

Draft V5

**Ealing Tobacco Control Strategy
2016 - 2021**

DRAFT

CONTENTS

Why do we need a Tobacco Control Strategy?	3
National Context	4
Tackling tobacco in Ealing	5
Vision, Aims and Objectives	5
Tobacco Control Alliance	6
The impact of smoking.....	7
Prevalence of Smoking, Preventable deaths and Inequalities	7
Cost of Tobacco	9
Illicit Tobacco	10
Primary Care Initiatives	11
Smoking and Young People	13
Smoking and Pregnancy.....	14
Smoking and Mental Health	14
Smoking and Homelessness	14
Smoking Related Fires	15
Smokeless and Niche Tobacco Products	15
Electronic Cigarettes.....	17
Local context.....	17
Smoking in pregnancy.....	17
Smoking and Mental Health	18
Smoking and Homelessness.....	20
Secondary Care Initiatives.....	21
Smoking and Young People	20
Secondhand smoke.....	21
Illicit tobacco.....	23
Trading standards.....	24
Environmental Health.....	24
Smoking and litter.....	23
Smoking Cessation.....	23
London Fire Brigade (Ealing).....	24
Voluntary Services.....	26
Ealing Tobacco Control Strategy Action Plan	28

Why do we need a Tobacco Control Strategy?

Introduction

Tobacco control is an internationally recognised, evidence-based approach to tackling the harm caused by tobacco. Comprehensive tobacco control is more than just providing local stop smoking services or enforcing smokefree legislation, it's about reducing the burden of disease, disability and death related to tobacco use.

Nearly 1 in 5 adults smoke and there are around 90,000 regular smokers aged between 11 and 15.¹ Smoking causes 17% of all deaths in people aged 35 and over.² This document sets out the new tobacco control strategy for Ealing and provides direction for tobacco control priorities for Ealing. This has been informed by the Ealing Health and Wellbeing Strategy 2016 – 2021³ priorities and the national Tobacco Control National Plan⁴.

The harmful effects of tobacco on the health of an individual and to those around them are widely acknowledged. However, there is reduced awareness of the significant cost to the local economy that further aggravates the burden imposed by tobacco use. The document provides statistical evidence for the widespread harm caused by tobacco nationally and in Ealing as identified in the tobacco control needs assessment. A multiple agency approach, working across organisational divides, together with a correct balance between clinical and social policies/interventions is the most effective way to prevent and stop people from smoking. The Ealing Tobacco Control Alliance is a partnership of organisations committed to reducing the prevalence of and harms caused by smoking in Ealing. The document also sets out the approach to be used in Ealing to reduce smoking prevalence in the local authority area.

This new tobacco control strategy outlines the tobacco control priorities for Ealing in 2016-21. The strategy supports a reduction in overall smoking prevalence, inspiring a smoke free generation and reducing exposure to second-hand smoke which will contribute to improving the health of Ealing's population. It will be updated in line with national policy, as necessary. Our aim is that smoking prevalence in the adult population is reduced to 13% by 2021.

It has been realised that people become addicted to smoking tobacco at a younger age and thus more needs to be done reduce the uptake of smoking at a younger age. In addition, smoking does affect communities differently - those with lower economic background or from certain ethnic groups show higher incidence of smoking and therefore are likely to face severe consequences of smoking. The strategy strongly recommends collaborative working with other healthcare providers who are often uniquely positioned to influence and encourage smokers to quit. As much as we aspire to be smokefree and want the residents of Ealing to quit, we also want to support smokers in Ealing to tackle their nicotine addiction. And, therefore also aim to

¹ Health and Social Care Information Centre. Statistics on smoking. England 2015.

² Health and Social Care Information Centre. Smoking, drinking and drug use among young people in England in 2014

³ www.ealing.gov.uk/info/201072/strategies.../health_and_wellbeing_strategy

⁴ Department of Health. Towards a Smokefree Generation: A Tobacco Control Plan for England. England 2017

support those smokers' in Ealing struggling to quit abruptly; by cutting down to quit or maintaining temporary abstinence routes.

National Context

Smoking is the primary cause of preventable illness and premature death, accounting for approximately 100,000 deaths a year in the United Kingdom. Smoking harms nearly every organ of the body and dramatically reduces both quality of life and life expectancy. Smoking causes lung cancer, respiratory disease and heart disease as well as numerous cancers in other parts of the body including the lips, mouth, throat, bladder, kidney, stomach, liver and cervix. The 2010 US Surgeon General report, 'How Tobacco Smoke Causes Disease', concludes that "there is no risk-free level of exposure to tobacco smoke, and there is no safe tobacco product."⁵

About half of all lifelong smokers will die prematurely, losing on average about 10 years of life. Smoking kills more people each year than the following preventable causes of death combined: [figures for England except HIV which is for UK and traffic accidents for Great Britain]⁶

- Obesity (34,100)
- Alcohol (6,669)
- Road traffic accidents (1,850)
- Illegal drugs (1,605)
- HIV infection (504)

In March 2011 the Coalition Government launched a tobacco control plan for England⁵. This included an ambition to reduce smoking prevalence among adults to 18.5% or less by 2015; to 12% or less among 15 year olds by 2015; and to 11% or less among pregnant women by the end of 2015. These targets have been met⁶.

Other commitments that had been made have also now been implemented⁷. This included the standardised packaging of tobacco which came into effect on 20th May 2016, a ban on the sale of cigarettes from vending machines in October 2011 and a ban on the display of tobacco products at point of sale which came into force on the 6th April 2015⁸.

Similar plans have been developed for the other countries in the UK:

- In Wales, the Welsh Government has set a target to reduce adult smoking rates to 16% by 2020⁹.
- The Scottish Government has published a new tobacco control strategy for Scotland which includes a target to reduce adult smoking prevalence to 5% or less by 2034¹⁰

⁵ ASH Fact Sheet on Smoking Statistics - Illness and death

⁶ ASH Fact Sheet on Smoking Statistics - Illness and death
http://www.ash.org.uk/files/documents/ASH_94.pdf

⁷ ASH Fact Sheet on Tobacco Regulation

<http://ash.org.uk/category/information-and-resources/fact-sheets/>

⁸ ASH Briefing. Tobacco Displays at the Point of Sale

⁹ Welsh Government. Tobacco Control Action Plan for Wales. 2012

¹⁰ Scottish Government. Creating a Tobacco Free Generation – A Tobacco Control Strategy for Scotland. 2013

- In Northern Ireland, a new 10-year Tobacco Control Strategy was launched in February 2012¹¹

In July 2017, the Government launched a tobacco control plan for England with the vision of a smokeless generation⁴. This means a smoking prevalence of 5% or less. To achieve this vision, they have set several ambitions to aim for by 2022 to reduce smoking prevalence amongst adults from 15.5% to 12% or less; amongst 15 year olds from 8% to 3% or less; and from 10.7% to 6% or less amongst pregnant women.

TACKLING TOBACCO IN EALING

Vision, Aims and Objectives

VISION:

Creating a smoke free Ealing by reducing the tobacco related harms and protecting health across the population

AIM:

To reduce the prevalence of tobacco use in Ealing and reduce health inequalities associated with smoking.

The Ealing Tobacco Control Alliance will achieve this through partnership working to support the work of Smokefree Ealing, seeking to de-normalise the use of tobacco and envisioning & facilitating collaborations in working towards a smoke free Ealing as part of the wider health and wellbeing priorities.

OBJECTIVES:

The overall objectives of tobacco control strategy are:

1. Reducing the adverse effects of tobacco use to the health of residents in Ealing.
2. Reducing the overall uptake of tobacco, hence reducing the associated health inequalities in the Borough.
3. Lowering the smoking prevalence to 13% (by 3.4%) by 2021 measured through GP patient records and the Integrated Household Survey
4. Enhance collaborative working with stakeholders to drive forward the Tobacco Control agenda in Ealing
5. Supporting smokers to quit with support from Smokefree Ealing (One You Ealing), with targeted interventions especially for those in vulnerable groups

¹¹ Department of Health, Social Services and Public Safety, Northern Ireland. Ten Year Tobacco Control Strategy for Northern Ireland. 2012

This strategy sets out a range of actions across the following themes:

- Prevention - creating an environment where Ealing residents choose not to use tobacco
- Protection – protecting people from the harmful effects of tobacco use.
- Cessation – helping people to quit smoking.

