deaths, it is the 4000 chemicals in tobacco which cause the harm to health, over 50 of which can cause cancer.³ About half of attempted quits are made without the use of Nicotine Replacement Therapy (NRT) or other aids.⁴ The use of NRT and licenced pharmacotherapy helps reduce the nicotine cravings that arise with stopping smoking. The likelihood of successfully quitting in the long term is increased by three times,⁵ through the use of Local Stop Smoking Services which provide behavioural support to aid quitting.

In England there have been concerted efforts to reduce the number of smokers in the population and increase education of the harm that smoking has on the health of smokers. While hundreds of thousands of people in England stop smoking every year, many still start using tobacco and nearly all of those who do are in their teens or early twenties. There has been a significant reduction in smoking both nationally and locally which is welcome, but this reduction and the harms that tobacco causes on those in the community who smoke is not equally distributed. There are deep inequalities related to tobacco use and have a higher prevalence of smoking than the regional average.

Most smokers know about the associated risks of smoking and, because of them, want to quit - but the addictive nature of cigarettes means they cannot. Three-

¹ Doll, R., Peto, R., Boreham, J. and Sutherland, I. (2004) Mortality in relation to smoking: 50 years' observations on male British doctors

² <https://www.local.gov.uk/about/news/lga-responds-latest-smoking-habits-figures> (LGA 2019)

³ World Health Organisation (2012) Why is smoking an issue for non-smokers?

⁴ Action on Smoking and Health (2019) The End of Smoking <https://ash.org.uk/resources/view/the-end-of-smoking>

⁵ Public Health England (2019) Health matters: stopping smoking - what works?

<https://www.gov.uk/government/publications/health-matters-stopping-smoking-what-works>

quarters of current smokers would never have started if they had the choice again⁶ and on average it takes around 30 quit attempts to succeed.⁷ The majority of smokers start in their youth and are then addicted for life. More than 4 in 5 smokers start before the age of 20.⁸ There is an emphasis in preventing people from starting smoking in the first place.

Smoking is the single largest driver of health inequalities in England, accounting for half the difference in life expectancy between those living in the most and least deprived communities. Smoking is much more common among people with lower incomes. The more disadvantaged a person is, the more likely they are to smoke and to suffer from smoking related illness and early death related to smoking.⁹ As spending on tobacco consumes a relatively high proportion of the household income for people with low incomes who smoke, smoking can push people into poverty.

Children and young people who live with parents who smoke are nearly three times more likely to become smokers themselves than their peers who do not live with smokers.¹⁰ If smoking is more visible and perceived to be socially normal behaviour, there is a higher likelihood to experiment with tobacco.

In Walsall rates of smoking have reduced but there is still work to do. Particularly within our more deprived areas and amongst our more vulnerable population groups including pregnant smokers, young people and those with mental health issues. There is also an opportunity to inform our more hardened smokers who are not ready to quit to smoke responsibly in view of the effects of second-hand smoke, especially to children.

Reducing the number of those smoking is not helped when you consider the sales of illicit and counterfeit cigarettes in Walsall. Tobacco smuggling and the sale of cheap cigarettes are illegal acts. These criminal activities damage the local economy and legitimate traders by gaining a competitive advantage.

These activities are often carried out by large criminal organisations that not only deal in cigarettes but also alcohol and drugs and even human trafficking. The people selling illegal tobacco products are also happy to sell to young people and

⁶ Smokers encouraged to take part in Stoptober, as they report smoking more during pandemic - GOV.UK <https://www.gov.uk/government/news/smokers-encouraged-to-take-part-in-stoptober-as-they-report-smoking-more-during-pandemic>

⁷ Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers - PubMed (nih.gov)) <https://pubmed.ncbi.nlm.nih.gov/27288378/>

⁸ Health matters: smoking and quitting in England - GOV.UK (www.gov.uk) <https://www.gov.uk/government/publications/health-matters-smoking-and-quitting-in-england/smoking-and-quitting-in-england>

⁹ Action on Smoking and Health (2019) Health Inequalities and Smoking https://ash.org.uk/uploads/ASH-Briefing_Health-Inequalities.pdf

¹⁰ Action on Smoking and Health (2019) Young People and Smoking <https://ash.org.uk/resources/view/young-people-and-smoking>

children as they can afford the cheaper price and the sale is unregulated. The increasing cost of cigarettes¹¹ will no doubt cause an increase in this type of activity.

In addition to smoking, vaping has now become a concern among young people.

The number of children using vapes has tripled in the past 3 years and a staggering 20.5% of children had tried vaping in March to April 2023.¹² Due to nicotine content and the unknown long-term harms, vaping carries potential risk of harm and addiction for children. The health advice is clear: young people and those who have never smoked should not vape. The potential long-term harms associated with underage vaping with developing lungs and brains is still not fully understood. Encouraging children to use a product designed for adults to quit smoking and then addicting them is not acceptable.

While selling nicotine vapes to under 18s is illegal, inherited EU regulations have led to a system where vapes are routinely promoted and marketed to children and young people at scale.