The Ealing Tobacco Control Strategy reflects the national strategy, focussing on activities that can be most effectively delivered on a local level, underpinned by local analysis and good practice.

The key areas of work will be:

1. Implementing and enforcing legislation to control the sale and use of tobacco.
2. Protecting families and communities from tobacco related harm.
3. Preventing the uptake of smoking by young people.
4. Increasing uptake of smoking cessation services
5. Communications plan.

Tobacco Control Alliance

Comprehensive Tobacco Control requires a structure that supports strategic decision making whilst allowing for a wide range of partners with a variety of expertise and interests to engage at different levels.

The Tobacco Control Alliance in Ealing brings together a number of agencies addressing involved in tobacco control, smoking prevention and cessation. The Alliance oversees the Ealing Tobacco Control Strategy and annual action plans in line with local, regional and national policy.

The Alliance meets quarterly and is accountable to the Health and Wellbeing Board.

Alliance members include:

- Trading Standards
- Environmental Health
- MET Police
- Public Health
- Ealing CCG
- Stop Smoking Service
- Schools or Education Representatives
- Fire Services
- Children's Centre Services
- Parks & Leisure Services
- Youth & Connexions
- Locally Elected Members
- Housing
- NHS, including representatives such as Mental Health and Respiratory Services
- Voluntary services

The Impact of Smoking

Prevalence of Smoking, Preventable deaths and Inequalities

- Smoking is the single greatest cause of illness and premature deaths in the UK.
- Every year, over 96,000 smokers in the UK die from smoking related causes.
- Smoking accounts for over one-third of respiratory deaths, over one-quarter of cancer deaths, and about one-seventh of cardiovascular disease deaths.
- In Ealing where the adult population (18+ years) is about 263,000 of whom roughly 41,028 (15.2%) are current smokers.
- In Ealing, the rate of smoking related deaths at 228 per 100,000 populations is significantly better than the England average of 274 deaths per 100,000 population.
- In Ealing the total annual cost of smoking is £87.2 million, which can be broken down as: NHS costs: £ 17.1 million, costs to business (productivity losses and sick days): 34.2 million and Passive smoking costs: 4.5 million.

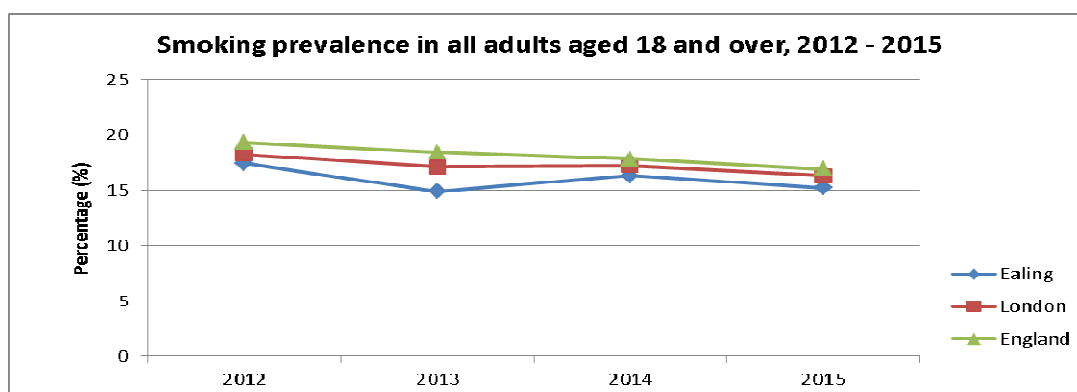
Ealing's smoking prevalence has been declining after the rise in 2011 at 21.2% which was slightly above the London and England average. There has been a decline in Ealing prevalence from 17.4% in 2012 to 15.4% in 2016. Smoking has also been found to be high in individuals that identified as white or mixed cultural backgrounds. This has been the trend in population for a number of years. Smoking across the borough continues to be seen in the younger adult population, with the highest level of smoking seen at 25-29 and 30-34⁵. Amongst this population males are found to be smoking more than females with 19.1%.

There is a strong link between cigarette smoking and socio-economic group. Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK. Smoking accounts for over half of the difference in risk of premature death between social classes¹². Ealing's smoking prevalence has reduced since 2011, sometimes performing better than both regional and national trends and more recently, have been mirroring the national prevalence.

Occupation and smoking has also been seen to have a correlation, with 24.6% of routine and manual workers identifying as smokers compared to intermediate workers at 17.5% and managerial professions with 10.5%¹². The figures 1 and 2 show the latest Annual Population Survey (APS) smoking prevalence trend in adults aged 18 and over and among routine and manual groups in England, London and Ealing.

¹² Public Health England Local Tobacco Control Profiles (viewed August 2017)

Figure 1: Smoking Prevalence (%) in all adults aged 18 and over



Source: Annual Population Survey (APS), Local Tobacco Control Profiles, 2016

Year	Ealing	London	England
2012	17.4	18.2	19.3
2013	14.9	17.1	18.4
2014	16.3	17.2	17.8
2015	15.2	16.3	16.9
2016	15.4	15.2	15.5

Source: Annual Population Survey (APS), Local Tobacco Control Profiles, 2017

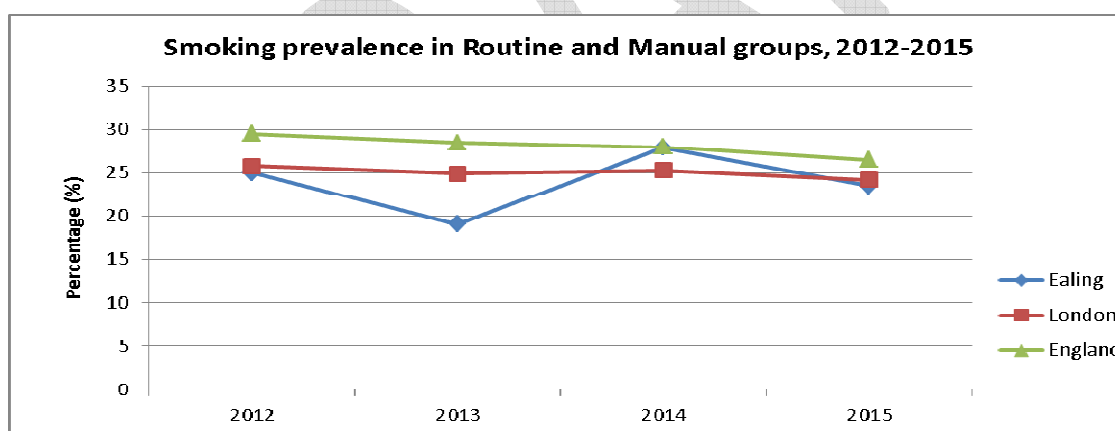
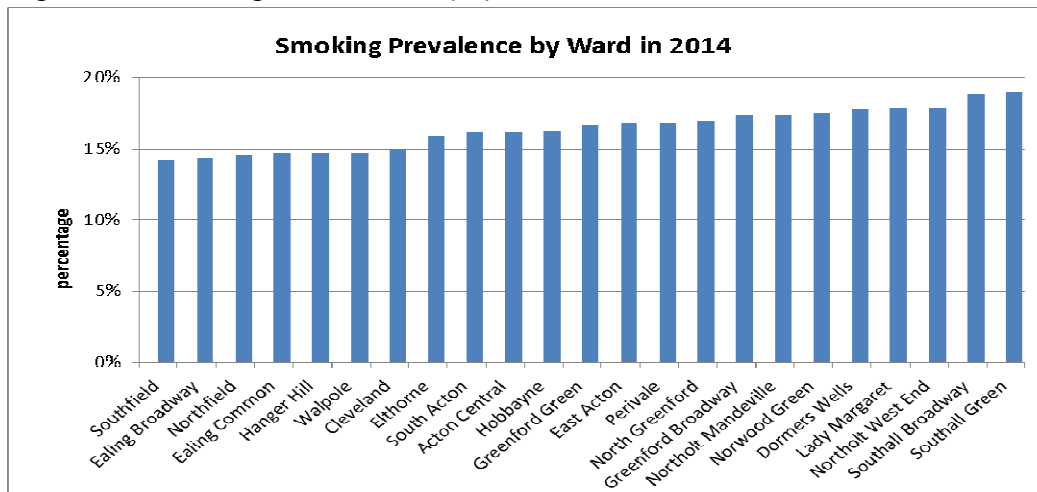


Figure 3 shows the smoking prevalence in 2014 at ward level population in Ealing, based on Integrated Household Survey (IHS). The prevalence of smoking varies across at ward level ranging between 14.2% and 19.0%, but these differences are not statistically significant. The highest rates of prevalence of 17.5% or above were seen in Northolt West End, Dormers Well, Lady Margaret, Southall Green, Southall Broadway and Norwood Green.

Southfield, Ealing Broadway, Northfield, Ealing Common, Hanger Hill and Walpole wards have smoking prevalence of 15% or less.

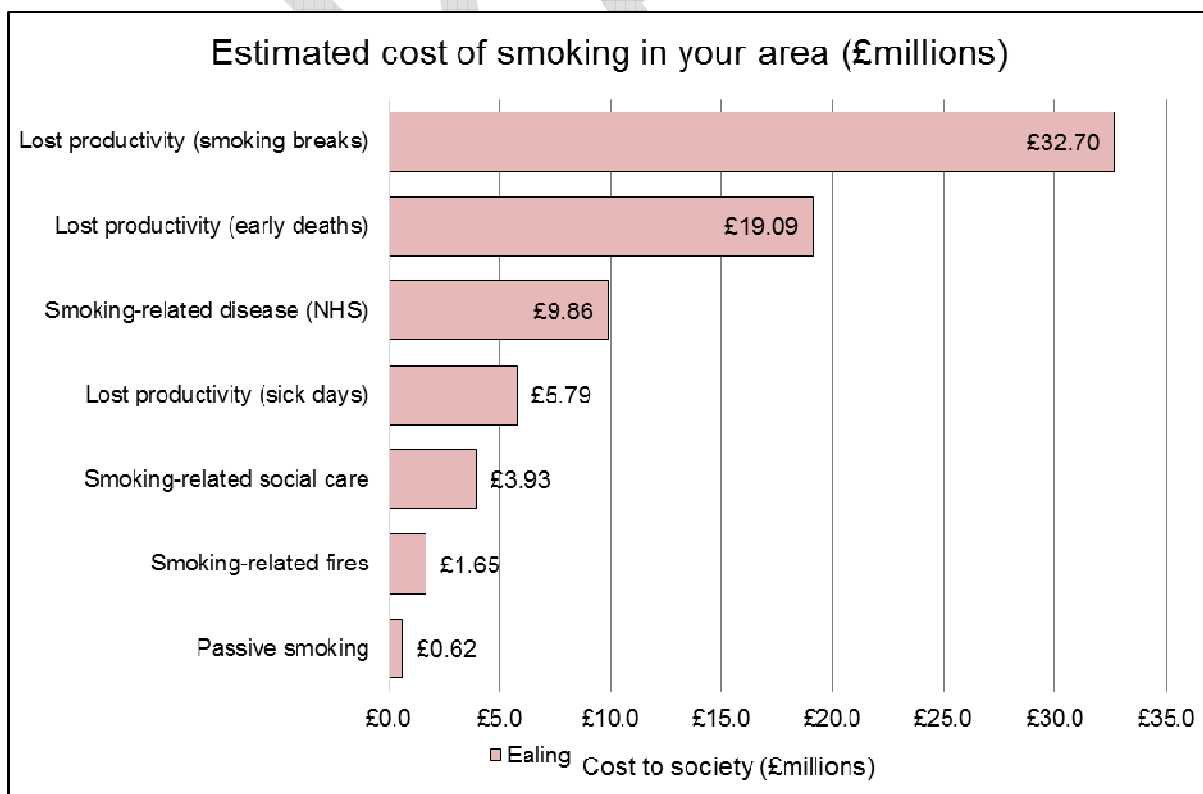
Figure 3: Smoking Prevalence (%) at Ward Level in 2014



Source: ASH Ready Reckoner, Dec 2015 Update

Cost of Tobacco

The cost of smoking to our society is high. Action on Smoking & Health (ASH) has produced a ready 'reckoner' that provide estimates based on national surveys and research. The ASH model estimates the impact of tobacco control strategies on the number of quitters, the number of new smokers, the level of passive smoking in society and the cost of lost productivity from smoking. This tool estimates that in Ealing almost 42,931 individuals smoke generating a cost of £76.1million pounds annually on the economy. This translates to £1,771 per smoker every year.



In Ealing, cigarette breaks and smokers' early deaths cost employers around £32.7 million every year. Current and ex-smokers who require care in later life because of smoking related illnesses cost society an additional £3.9million each year across Ealing with £2.3 million of these costs falling on to the local authority.

Smoking within the borough causes increased levels of litter with 29 tonnes of smoking related litter per year, with 7 tonnes of this found as street litter. Smoke related fires due to smoking cost £1.65 million each year in consequential and response costs.

There is strong evidence on the economic returns and benefits to hospitals and the NHS from increasing referral rates to Stop Smoking services. We have used the national Pre-surgery model and the recent NICE Return on Investment Tool for Tobacco control to calculate costs and savings for Ealing.

The NICE Return on Investment analysis showed that the total annual cost of smoking in Ealing is £14.8 million, out of which approximately £ 7.83 million are NHS costs.

Illicit Tobacco

In the UK, illicit tobacco rose by 2000 to a very high level: HM Revenue and Customs estimates were that 21% of cigarettes in the UK market were illicit and 63% of hand rolled tobacco was illicit⁸, costing the Government more than £3 billion a year in lost revenue⁹.

Illicit tobacco can be categorised under four key types;

- Smuggling: The unlawful movement of tobacco products from one jurisdiction to another, without applicable tax being paid.
- Counterfeiting: Illegal manufacturing of an apparently lawful and well known product with 'trademarks' but without consent.
- Bootlegging: Legally bought tobacco purchased in one country and transferred to a country with a higher tax rate, in an amount beyond personal use allowances.
- Illegal Manufacturing: Tobacco products that are manufactured without declaration to the relevant authorities.

These practices undermine legitimate business and are often dominated by internationally organised criminal groups often involved in other crimes such as drug trafficking¹⁰. To combat the increase of illicit tobacco entering the country border force and HMRC developed the Tackling Tobacco Smuggling Strategy. Since this strategy was implemented illicit tobacco within the UK has rapidly reduced via co-ordinated enforcement efforts and tobacco control initiatives.

HM Revenue & Customs estimates for 2013/14 were that 10% of cigarettes consumed in the UK were illicit, and the proportion of hand rolled tobacco that was illicit was 35%¹³. The recent upward trend, from 35 per cent to 39 per cent in the last three years

¹³ HM Customs & Excise Annual Report, 2000-2001

needs action. Following a consultation which closed on 30 January 2015, the government alongside HMRC are to introduce controls for raw tobacco to mitigate the risk of it being used in the illicit production of smokeable product in the UK.

Within the UK in 2016 standardised packaging was implemented, to help law enforcement and other agencies with identifying counterfeit and illicit tobacco. The most commonly employed tobacco industry argument against the introduction of standardised (“plain”) packaging of cigarettes and other tobacco products is that it would lead to an increase in illicit trade¹⁴. However, the key security features on existing packaging that help identify illicit products will also be present on standardised packaging, specifically: a covert mark on each licit pack, which can be read by enforcement authorities using a simple scanner to determine whether or not a pack is counterfeit other security marks that vary between manufacturers, for example the configuration of marks on filter paper number codes printed on each pack, which will be developed and standardised through the introduction of the tracking and tracing system mandated under Article 8 of the Illicit Trade Protocol.

Under the regulations on standardised packaging, which were approved by the UK Government on 16th March 2015, the Secretary of State has the power to require any features in pack design which the Government considers desirable as a protection against illicit trade.