The Tobacco Control Plan 2023 - 2027 for Walsall builds on the previous Walsall Tobacco Control Plan 2016 - 2019. It provides an opportunity to review what has worked well and what areas we need to further improve and embed. The Plan aims to establish a comprehensive approach to tobacco control moving Walsall closer to the national 2030 Smokefree ambition and to reduce the harm caused by illicit tobacco and maximise the health and wellbeing of Walsall residents.

National

Tobacco control is an umbrella term used to describe the broad range of activities that aim to reduce smoking prevalence and/or reduce exposure to second-hand smoke and the morbidity and mortality it causes.

The Secretary of State for Health and Social Care has set out a commitment to upscaling prevention in the NHS Long Term Plan.¹³ The NHS Long Term Plan has highlighted the contribution the NHS can make to tackling tobacco dependence, especially for hospital inpatients, pregnant women and long-term users of mental health services. In time, this will bring new opportunities for reducing local inequalities in smoking prevalence. In delivering the NHS Long Term Plan, a

¹¹ <https://www.gov.uk/government/publications/spring-budget-2023/spring-budget-2023-html#cost-of-living-and-public-services>

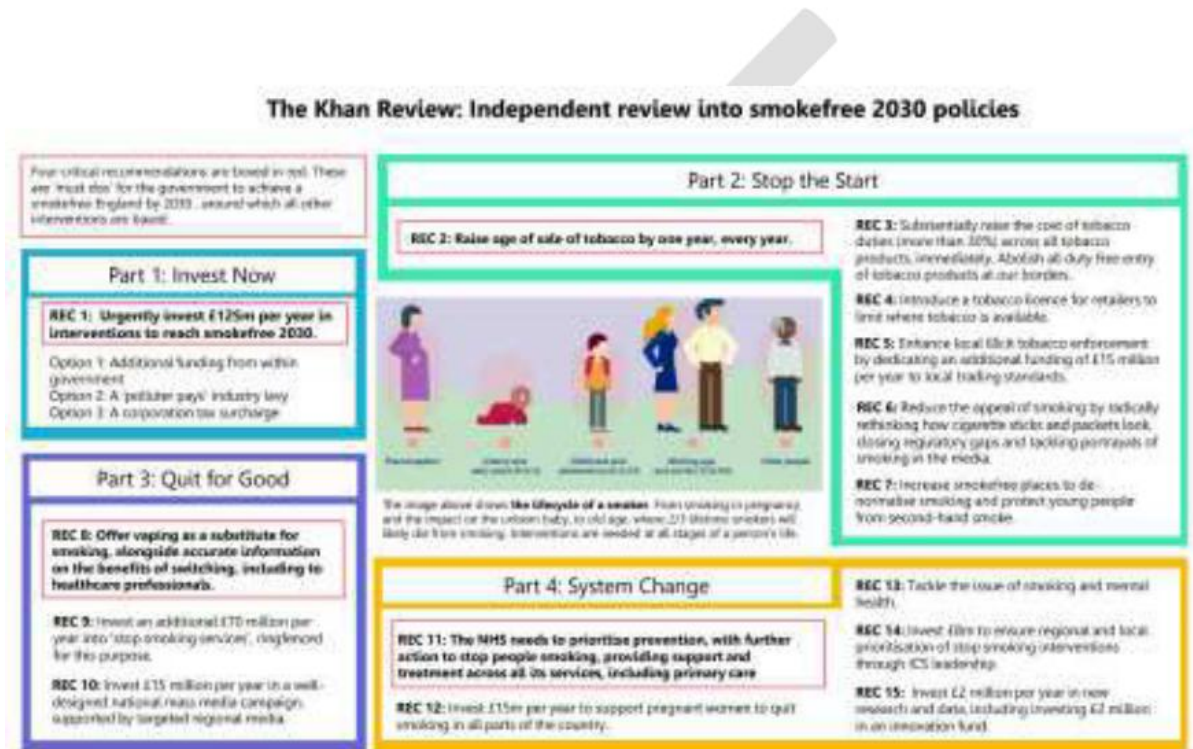
¹² [Use of e-cigarettes among young people in Great Britain - ASH](#) (ASH June 2023)

¹³ <https://www.longtermplan.nhs.uk/>

population view of health is required in reducing smoking prevalence providing a clear focus for collaboration between local government and the NHS.

The Khan Review: Making Smoking Obsolete provides a national foundation to continue the campaign to achieve smokefree status. It highlights strong partnership working will be required across the board in order to achieve its ambitious aims. Walsall is in a positive position to move ahead through the networks already established and the achievements made.

Figure 1. The Khan Review: Making Smoking Obsolete 2022 ¹⁴



The Parliamentary Under Secretary of State for Primary Care and Public Health, Neil O'Brien addressed the government's plans to cut smoking rates and tackle underage vaping (April 2023)¹⁵, highlighting eight areas:

1. Youth vaping: A call for evidence ([youth vaping a call for evidence consultation](#))
2. Swap to stop: 1 million smokers – launching national swap to stop scheme with free vaping starter kits plus behavioural support focusing on settings such as job centres, homeless centres, and social housing providers. Funding to be followed up by Local Authorities.