Primary Care Initiatives

The evidence for the clinical and cost effectiveness of primary care interventions is compelling. Interventions by primary care staff stimulate quit attempts and result in appreciable numbers of ex-smokers at a population level. Motivating smokers to stop smoking in primary care is likely to reduce demand for treatment for acute illnesses and lessen requirements for cardiovascular and respiratory tract medication. Infants and children of parents who have stopped smoking will also suffer less wheezing and less chest and ear infections resulting in less GP consultations.¹⁵

Nationally, smoking generates about 1.1 million GP consultations annually (480,000 for ischaemic heart disease, 20,000 for stroke and nearly 600,000 for COPD) and costs the NHS around £1.5 billion a year.¹⁶ It has been calculated that if GP practice staff increased the number of times patients are advised to stop smoking by 50% and recommended the use of NRT, this would result in an extra 18 ex-smokers per five-person general practice, or 75,000 a year national cost of under £700 per life year gained.¹⁷

More systematic primary prevention in general practice has the potential to improve health outcomes and save costs. For example, only five minutes of advice in a general practice setting to middle-aged smokers to quit smoking can increase quit rates and

¹⁴ Tackling illicit tobacco- From leaf to light 2015. The HMRC and Border Force strategy to tackle tobacco smuggling. HM Revenue & Customs & Border Force, March 2015

¹⁵ http://www.ash.org.uk/files/documents/ASH_416.pdf

¹⁶ Nicotine Addiction in Britain. A report of the Tobacco Advisory Group of the Royal College of Physicians. Royal College of Physicians 2000

¹⁷ Raw M, McNeill A, West R. Smoking cessation guidelines for health professionals. *Thorax* 1998; **53** (Suppl 5,Part 1):S1-19.

save £30 per person for a cost of £11 per person¹⁸. Smoking cessation offers substantial cost savings from reduced heart attacks and stroke, paediatric care and post-operative recovery. In summary, helping smokers stop is a highly cost-effective use of NHS resources.¹⁹

Chronic Obstructive Pulmonary Disease (COPD) is one of the serious consequences of smoking. According to a recent analysis and business case produced by the London Respiratory Team (LRT), smoking cessation and early diagnosis offers the best opportunities to reduce COPD spend and mortality in the long term by reducing the prevalence, identify and treat COPD early in the disease's progression.²⁰

GP practices play a key role to initiate the process with a brief intervention during routine consultation to provide initial motivation and encouragement to all smokers, and then refer on to Smokefree Ealing for consistent smoking cessation advice.

There is an expectation that all primary care clinicians have the opportunity to access and complete the National Centre for Smoking Cessation and Training (NCSCT) on-line training module for Very Brief Advice in order to ensure that all smokers are fully aware of the health issues and know how to access stop smoking support. Smokefree Ealing takes a pro-active approach to improve engagement with smoking cessation at primary care level; with 42 surgeries in the borough providing a in house service and 30 actively referring into Smokefree Ealing for smoking cessation.

As smoking rates are most prevalent in individuals with severe mental health, Ealing CCG funded a specialist from Smokefree Ealing to promote in-house targeted smoking cessation clinics to improve quit rates within this population. The project saw an increase in uptake to smoking services and retention rates to the programme leading to an increase in successful quits. This has highlighted the importance of partnership working with Ealing CCG and local stop smoking services to create successful health behaviour change.

¹⁸ <http://www.kingsfund.org.uk/projects/gp-commissioning/ten-priorities-for-commissioners/primary-prevention>

¹⁹ http://www.ash.org.uk/files/documents/ASH_416.pdf

²⁰ JSNA COPD analysis 2012/13

Smoking in Vulnerable Groups

Smoking and Young People

The White Paper, *Smoking Still Kills* presents the picture that children and young people are on the front line of the smoking epidemic. Every year, tens of thousands of infants, children and young people are harmed by tobacco¹⁵. They are harmed by exposure to second hand smoke in homes and cars, which they have little control over.

They are harmed by the impact of smoking on the health, wellbeing and economic security of their families. And they are harmed by their own experimentation with smoking, which so often presages a lifetime of smoking and ill health¹⁵. Youth smoking remains the driver of the epidemic: 80 per cent of all adult smokers started before they were 20 years old¹⁶. This is not a fact that is lost on the tobacco industry.

People who start smoking at a young age have higher age-specific rates for all types of tobacco related cancers. Young smokers are also exposed to more short and long term respiratory symptoms than their non-smoking peers, such as coughing, wheezing and phlegm. Smoking aggravates asthma symptoms in those already diagnosed, and increases the risk of asthma in young people with no history of the condition. It can also lead to impaired lung growth in children and young adults **Error! Bookmark not defined.**

Evidence shows that 11 to 16 year olds who smoke can also become dependent on cigarettes, showing signs of addiction within four weeks of starting to smoke. It has even been suggested that smoking a single cigarette is a risk indicator of becoming a regular smoker up to three years later²¹.

Starting smoking is associated with a wide range of risk factors including: the ease of obtaining cigarettes, smoking by peer group, socioeconomic status, tobacco marketing, smoking in films, television and other media **Error! Bookmark not defined.** Children who live with parents or siblings who smoke are up to 3 times more likely to become smokers themselves than children of non-smoking households **Error! Bookmark not defined.**

There is a strong association between smoking and other substance use, including alcohol. Young people who truant from school or who had been excluded are almost twice as likely to smoke regularly compared to those who had never been truant or excluded **Error! Bookmark not defined.**

Smoking and Pregnancy

Smoking during pregnancy causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year in the UK. It also increases the risk of developing

²¹ Robinson S & Bugler C. Smoking and drinking among adults, 2008. General Lifestyle Survey 2008. ONS, 2010. <https://catalogue.ic.nhs.uk/publications/public-health/surveys/smok-drin-drug-youn-peop-eng-2012/smok-drin-drug-youn-peop-eng-2012-repo.pdf> - Smoking, drinking and drug use among young people in England in 2012

a number of respiratory conditions; attention and hyperactivity difficulties; learning difficulties; problems of the ear, nose and throat; obesity; and diabetes²².

Smoking and Mental Health

Mental health conditions affect almost a quarter of the population who die on average 10-20 years earlier than the general population. Smoking is the single largest cause of this gap in life expectancy¹⁹. People with mental health conditions smoke at higher rates and are more heavily addicted - around one third of adult tobacco consumption is by people with a mental health condition²³. As such they experience much greater smoking related harm. Smoking rates among people with mental health conditions have barely changed at all over the last 20 years during a time when rates have been steadily falling in the general population.

New research shows high levels of smoking among those who have a mental health condition and living in poverty. In addition, around 130,000 people with a 'common mental health condition' are pushed into poverty because of smoking if their expenditure on tobacco is taken into account.

Smoking and Housing

The Marmot Review – Fair Society, Healthy Lives²⁴ on health inequalities highlighted that it is a complex interaction of many factors that contribute to the disparity of good health and wellbeing. One of these factors is housing, whether that is poor housing, unsuitable housing, precarious housing conditions or lack of housing altogether, which affect our mental health such as with depression and physical health such as respiratory, arthritis and cardiovascular disease²⁵.

Housing issues affect our most vulnerable population, including children, older people, those with long-term conditions and those with physical disabilities. Research has shown that children living in bad housing will suffer from more respiratory illnesses such as asthma, wheezing, shortness of breath and trouble sleeping compared to those in good housing. The same goes for those of working age adults and older adults, who reported more respiratory and other ill health issues compared to those in good housing²⁵. Those suffering from homelessness are also more likely to suffer from long-term mental and physical health problems, along with problems with drugs, alcohol and smoking²⁶.

²² Smoking Cessation in Pregnancy – A Call to Action. http://ash.org.uk/files/documents/ASH_893.pdf

²³ Royal College of Physicians and Royal College of Psychiatrists: Smoking and mental disorder. London: Royal College of Physicians; 2013.

²⁴ Marmot, M. Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010. 2010.

²⁵ NatCen Social Research | People living in bad housing – numbers and health impacts. 2013.

²⁶ Homeless Link. The unhealthy state of homelessness – Health audit results. 2014.

While smoking prevalence has been steadily declining in the general population to currently around 15.5% in the UK, we also know that no decline is to date detectable among some of the most vulnerable groups²⁷. Prevalence of smoking has been found to reach up to 96% in those who reported homelessness. Smoking rates among vendors of the Big Issue were found to be over 90%²⁸, with early onset of smoking and heavy dependence being the norm, along with comorbid dependency on alcohol and other drugs also well recognised²⁹.

We know that smoking is a major risk factor for many of the ill health conditions, and will only serve to further widen the presenting health inequalities. As such, a joined up approach with various health and housing agencies/associations is recommended if we are to have effective strategies and interventions in reducing the health inequalities³⁰.

Smoking Related Fires

Cigarettes and matches are a common cause of fires. One third of fatalities in accidental house fires in England each year, are caused by careless smoking.³¹ In London, it's the second most common cause of fire in the home. Fires caused by smoking result in more deaths than any other type of fire.³²

Smokeless and Niche Tobacco Products

Smokeless tobacco means any product containing tobacco that is placed in the mouth or nose and not burned. Types of smokeless tobacco products most used in the UK often contain a mix of ingredients including slaked lime, areca nut and spices, flavourings and sweeteners³³.

Products include:

- Gutka, Khaini, Pan Masala or Shupari (betel quid), Shammah and Maras powder (these are sucked or chewed)
- Zarda, Qiwam, or Mawa (chewed)
- Lal dantmanjan, Gadakhu, Gul, Mishri, or Creamy Snuff (dental products which are used as toothpaste or rubbed on gums)
- Nass (can be used either nasally or sucked or chewed).

²⁷ Wincup E, Buckland G, Bayliss R: Youth homelessness and substance misuse: report to the drugs and alcohol research unit. London: Home Office, Development and Statistics Directorate; 2003.

²⁸ Big Issue (2002). Coming Up from the Streets: What Big Issue Vendors Need to Escape Homelessness. Vendor Survey October 2002. Cardiff: The Big Issue Cymru.

²⁹ Thompson SJ: Risk/protective factors associated with substance use among runaway/homeless youth utilizing emergency shelter services nationwide. *Subst Abus* 2004, 25(3):13–26.

³⁰ CIEH. Memorandum of understanding to support joint action on improving health through the home.2014

³¹ Smokefree London. Tobacco Control Alliances: A Toolkit for London. COI, Department of Health, March 2010.

³² The London Fire Brigade <http://www.london-fire.gov.uk/smoking.asp>

³³ NICE Public Health Guidance 39. Smokeless Tobacco Cessation: South Asian Communities

These products are associated with several health problems including nicotine addiction, mouth and oral cancer, periodontal disease, heart attack and stroke, problems in pregnancy in addition to after childbirth (including stillbirth, younger gestational age at birth and lower birth weight). The late diagnosis of dental problems (caused because the smokeless tobacco product helps mask the pain) is also a major cause for concern³³.

Evidence suggests that the South Asian women were 3.67 times more likely to have oral cancer and 2.06 times more likely to have pharyngeal cancer. Areca nut, which is often mixed in with South Asian varieties of smokeless tobacco, is also likely to be linked to the prevalence of oral cancer among this group.³³

Smokeless tobacco products are readily available in shops in South Asian neighbourhoods in England. Around 85% of the different product types are sold without any regulatory health warning. Generally, they are cheap compared to cigarettes. There are no local estimates available to show how much these products are used by South Asian communities in Ealing.³³

Shisha, also known as waterpipe, hookah, narghiles or hubble-bubble has traditionally been used in the Middle East and parts of Africa and Asia. Shisha is growing in popularity in western countries and in the UK and appears to be more popular among young people.

There is a common belief that shisha smoking is less harmful and less addictive than cigarette smoking. The water does not filter out harmful substances in the smoke and although not as extensively researched as cigarette smoking, preliminary research suggests that shisha smoking is associated with the same risks as cigarette smoking³⁴. Many users believe that herbal shisha products are less hazardous than tobacco products. However, herbal shisha involves burning charcoal, which contains extremely toxic chemicals making herbals and tobacco shisha smoking as hazardous to health as cigarette use³⁴.

After 45 minutes of shisha use, carbon monoxide levels are equal to, or higher than exposure to smoking cigarettes, sometimes resulting in CO poisoning³⁴. Long term risks include lung cancer, respiratory illness, low birth weight and periodontal disease. There is also evidence that sharing a waterpipe mouthpiece poses a serious risk of transmission of communicable diseases, including tuberculosis³⁴. Secondhand smoke from shisha smoking poses a risk to non-smokers from the mixture of exhaled smoke and charcoal used to heat the pipe.

Electronic cigarettes

'Electronic cigarette' means a product that can be used for consumption of nicotine-containing vapour via a mouth piece, or any component of that product, including a cartridge, a tank and the device without cartridge or tank. E-cigarettes can be disposable or refillable by means of a refill container and a tank, or rechargeable with single use cartridges³⁵.

³⁴ ASH. Waterpipes (shisha) Factsheet http://www.ash.org.uk/files/documents/ASH_134.pdf

³⁵ <https://www.gov.uk/guidance/e-cigarettes-regulations-for-consumer-products#keyterms>

Action on Smoking and Health (ASH) state that usage of electronic cigarettes among adults in Britain has tripled over the past two years from an estimated 700,000 users in 2012 to 2.1 million in 2014³⁶.

Nearly two-thirds of users are smokers and one-third ex-smokers. There is an increase in the proportion of ex-smokers compared to previous years. Current use of electronic cigarettes amongst self-reported non-smokers is negligible (0.1%) and only around 1% of never smokers report ever trying electronic cigarettes. Awareness of electronic cigarettes is widespread among adults.

The Tobacco Products Directive implemented legislation in May 2016 alongside MHRA for e-liquids used in vapes to contain a maximum of 20 mg/ml and tank sizes must be 2ml. The legislation also extended to re-fill bottles with a capped quantity of 10ml³⁵.

The increase of E-cigarettes as a method of quitting or harm reduction led to NCSCT in January 2016 creating a national document on the use of Nicotine containing products (NCP'S) in combination with behavioural support to aid a quit attempt. Data from English stop smoking services for the year 2014–15 show that 2,221 smokers used an unlicensed NCP alone and 1,932 used an unlicensed NCP in combination with a licensed stop smoking medicine to support their quit attempt³⁶. These are relatively small numbers of people, although there may be some underreporting, given that 450,582 quit attempts were made with the services during that 12 months. E-cigarettes can support people to quit smoking. Clients of stop smoking services who combined e-cigarettes with behavioural support had the highest quit-rates in 2014–15³⁶.

Local Context

Smoking in pregnancy

The Ealing prevalence for Smoking At Time Of Delivery (SATOD) is 3.6%¹² which is lower than the national average of 12%. This is supported by smoking in pregnancy interventions conducted locally.

The maternity service in Ealing went through major organisational changes in 2015 and is now provided by a cohort of various trusts, including the London Northwest Healthcare Trust (Northwick Park Hospital and Central Middlesex Hospital). The other participating trusts that are supporting Ealing's pregnant women are West Middlesex Hospital, Queen Charlotte Hospital, Hillingdon Hospital, Chelsea & Westminster & St Mary's Paddington.

Midwives based in Ealing receive localised brief intervention training on smoking in pregnancy. This enables them to provide pregnant smokers with brief advice on smoking and refer for local stop smoking support. The training also equips midwives to conduct carbon monoxide (CO) screening for all pregnant women and provide appropriate advice in accordance with the CO results. Outcome of CO screening and offer of referrals are recorded in patient notes and electronic systems.

³⁶ http://www.ash.org.uk/files/documents/ASH_891.pdf

Referred pregnant smokers are offered help in community clinics, participating pharmacies, and GP surgeries, including behavioural support and nicotine replacement therapy in accordance with NICE guidelines.

In 2015/2016, there were 65 referrals made to Smokefree Ealing, but only 18 pregnant smokers (27.7%) engaged/set a quit date with the service. However, of those that engaged with the service, 12 pregnant smokers went on to become 4-week quitters (66.6%). There were six 12-week follow-ups conducted, of which four clients reported a smoke free status.

There has been a visible reduction in pregnancy referrals since the organisational change of LNWH in the past year (93 referrals in 2014/2015). A CO monitor project was initiated in the last quarter of 2015/2016 which aimed to increase awareness of the service among outer-borough midwives, deliver CO screening as part of booking and follow-ups and to establish referral pathways appropriate to each Trust. Evaluation of this project will take place in Q4 of 2016/2017 to assess referral rates and engagement so far and to plan next steps to ensure continued effective partnership with the various Trusts. The project involved considerable investment of time and purchase of CO monitors for community teams.