¹⁴ <https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete>

¹⁵ <https://www.gov.uk/government/speeches/minister-neil-obrien-speech-on-achieving-smokefree-2030-cutting-smoking-and-stopping-kids-vaping>

3. Illicit products: A new national “flying squad” – create a specialised “flying squad” to enforce the rules on vaping and tackle illicit vapes and underage sales – Track and Trace system – HMRC/Border force new 2023 strategy being developed
4. Smoking in pregnancy: A national incentive scheme - offer a financial incentive scheme to all pregnant women who smoke to quit by the end of 2024 – build on national digital platform
5. Smoking in mental health: Quit support in MH services - work with mental health services to improve the signposting to evidence-based support for smokers – plan for all mental health practitioners to signpost to specially developed, evidence based, digital quit resources.
6. Licensed medicines: Unblocking supplies – addressing access supplies for Varenicline and other generic stop smoking prescribed medicines
7. Tobacco packaging: Mandatory pack inserts - consultation on cigarette pack inserts later this year – QR codes to access support easier
8. The Major conditions Strategy: stop smoking is central to this strategy.

As plans developed for the above programmes, Prime Minister Rishi Sunak’s speech supporting the national policy paper: Stopping the start: our new plan to create a smokefree generation (October 2023)¹⁶ sets out proposed actions to introduce new legislation and policy to support the national ambition of being smoke-free by 2030 (as published the Government’s green paper on preventative health; Advancing our health: prevention in the 2020s)¹⁷.

The Government proposals will:

1. Raise the smoking age by a year each year until it applies to the whole population.
2. Provide an additional £70 million investment each year over the next five years to expand locally delivered and cost-effective stop smoking services.
3. Strengthen enforcement activity, with an investment of £30 million per year over the next five years to support agencies including local Trading Standards, HMRC and Border Force to take action to stop underage sales and tackle the import of illicit tobacco and vaping products at the border.

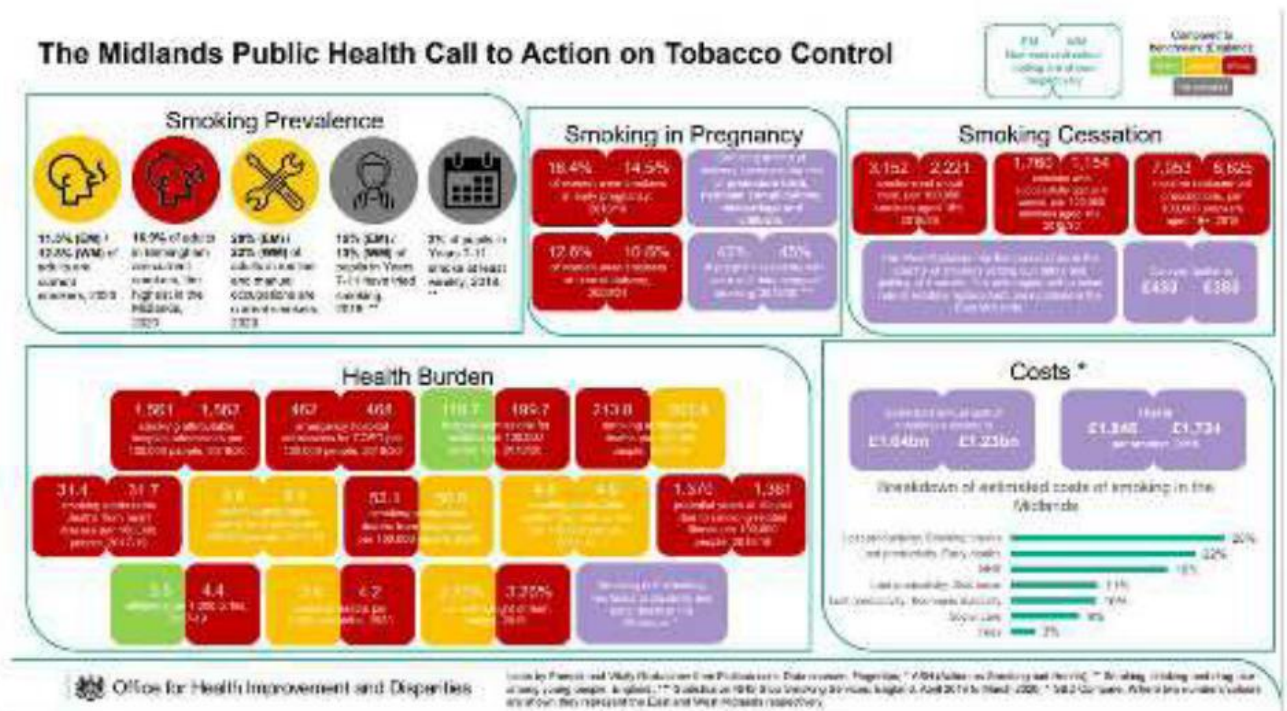
¹⁶ <https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation>

¹⁷ <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>

- Increase restrictions to crackdown on youth vaping (e.g. regulating point of sales display)

Regional

Figure 2. Overview of the Midlands Public Health call to Action on Tobacco Control



Despite a continued decline in smoking prevalence, over 12% of adults in the Midlands are current smokers (2020). The Annual Population Survey (2020) provides an insight to smoking data across Walsall reporting smoking prevalence in adults (18+) as 11.8% and in adults aged 18-64 in routine and manual occupations 18.5% were smokers. The NHS Digital return on smoking status at time of delivery (2020/21) identified 13.9% of women were smokers at the time of delivery.