Smoking and Mental Health

There are 34,415 adults who have a common mental health disorder in Ealing and 15,504 people are likely to have two or more psychiatric disorder. These figures are to increase by nearly 3% by 2020³⁷. Mental health is the highest spend area in Ealing and it is higher than the national average^{Error! Bookmark not defined.}.

Addressing the high prevalence of smoking in people with mental disorder offers the potential for substantial cost savings to the NHS as well as benefits in quantity and quality of life in Ealing. To reduce these problems WLMHT mental health hospitals implemented a no smoking policy from January 2016. This prevents any individual smoking within any rooms, buildings or communal outside areas.

Smokefree Ealing provides a free stop smoking support and cut down to quit for Mental Health patients to improve their quality of life. The intervention addresses their wellbeing, physical activities and mental health medication use. All staff must complete Level one smoking cessation training to effectively refer to appropriate clinics. Alongside this policy change the hospitals have increased accessibility to stop smoking services with clinics. These have been implemented on each ward with trained mental health smoking advisors. To improve the variety of products available to clients accessing the service an additional 2 NRT products have been added for prescription by the Trust allowing 6 varieties to choose from. All advisors are offered mentoring whilst providing the service, allowing all information and support given to the patients and deliver a service to a quality standard.

A secondary line of treatment has been developed allowing e-cigarettes to be used on the ward as a method of harm reduction. These are supplied via an adapted vending

³⁷ Ealing JSNA. Chapter 5. Mental Health: Enabling all adults (18-64) to maximise their capabilities and have control over their lives. 2014

machine to allow patient to purchase smoking equivalents. In line with this addition to the service provided all staff have been appropriately trained and updated on the operational policy regarding e-cigarettes.

Smoking and Housing & Homelessness

The Ealing JSNA on housing and homelessness recognises the link between housing and health, and aims to reduce the health inequalities that are prevalent in the borough³⁸. One of its priorities is on addressing its fuel poverty needs as it increases risk of ill health particularly in older people. While fuel poverty does not always equate to high rates of deprivation, this is still true some parts of the borough.

The number of individuals identifying as homeless within Ealing in 2013 was 2,008; which contributes to 1.6% of the total borough population. However, over the year 2014-15 there has been a steady decrease in numbers of individuals seen rough sleeping compared to numbers in 2013-14³⁸. Homelessness is associated with substantially increased morbidity and mortality, with the average age at death among those who remain homeless estimated at 40–44 years²⁶. This high morbidity and mortality has been shown to be attributable to a spectrum of health problems including alcohol abuse, illicit drug use and mental illness; however it includes a substantial component of diseases caused directly by smoking, including ischaemic heart disease, lung and other cancers²⁰.

Smoking within this vulnerable population hold increased risk due to the manner of which smoking is conducted. This typically means high risk behaviours using tobacco, such as sharing cigarettes, smoking cigarettes remade from discarded cigarette butts and filters, blocking filter vents, using things other than tobacco such as cigarette filters & drugs in remaking cigarettes and smoking cigarettes remade from discarded cigarette butts and filters³⁹. These practices increase the likelihood of ingesting infectious agents and toxins trapped in filters and tobacco remains.

To combat this issue, Smokefree Ealing will strengthen its partnership with council or voluntary sector projects, housing teams and charities within Ealing to raise awareness and allow free and easy access to smoking cessation advice. For example, Multi-agency partnership work with Park and Recreational services has allowed us to train park rangers that regularly come in contact with homeless residents to engage in very brief advice and hand out referral information to signpost them to relevant services, reducing smoke related litter in open spaces and creating pathways to health services. Partnership working also means collaborating with the Healthy Homes (formerly COSIE) project, to ensure that those in fuel poverty are assessed appropriately and offered relevant health referrals and support.

³⁸ Ealing JSNA. Housing, homelessness and rough sleepers. 2016.

³⁹ Butler J, et al: Smoking characteristics of a homeless population. Substance Abuse 2002, 23(4):223–231.

Secondary Care Initiatives

The London North West Healthcare Trust (LNWH) Intranet is the main source for Ealing Hospital Trust (EHT) staff to refer patients who want help to quit smoking. Referred inpatients are seen as soon as possible, and are provided behavioural support and NRT if suitable. Upon being discharged, patients receive community based treatment. The number of referrals received in 2015/2016 was 191. (This is a reduction in referrals compared to the previous year which saw 246 referrals. One of the reasons for this could be due to the maternity service reconfiguration). Of the referrals received, the service was able to engage with 27.7% of those referred (53 smokers) and 63.3% were 4-week quitters (33).

Staff are provided with Very Brief Advice (VBA) training in Multi-Disciplinary Teams, particularly in the respiratory, pulmonary and cardiac rehab team, as well as in pre-assessment to encourage smokers to quit smoking before surgery (96 EHT staff were trained in VBA/Level 1 last year) One of the positive outcomes from training has been the inclusion of smoking cessation as part of the student nurses education programme at Ealing Hospital. All student nurses will eventually go on to work with the Trust, so this training will ensure that future staff has the knowledge in raising the topic of smoking with patients and how to refer. Regular service promotions are also held at the Trust to raise awareness of smoking cessation for staff, patients and visitors, such as during Stoptober and No Smoking Day, as well as being part of the staff Occupational Health Day. .

Smokefree Ealing also recently supported the Trust in reviewing its smokefree policy to ensure that their employees and patients have access to appropriate stop smoking support. Ward staff are provided training in managing patient's nicotine withdrawal and encourage use of NRT to enable compliance with the Smokefree Policy, and signage has been improved to increase awareness of the Trust's smokefree grounds.

The lack of referrals could be due to several reasons – maternity services moving, the LNWH departmental changes (some have moved to Northwick Park Hospital) and high staff turnover can all contribute to the disruption of service continuity. There needs to be stronger advocacy at senior/executive level of the Trust in embedding recording of smoking status and referral pathways as part of usual clinical practice. Now, smoking status is only recorded in hand-held notes and not electronically. This means that clinicians will not be able to easily identify key risk factors and address them appropriately as part of treatment.

The proposed plan for 2016/2017 will include the setting up of staff clinics at the Ealing Hospital site and continued engagement with the education programmes for both nurses and junior doctors. The Smokefree Hospital Working Group will also reconvene to review out-standing issues such as with surveillance of hospital grounds to ensure smokefree policy compliance and implementing effective clinical pathways for referrals and tobacco withdrawal management.

Smoking and Young People

Although smoking prevalence amongst young people in Ealing is not available, the Ealing Health Related Behaviour Survey for 2015 has shown change of attitudes and

reduction in smoking in young people both in primary and secondary education. The survey showed 91% of Year 6 children responded that they will not smoke, with only 1% who had tried smoking and 8% still undecided.

Secondary school children aged 15 reported 10% of them had smoked in the past or still actively smoking, this is a reduction of 5% from 2012. This shows a change in attitudes towards smoking with only a small percentage engaging in the behaviour. This reduction of prevalence highlights the importance of early education on tobacco control issues and continuing work to de-normalise smoking and to further educate families on the dangers of smoking at home.

One area of concern with young people is the use of shisha pens and pipes with 13% of pupils reporting using these with 8% using regularly. This behaviour is safer in pen form as it follows the legislations of e-cigarettes however is promoting smoking like behaviour which could lead to an increase in adoption of smoking later on in life. Shisha has numerous health dangers and often targeted to the younger population with the use of flavours and as a social pastime therefore increased attention needs to be made to inform young people on the dangers to reduce prevalence.

Smokefree Ealing delivers smoking prevention workshops and runs promotional events in schools, colleges and youth centres all over Ealing. These are expanding to incorporate more than just general tobacco use looking to educate pupils on topics surrounding shisha, cannabis and illicit tobacco. Smokefree Ealing also run numerous stop smoking clinics across Ealing colleges and hold numerous promotional events at Westside Youth centre.