It is known that tobacco use is one of the largest drivers of health inequality and is responsible for half of the difference in life expectancy between the rich and the poor.¹⁸ A report by the Local Government Authority (2019) reports ‘the difference in life expectancy between the most and least deprived can be as much as nine years, of which approximately half can be attributed to smoking’. In Walsall, smoking is estimated to kill 381 people every year.¹⁹

¹⁸ <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

¹⁹ <https://www.walsallintelligence.org.uk/>

Local

There is a continuing decline in the proportion of people who smoke in Walsall.

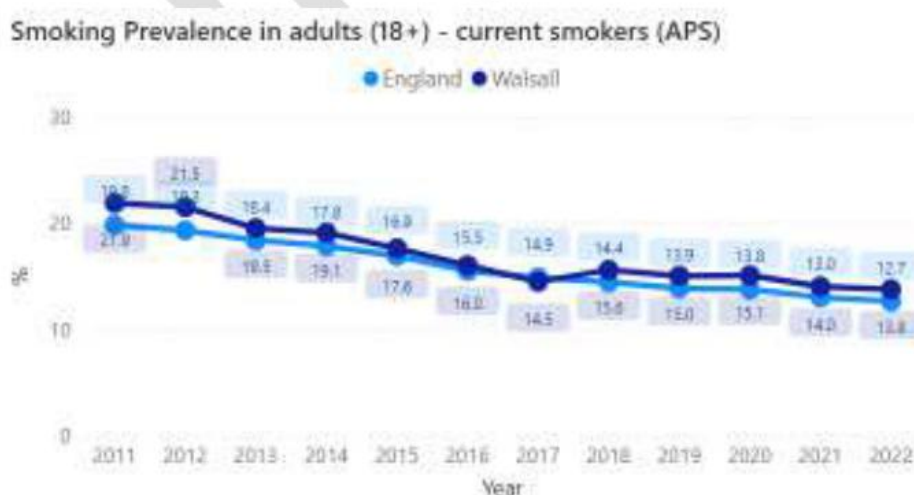
In Our Council Plan 2022-25, people are supported to maintain or improve their health, wellbeing and quality of life through encouraging residents to lead more active, fulfilling and independent lives; to maintain or improve their health and wellbeing; and that people know how to maintain or improve their health and wellbeing and get timely support for this, where required. This includes access to Stop Smoking support and awareness of illicit tobacco.

We Are Walsall 2040, under the ambition of “We are Healthy” incorporates support for people to live healthier lives by including smoking cessation within the theme of Living Active Lives: “By 2040 people in Walsall will live more physically active lives – we will be the most improved borough for smoking rates and drug addiction in the region.”

Current data, show that smoking prevalence amongst adults in Walsall is 13.8% which is above (worse than) the England average (12.7%). Based on the latest population estimate, this is approximately 29,300 people. Local data shows the rate is higher in males, those working in routine and manual occupations, people aged 25-35 years old and is higher than average in “white” and “mixed” ethnic groups, as opposed to lower than average in “Asian and Black” ethnic groups.

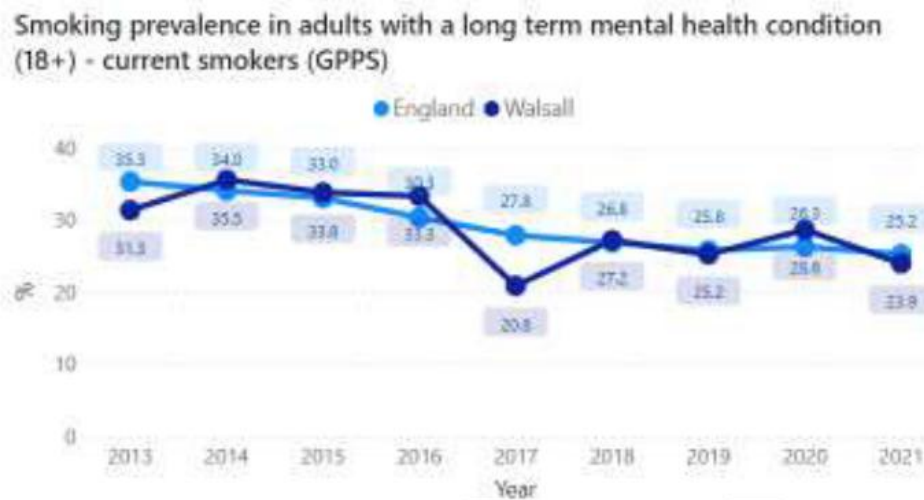
This highlights the need for effective smoking cessation services to be in place.

Figure 3. Smoking prevalence in Adults (18+) in Walsall ([Local Tobacco Control Profiles - Data 2023](#))



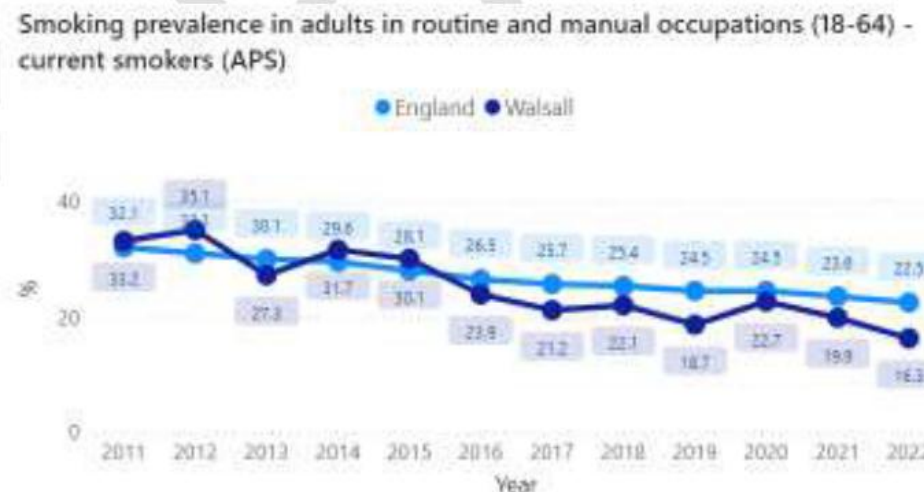
While the overall smoking levels in Walsall are encouraging, there are inequalities in those who smoke, and we have a prevalence higher than both the national and regional average.

Figure 4. Smoking prevalence in Adults with Long Term Mental Health Condition (18+) ([Local Tobacco Control Profiles - Data 2023](#))



The rate of smokers with long term mental health conditions shows a slight decline over the years. Current data, shows that 23.9% of adults with long term mental health conditions in Walsall smoke, this figure falls just below England levels.

Figure 5. Smoking prevalence in Adults in Routine and Manual Occupations (18-64) ([Local Tobacco Control Profiles - Data 2023](#))



For those people working in routine and manual occupations, the rate of smoking has shown a steady decline year on year. Current data shows 16.3% of adults in routine and manual occupations smoke this is lower than the England level of 22.5%.

Smoking in Pregnancy

Figure 6. Smoking Status at Time of Delivery ([Local Tobacco Control Profiles - Data 2023](#))



The number of women who smoke while pregnant is currently 9.4% (England 9.1%). There has been a steady decline over the past few years in the number of women who smoke at time of delivery.

Smoking in Young People

There is limited robust local data on smoking amongst young people, however, nationally the percentage of 11 to 15 year olds who have ever smoked has dropped between 2016 (16%) and 2021 (12%). An emerging area of concern is the increase in vaping amongst young people. Between 2020 and 2023, the percentage of young people who tried vaping rose from 13.9% to 20.5%.

Regulation and Enforcement

Walsall faces significant challenges and pressures to tackle existing, new and emerging threats. Tobacco control is one of these threats with the high level of illicit sales and associated health harms of smoking tobacco products.

Reducing the prevalence of smoking and those being initiated into smoking is seriously undermined by the availability of illicit and counterfeit tobacco in Walsall. The ingredients of illicit tobacco are not known or regulated. Whilst no tobacco is safe, illicit tobacco could contain higher levels of harmful chemicals.

Tobacco smuggling and the sale of non-duty paid tobacco are illegal acts often linked to highly organised criminal gangs who do not limit their activities to tobacco.

These criminal activities damage the local economy and legitimate traders by gaining a competitive advantage.²⁰

Tobacco bought on the illegal market is more likely to be the result of organised criminal activity with links to human trafficking, drug smuggling, illegal alcohol production and even terrorism. This brings crime into Walsall and exploits vulnerable people. Many traders are prepared to sell to children and get them hooked on smoking. The availability of cheap tobacco significantly undermines the effect of higher taxation on efforts to reduce the number of people that smoke.

Environmental health support the tobacco control agenda by advising business on how to create/maintain safe smoke free sites and environments, signposting to quit smoking support and lobbying for change (i.e., shisha regulation in the UK).

Regulatory services have seen a steady increase in tobacco related issues in Walsall.