Smokefree Ealing works in partnership with School Health Advisors and Ealing Council's Children's Health Improvement Team. They also provide free training for health and community professionals working with young people

This year Smokefree Ealing is working in partnership with Health Improvement team to include tobacco control literature into the curriculum, educating children as young as Year 3 on the dangers of smoking. Alongside these initiatives Smokefree Ealing is developing partnerships with local young carer groups to help educate young people with additional stressors to alternative behaviours to reduce stress and offer advice and support.

Following success of previous media based workshops with young people with Cut films partnership work this company and students of UWL to help produce tobacco education based videos with students will be explored to help create creative and tailored messages.

Secondhand smoke

No data is available on exposure to second hand smoke. The Ealing Health Related Behaviour Survey for 2015 reports that smoking in the home for young people is still high with reports of 22% of children identifying smoking happening in the home, however this is still a reduction from 2012 result of 25%.

Smokefree Ealing continues to work with the education sector, children centres and nurseries, fire department, Ealing CCG and businesses to try reducing the dangers of second hand smoking. In 2016 Ealing introduced smoke free playgrounds allowing children safe and clean play areas away from smoking. Alongside this by-law being implemented Smokefree works in partnership with local children centres and veterinarians to give VBA advice to parents and pet owners about the importance of keeping their homes smoke free.

Illicit tobacco

Illicit tobacco has been identified across the borough of Ealing through enforcement visits conducted by HMRC, Trading standards and Licensing. Smokefree Ealing commissioned a borough wide survey regarding illicit tobacco use and resident's attitudes regarding illegal tobacco impact on society and health. The results indicated that 26.8% of individuals were offered illegal tobacco in the last week, and 36% of all individuals that purchased illegal tobacco would purchase this again. The results indicated that much of the illicit tobacco in the borough was purchased via a known associate or through a tobacco retailer with 77% of residents purchasing the products between £3-£5. This reduction in price was the primary motivator for individuals accessing illicit tobacco as the survey indicated residents were not satisfied with the quality of the products sold.

The survey allowed geographical data to be obtained to improve tailored enforcement and promotion against illicit tobacco. Greenford and Acton wards were found to have higher incidents of illicit tobacco purchases, with a marked increase in White and White other residents obtaining tobacco.

Smokefree Ealing will work in partnership with the other North West London boroughs to continue to reduce illegal tobacco with marked increase in awareness events, collaborative cross borough work with agencies such as Trading Standards and Licensing and using schools as platforms to educate children to not access these products.

Trading Standards

Trader guidance is routinely given out to retailers supplying tobacco products. This outlines their duties not to sell to those under the age of 18. Trading Standards carry out test purchasing at shops using police cadets that are of correct age on businesses to determine if underage policy in place such as Challenge 21. If businesses are seen to fail, they are given additional education and support and if further non-compliance is found a fine procedure is started.

Trading standards, MET police and HMRC work together on visits to search premises for illegal tobacco, both in counterfeit and non-duty paid form. These unannounced operations yield large amount of illegal tobacco, currently an operation is in its planning stage for the borough.

Officers check that cigarettes, tobacco and niche tobacco products are displaying the appropriate health warnings. Both Trading Standards and Licensing have gathered intel at a ward level to tailor investigations on known premises for tobacco items known to be popular.

Environmental Health

The list of shisha premises is constantly being updated and monitored, currently within Ealing borough there are 40 shisha bars in operation. Shisha premises are monitored by a wealth of organisations including the Licensing team, Food and Workplace Safety, Planning enforcement, Trading Standards and Environmental Health.

These premises are regularly inspected and supplied with advice on compliance including information on appropriate health warnings that are required on marked tobacco products. All shisha establishments have been informed of the deadlines regarding the removal of old tobacco stock for plain packaged tobacco to be in place by May 2017. Environmental health also carry out numerous multi-team operations with police licensing and local authority teams to identify and seize illegal tobacco from premises.

Due to the continued partnership work, Licensing and the Police have conducted unannounced inspections of premises that have continued to operate in a non-compliant manner. This has led in October 2016 for a shisha bar to be fined over £19,000 for breaching the Health Act 2006.

Smoking and litter

It is estimated that the cost of cleaning smoking related litter costs Ealing Council around £2.2 million. In the UK, cigarettes are the principle source of street litter accounting for 70%-90% of all litter in urban areas⁴⁰ and accumulating 29 tonnes of waste with 7 tonnes of this from filters alone. To combat this environmental problem Ealing council in 2015 introduced a fine of £80 to reduce litter and improve compliance to using bins⁴¹.

Smoking Cessation

Smokefree Ealing is commissioned by Public Health deliver the local tobacco control strategy. The service is owned by West London Mental Health Trust, but focus of delivery is within primary care. The commissioned remit for the Service is two-fold:

- Deliver a smoking cessation service designed to achieve and deliver our commissioned four week quitter target within primary care.

⁴⁰ Tobacco and the Environment http://www.ash.org.uk/files/documents/ASH_127.pdf

⁴¹ Ealing Council Litter Fines

https://www.ealing.gov.uk/info/201132/parks_and_open_spaces/643/park_rules_and_bylaws/4

- Develop a tobacco control strategy to help reduce prevalence of smoking within the borough by focussing on wider tobacco issues and working with Council and other stakeholders.

Service Aims:

- To deliver a high quality, comprehensive, co-ordinated, accessible, evidence-based, high-efficacy, cost-effective and sustainable smoking cessation service for the Ealing population.
- To increase awareness of and access to stop smoking services in Ealing, and hence achieve an allocated proportion of the local annual target for 4-week quits.
- To increase quit rates, in BME communities, Routine and Manual group, young men and women and pregnant women.
- To promote and provide smoking cessation training at Levels 1 and 2 to a range of multi-disciplinary professionals.
- To manage, motivate, support and pay a network of community-based Level 2 smoking cessation advisers across the borough in a range of contexts to deliver 4-week quits.

Smokefree Ealing is embedded within primary care, running smoking cessation clinics within the community whilst working with a range of community providers. As such, the Service sub-contracts delivery of smoking cessation interventions to Ealing GP Surgeries as well as Ealing Pharmacies. The relationship with these Providers is managed through a Service Level Agreement, allowing Smokefree Ealing to maintain high levels of effective intervention and opportunity for access to clients. In order to support the approximate 4000 clients we see each year, we are committed to continually build capacity for local smoking cessation advisors to provide exceptional customer service.

As well as supporting smokers to quit, we aim to ensure that those who continue smoking are aware of its adverse health-effects. Information and knowledge are therefore key components to support the reduction in smoking prevalence.

London Fire Brigade (Ealing)

Smoking materials are a major contributor to accidental fires in Ealing. Each year it is estimated an average of 24 smoking related fires. This costs the borough approximately 1.6 million pounds annually according to the aforementioned ASH ready reckoner.

The Fire Brigade works to prevent fires and provide information about smoking in the home, as well as how to avoid accidental fires from starting. They offer home visits to assess fire risk, provide personalised advice and fit smoke detectors where needed.

They communicate tobacco control messages to the public to reduce harm caused by tobacco-related fires. The Fire Brigade visits an estimated 3000 homes every year to offer advice and fit smoke detectors. They target vulnerable or 'at risk' residents in Ealing. During these visits, if a member of the household is a smoker, they have