Trading Standards working together with Police and Licensing teams and through national initiatives, Operation CeCe (tobacco detection dog teams and test purchasers to target those who supply illegal tobacco) and Operation Joseph (tobacco/vape detection dog teams and test purchasers to target those who supply illegal vapes) have documented between September 2021 and September 2023:

- 392,917 illegal cigarettes seized
- 199.05kg of illegal hand rolling tobacco seized
- £406,000 approximate retail value of seized cigarettes and hand rolling tobacco
- 13 attempted underage cigarette purchases led to 4 illegal sales (31%)
- 153 complaints relating to illegal vapes and sales of vapes to underage persons
- 20,224 Illegal vape seizures (e-liquid capacity over the permitted 2ml and / or labelling issues)
- £216,000 approximate retail value of seized vapes
- 21 attempted underage purchases of a disposable vape led to 8 illegal sales (38%)
- 3 recent underage vape cases proceeded to court
- 6 pots of shisha molasses seized

Most of all age restricted complaints received by Trading Standards (alcohol, tobacco, etc.) now relate to disposable vapes. Underage Sales test purchases are only undertaken if a complaint is received or conducted as an advisory visit to the business. This is the reason for the low number of Cigarettes test purchases in

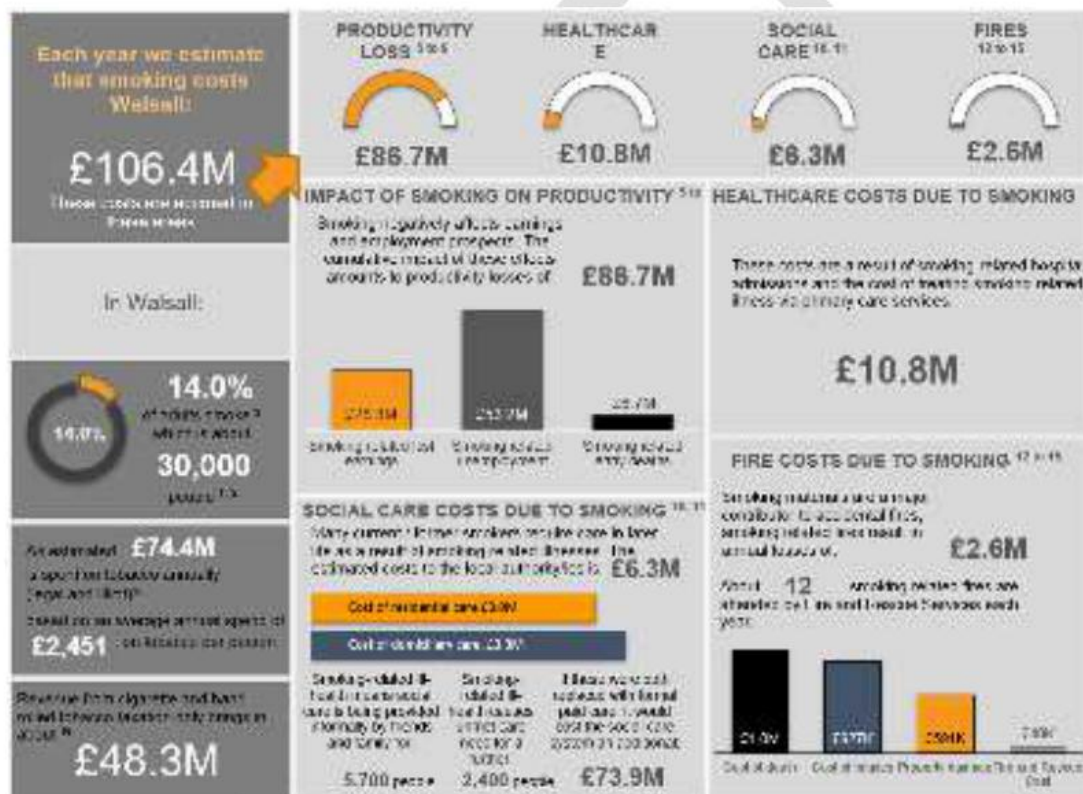
²⁰ [Tackling illicit tobacco: From leaf to light](#)

comparison to vapes. Trading Standards have prosecutions pending for the sale of illicit and single cigarettes to children.

The Effects of Smoking on the wider community

The effect of government policies has made smoking more expensive and a deterrent to some. A smoker consuming a pack of twenty cigarettes a day will spend around £2,500 a year on their habit. Smoking not only has an impact on the health of the population; there is also a wider cost to society. The ASH Ready Reckoner estimates the costs of smoking tobacco at a local level.

Figure 7. Breakdown of costs to society of smoking in Walsall (ASH Ready Recknor 2022)



Each year in Walsall it is estimated that smoking costs approximately £106.4m.²¹ Revenue from cigarette and hand-rolled tobacco taxation only brings in about £48.3m.

The £106.4m in costs are accrued in the following areas:

²¹ <https://ash.org.uk/resources>

- Productivity loss (£86.4m) – smoking negatively affects earnings and employment prospects. Smokers take more sick leave from work than non-smokers and smoking increases the risk of disability and early death. This has an impact on the local workforce and economy. It is estimated that each year a potential amount of wealth is lost from the local economy as a result of lost productivity due to smoking.
- Healthcare (£10.8m) – these costs are a result of smoking-related hospital admissions and the cost of treating smoking-related illness via primary care services
- Social Care (£6.3m) – many current/ former smokers require care in later life as a result of smoking related illnesses. The estimated overall cost to local authorities is split between £3m for residential care and £3.3m for domiciliary care.
- Fire (£2.6m) – Smoking materials are a major contributor to accidental fires in England with around 7% being smoking related, in Walsall this equates to approximately 12 fires per year. Fatalities are disproportionately high in smoking related fires. Illicit cigarettes are linked to an increase in house fires as they continue to burn if not actively smoked unlike genuine cigarettes.