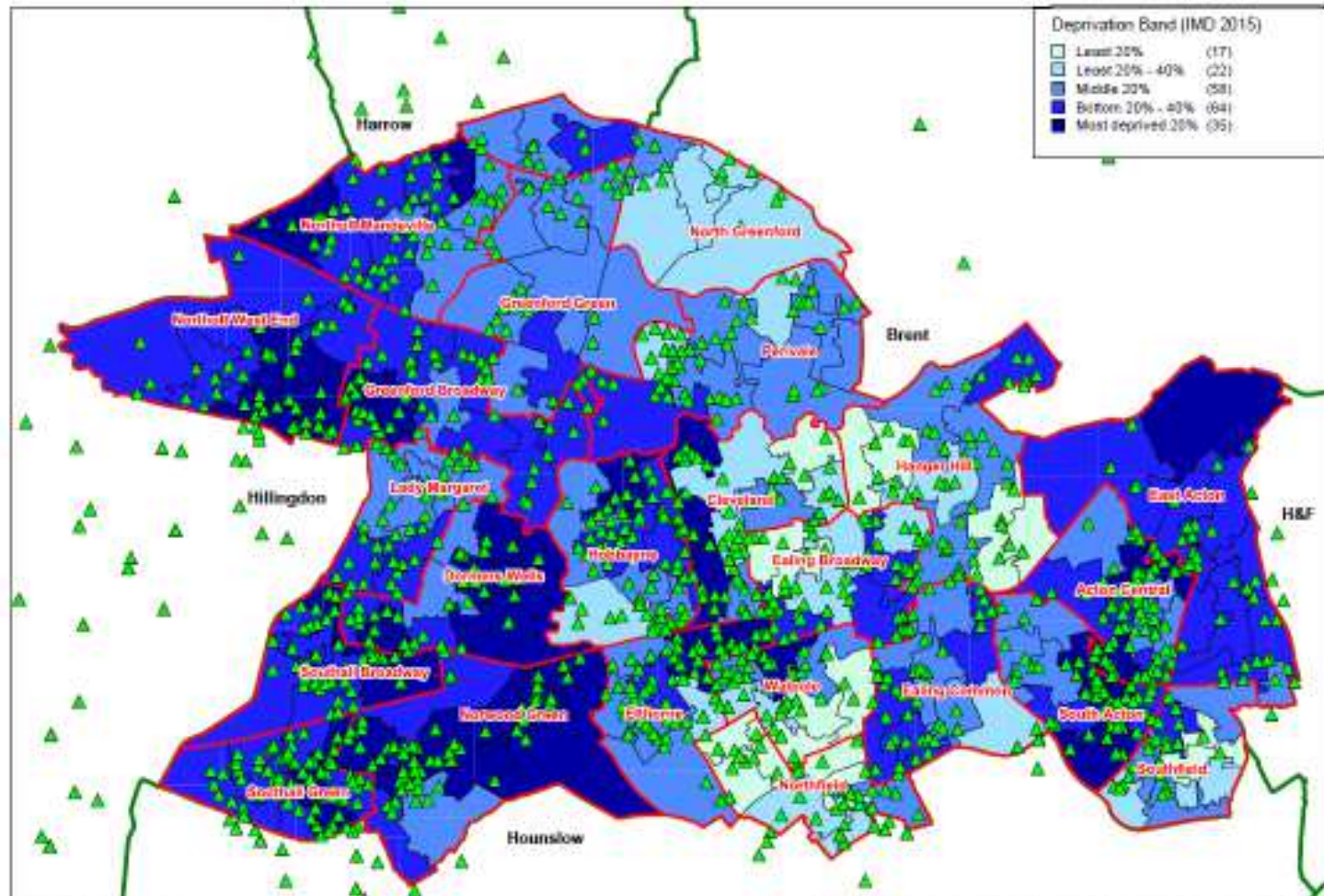
referrals cards to pass on if they would like to quit. Alongside these visits they attend numerous outreach events alongside Smokefree Ealing educating families on the dangers of smoking in the home.

Voluntary Services

Ealing Community and Voluntary Service (Ealing CVS) is the umbrella support organisation for voluntary organisations in the borough of Ealing. They support the strategy and work of the Alliance by involving voluntary organisations and providing access to wider networks in the community.

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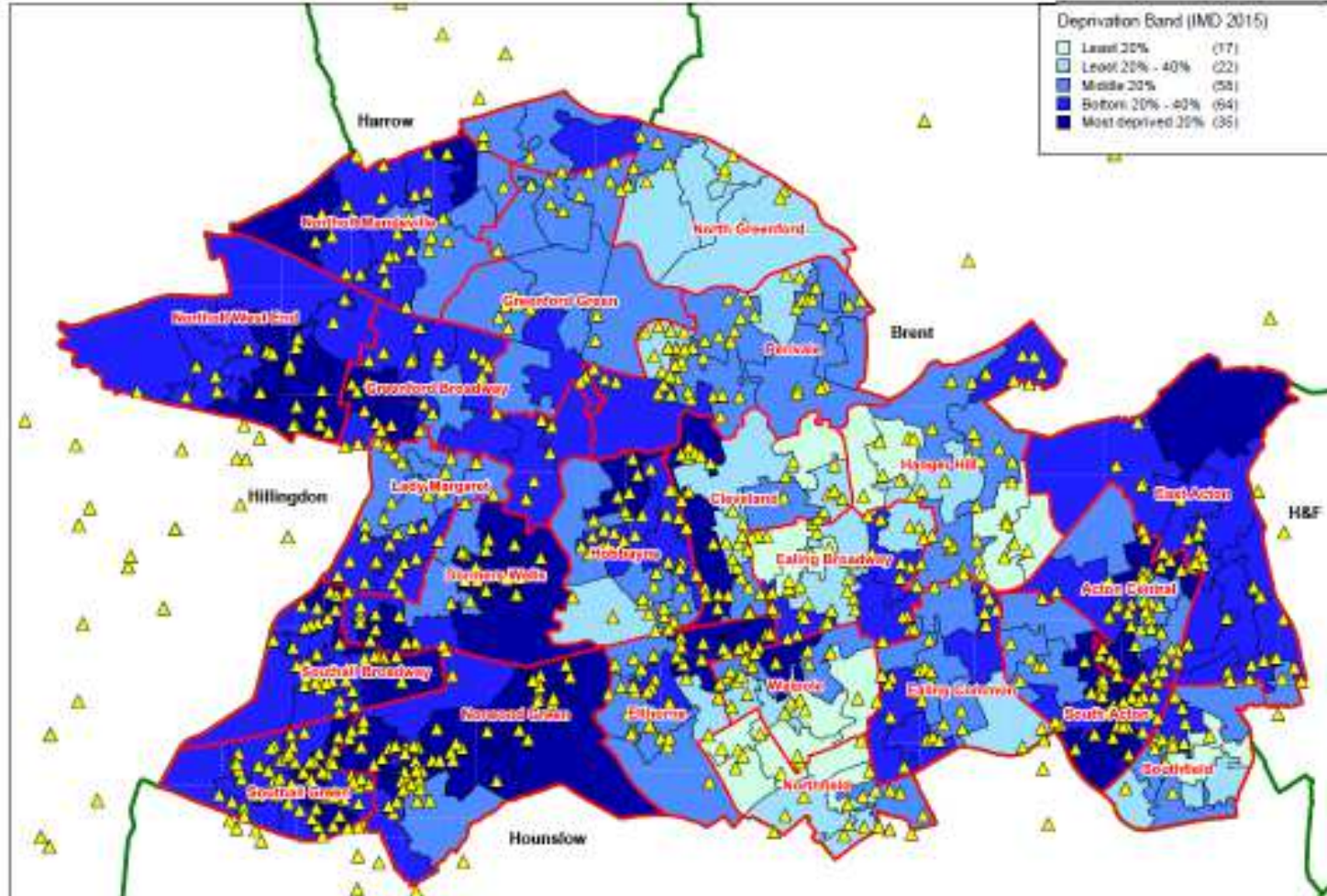
Smoking quitters in Ealing - all quitters for 2015/16 - by area of deprivation (IMD 2015)



Ealing Public Health Team

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BME Only Smoking quitters in Ealing - all quitters for 2015/16 - by area of deprivation (IMD 2015)



Ealing Public Health Team

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Ealing Tobacco Control Strategy Action Plan

This Tobacco Control strategy sets out the key actions under each priority area. We will address these areas jointly as the Tobacco Control Alliance to maximise the use of information and intelligence needed to tackle tobacco in Ealing.

The action plan attached sets out how the vision and priorities will be taken forward.

The Tobacco Control Alliance will co-ordinate and implement the action plan, reviewing it annually.

In the future, we welcome exploring the potential to collaborate on Tobacco Control initiatives across London or with our neighbouring boroughs.

Monitoring of the Action Plan

This Action Plan is a live document. Responsible leads will be required to report quarterly on activity and outcomes two weeks before Alliance meetings. Updates will be forwarded to the Tobacco Control Specialist, collated and shared at Alliance meetings. Six monthly updates will be available for the Health and Wellbeing Board.

For more information on the Action Plan, please contact Penny Chew at ChewP@ealing.gov.uk or alternatively penny.chew@wlmht.nhs.uk

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