Littering Costs

Tobacco usage has an environmental impact in our community. 62% of people drop litter and smoking materials constitute 35% of all street litter. Most cigarette filters are non-biodegradable and must be collected and disposed of in landfill sites.

Priorities for Walsall Council 2023 - 2027

Our Vision for Walsall is to improve tobacco related outcomes for the health and economy of the borough and its residents, with the aim of reducing smoking prevalence to lower than the regional average.

Aims

By 2027 we aim to:

Reduce smoking prevalence to lower than the regional average and be the most improved borough in the West Midlands by 2040.

Provide a co-ordinated approach to tobacco control to fully realise the improvements to the health and economy of Walsall and its residents by contributing to:

- Gaining strength through partnership support internally and externally
- Reducing illicit tobacco supply and supporting the local economy

- Tackling the growing use of vaping in children and young people
- Reducing the number of people smoking
- Addressing inequalities and improving access to support especially for those people with mental health conditions, routine and manual workers and pregnant women
- Providing accurate information and lifestyle signposting and support, including advice about smokefree homes
- Supporting workplaces with resources.

Through these aims, four key priority areas for action have been identified and have been grouped under the following headings:

1. Effective Leadership and Partnership

Tobacco control and smoking cessation is central to a wide range of policies and practices across Walsall. Ownership and robust governance across a range of partners to ensure a collaborative approach and accountability for delivery of the Tobacco Control Plan.

2. Enhance Local Regulation and Enforcement (including Vaping)

Effective measures for identifying and tackling the trade in illicit tobacco and vaping products.

3. Preventing residents from starting (smoking and/or vaping)

Raising awareness and implementing action to reduce the number of new smokers including those who vape.

4. Enhancing Stop Smoking Services to target those in greatest need (e.g. high-risk groups such as residents with mental health conditions, routine and manual employees and pregnant women).

Increasing access to stop smoking support for high-risk groups to contribute to reducing inequalities.

Ambitions

Non-quit related ambitions aligned to local actions:

- Directive for all large sized organisations (e.g. Trust, ICB, College) to sign the relaunched Local Government Declaration on Tobacco Control
- Carry out mapping exercise of raids/seizures

- Work with national working group to raise awareness of harms of shisha use and associated risks
- Continue to reduce workplace absence/increase productivity
- Work with local partners (Fire service, Walsall Football Club, sports clubs, family Hubs, GP Practices, Dental Practices, etc.) to promote smoke-free messages
- Strengthen the pathway for smoking cessation with visibility and signposting at pre-op clinics, outpatients, dental practices, etc.

Quit related ambitions aligned to national data:

Reduce the prevalence of smoking in the adult population, smoking in routine and manual workers, smoking in those with a serious mental illness and women who smoke at the time of delivery to lower than the West Midlands average.

Paving the way for Walsall to continue working towards achieving the national Smokefree 2030 ambition.

Implementation and Monitoring

The Safer Walsall Partnership (or nominated partnership committee) will be responsible for overseeing the implementation of the Tobacco Control Plan, with appropriate health partnership governance being provided through the Health and Wellbeing Board.

The Tobacco Control subgroup will be responsible for delivery of the plan and will be accountable to the Safer Walsall Partnership Board.

Action Plan

Effective Leadership and Partnership

Objective	Stakeholder	Deliverable	By when
Re-establish governance with Safer Walsall Partnership and links with wider national and regional leads and add name to distribution lists	Safer Walsall Partnership Board West Midlands Tobacco Control Network (restart) Smoking Cessation Steering Group (Maternity)	Joint policies and positions on vaping and increasing smoke free areas	Year 1

	Local Tobacco Control Working Group (create)		
Develop a local Tobacco Control group and support development of a regional and national group	Local Tobacco Control membership: Trading Standards Environmental Health Wellbeing Service By invitation: Licensing Regional and National Tobacco Control Membership Black Country partners leading in Tobacco National partners such as ASH and LGA	Application of national tobacco control initiatives locally System change – to influence regional and national policy	Year 1 (local and regional) Year 2 (national)
Identify and develop 'champions' within organisations to increase the profile of the tobacco control agenda	Environmental Health Local organisations	Well informed local organisations with increased awareness of tobacco control	Year 2
Develop the skills, knowledge and awareness for wider teams in tobacco control	Environmental Health Relevant partners	Well informed workforce with increased capacity for tobacco control	Year 2
Encourage more partners to sign up to the relaunched Local Government Declaration on Tobacco Control	Relevant partners particularly large organisations	Raising the profile of Tobacco Control and aligning to national stance	Year 1

Enhance Local Regulation and Enforcement

Objective	Stakeholder	Deliverable	By when
Proactively support to Trading Standards work on reducing illicit tobacco availability within Walsall by providing relevant intelligence (underage sales of tobacco and nicotine containing products)	Trading Standards Police Education and relevant partners in regular contact with local community and business	Reducing illicit tobacco supply and supporting the local economy	Year 4
Mapping and evaluation of illicit activities across the borough	Trading Standards Business Insights	Local intelligence on geography involved, types of seizures, age of sale and community feedback	Year 2
Establish a process of collecting relevant data from inspection visits and monitoring and evaluation of subsequent actions	Environment Health Trading Standards	Proformas for accurate recording of relevant information from inspection visits Local intelligence to inform future actions	Year 3
Implement local action on the national “flying squad” (program on illicit vaping) and Track and Trace (manufacture, import, transport, store or sell tobacco products)	Trading Standards	Reduce supply of illicit products (national importing)	Year 2
Raise awareness of Tobacco involvement with criminal activity, human trafficking, drugs and exploitation of vulnerable people	Trading Standards Immigration Police Magistrates Social Workers Housing Associations	Local communications and training to wide range of partners alongside national campaigns. Increase professional knowledge and awareness of wider links to illicit tobacco	Year 3

Work with regional/national partners to develop and implement education and communication resources to raise awareness (e.g. myth busting, environmental effects) and decrease use of vapes	Trading Standards	Addressing vaping/youth vaping – impact on health, economy, environment, wider	Year 1/Year 2
Raise awareness of the harm and impacts of niche tobacco products (shisha)	Environmental Health Trading Standards	Local intelligence to inform future actions	Year 3

Preventing residents from starting

Objective	Stakeholder	Deliverable	By when
Develop a co-ordinated internal and external communications strategy	Communications LA/ICB/WHT	Tobacco Communication Plan	Year 1
Work with local partners to promote smoke-free (smoke free homes, safe and well, families with children)	Fire service Family Hubs, GP Practices, Children's Services, Social Care	Raise awareness on effects of second-hand smoke, reduce exposure of adults smoking in front of children and young people and safety (e.g. reducing fires)	Year 2
Develop and roll out education resources to address vaping in young people	Education/School Nursing, Family Hubs, Trading Standards Develop a local position statement on Vaping	Raise awareness on vaping 'myth busting' with young people Increase vigilance with selling/purchasing of illegal vapes	Year 1/Year 2
Refresh Little Lungs/Smoke-free gates – implement and monitor local policy	Education	Drive policy (school gates) and sign-up/refresh	Year 2
Develop local position statement on youth vaping and	Black Country Tobacco Control group	Local policy which provides clarity for	Year 1/Year 2

policy and resources on vaping for local partners (businesses; schools, primary care)	Local Tobacco Control group	young people who vape A policy template for local partners to tailor and implement within respective settings	
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Enhancing Stop Smoking Services to target those in greatest need

Objective	Stakeholder	Deliverable	By when
Increase the number of individuals from high-risk groups using the local stop smoking services, (addressing inequalities).	WHT (Inpatient Offer, Smoking in Pregnancy) Wellbeing Service MoreLife (Digital App) Primary Care Pharmacy Community Organisations Public	Raise profile and ease of access to cessation offers. Development of referral pathways Clear reporting of engagement and outcomes for high-risk groups	Year 1
Varied offer of local face to face and digital stop smoking options	Smoking cessation providers (including Wellbeing Service and pharmacies) Digital Stop Smoking Provider	Review of digital stop smoking pilot and plan for future provision Refreshing service offer that provides choice to residents	Year 1
Analysis of local population views and knowledge about local stop smoking services	Smoking cessation providers (including Wellbeing Service and pharmacies)	Local intelligence to shape future support for high-risk groups	Year 3

	Digital Stop Smoking Provider Business Insights		
Raise professional awareness across all points of contact about stop smoking, smokefree homes, tobacco control	WHT MHT ICB/Primary Care Smoking in Pregnancy Health Visitors Family Hubs Education	Increase visibility to direct people to stop smoking and wider support services to encourage quit	Year 2
Targeted Communications campaigns	Public Health Primary Care WHT Stop Smoking service providers (across all pathways)	Engaging with target groups (those with mental health conditions, partners of pregnant women, routine and manual workers) Evaluation to determine if the offer is fit for purpose by the Provider	Year 3
Develop follow-up post-pregnancy of benefits of maintained quits	Primary Care Health Visitors Family Hubs	Evaluation of long-term quits post pregnancy	Year 4
Implement a workplace offer, particularly for routine and manual employers, for smoking cessation. Support routine and manual businesses to go above and beyond best practice in relation to smokefree practices	Wellbeing Service	Increase awareness of benefits of being smoke free (e.g myth busting of tobacco/ vaping) Workplace based smoking cessation offers	Year 4

This is an initial action plan; we will work through the Safer Walsall Partnership Board on any additional actions that evolve and will contribute to the outcomes listed above over the lifecycle of the strategy.