Fresh & Balance

An overview to population level programme in the North East

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Outline

- Background to the North East approachprinciples of the what, why, where
- Addressing tobacco issues- Fresh
- Addressing alcohol issues- Balance
- Key lessons learnt to date and challenges that remain
- Perspectives from a lead commissioner of the Programme and what next







Background

- Early 2000s- smoking rates- SSS prevalence of 29%
- Californian experience- shifting the social norms
- Population level working as opposed to simply targeting individuals – recognition around role of industry
- Fresh regional Tobacco control programme 2005
- Balance- regional Alcohol programme 2009- same principles
- Currently work as one programme, one team, NHS FT hosted, largely funded by Local Councils with some NHS funding – lead commissioner Durham County Council
- Partnership working is key







Rationale – Tobacco and Alcohol at scale

- Leading causes preventable morbidity and mortality in NE: immediate public health challenges- driven by global multinationals.
- Smoking- at least 50% diff' life expectancy in social classes- single greatest contributor to HI (at least 10 years life lost long term smokers)
- 1 death = 30 suffering smoking related illness
- 20,000 alcohol deaths PA (UK)/>1 million hospital admissions
- 700,000 alcohol related violent crimes
- Covid- spotlight on HI/co-morbidities
- Levelling up. 5 years extra healthy life expectancy by 2035?





Fresh model



- Evidence base 1962
- International to local level
- Comprehensivesynergistic
- Multiple strands
- Partnership and collaboration



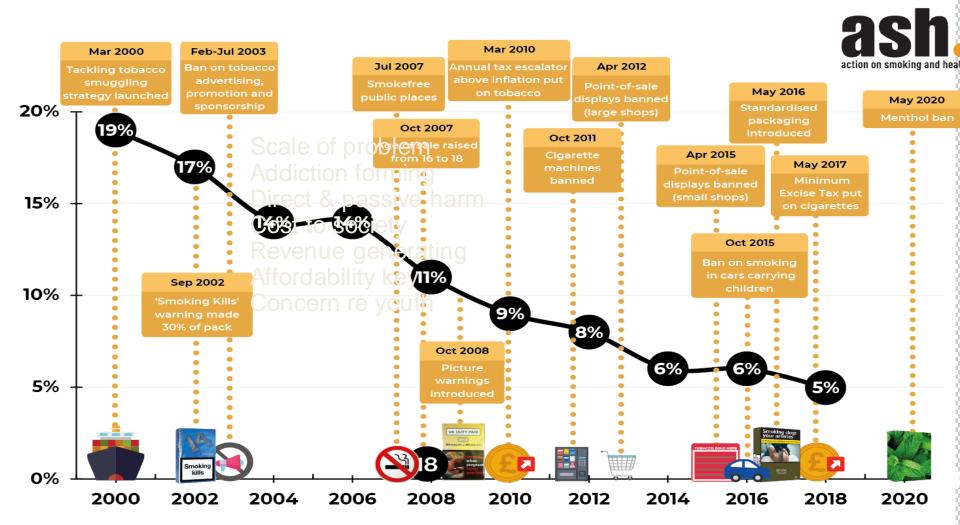


Advocacy: our approach

- Set clear objectives
- Work collaboratively- leadership of ASH leading the SFAC
- Frame the debate
- Build the evidence
- Develop political champions
- Show them the votes, keep tracking public opinion
- Find the lever



A key role for advocacy and legislationlast two decades



England 2000-2018: Tobacco control laws and smoking rates among 11-15 year olds

Data source: NHS Digital





It makes no sense that the tobacco industry, which makes billions from a product that kills two in three users, isn't made to pay for prevention.











29th June 2022

Joint letter – call to save more lives 15 years on from Smokefree law introduction

Fifteen years ago this week (July 1) one of the most important and popular pieces of public health legislation ever was introduced - the smoke-free law. Rarely has one law protected so many from one day to the next.

People used to come home from the office or factory, the shops or an evening out having breathed in poisonous secondhand tobacco smoke. Millions of workers endured this for hours on a daily basis, causing illness and death. The law was a turning point which resulted in more people quitting, millions protected from smoke and high acceptance and compliance.

Despite efforts of tobacco companies to derail it, MPs across the political spectrum overwhelmingly voted in favour of a law from which we are still benefitting and which will continue to protect children into the future.

Across our region we have made good progress reducing smoking rates by working together in partnership with the NHS and local communities. And yet smoking is still our biggest killer, and we know this is nearly always an addiction that starts in childhood. Tobacco smoke causes 16 types of cancer, heart disease, lung disease, dementia, stroke and childhood illness. It's a driver of poverty too and it robs people of many years of life and has a negative impact on the economy and for our businesses when they lose their staff through preventable illness. That's why we now need a discussion about ending smoking once and for all.

We therefore welcome the recent publication of the Khan Review "Making Smoking Obsolete- an independent review into smokefree 2030 policies". As Khan states if we do nothing different, by 2030 over half a million more people in England will have died from smoking.

The review makes 15 far- reaching recommendations including additional investment to support smokers to quit, more awareness campaigns, action to reduce illegal tobacco and under age sales and making tobacco companies pay some of their huge profits towards prevention. It also suggests that the age of sale should be raised to 21 which we would support as no other product gets most customers hooked as children and ends up killing 2 out of 3 lifelong customers.

8 million people have died from smoking in the UK since the early 1970s and action to reduce smoking is highly popular because whoever you are, most of us have lost a loved one to smoking and don't want our children or grandchildren to start. Most smokers would like to stop and many deeply regret starting in the first place. The appalling fact is that millions more will die unless we take action.

Regards



Amanda Healy, Director of Public Health, County Durham and Chair of NE DPH Network

Alice Wiseman, Director of Public Health, Gateshead Council
Lorna Smith, Interim Director of Public Health, Newcastle City Council
Wendy Burke, Director of Public Health, North Tyneside Council
Liz Morgan, Director of Public Health, Northumberland County Council
Tom Hall, Director of Public Health, South Tyneside Council
Gerry Taylor, Executive Director of Health, Housing and Communities, Sunderland
City Council

Penny Spring, Director of Public Health, Darlington County Council Craig Blundred, Director of Public Health, Hartlepool Borough Council Mark Adams, Director of Public Health, Middlesbrough and Redcar & Cleveland Council

Sarah Bowman-Abouna, Director of Public Health, Stockton Borough Council

Media and communications

- Year round PR/earned media
- 24/7; 365 days press office
- Average £2-3M coverage PA
- Also insight led mass media campaigns TV remains the key channel to use
- Evidence based- eliciting negative feelings more impactful
- Real people too lived experience
- www.freshquit.co.uk







#DoneBellhel

One in every two smokers will die from a smoking related illness.

How will your family cope if you're the one?

to quit smoking.

Ask here for help and advice.













Quitting is the one clear way to reduce your risk.

Get support and advice at Quit16.co.uk or call 0300 123 1044

#Quit16

(Lines open Monday - Friday 9am-8pm. Saturday - Sunday Ham-4pm).

Coordination and working at scale

- Networks
- Support around whole systems change e.g. SFNHS
- Strategic approach to illicit tobacco
- Briefings, toolkits, action plans for local tobacco alliances
- Advice around 'tricky' issues e.g.
 vaping- ADPHNE position statement
 and ADPH NE/Fresh comms guide
- Working closely with ASH and APPG on Smoking or Health-Khan review- call for a new tobacco control plan
- Tracking pubic support annually with ASH



Smokefree NHS: Collaboration and Innovation –
the journey so far in the North East and North Cumbria

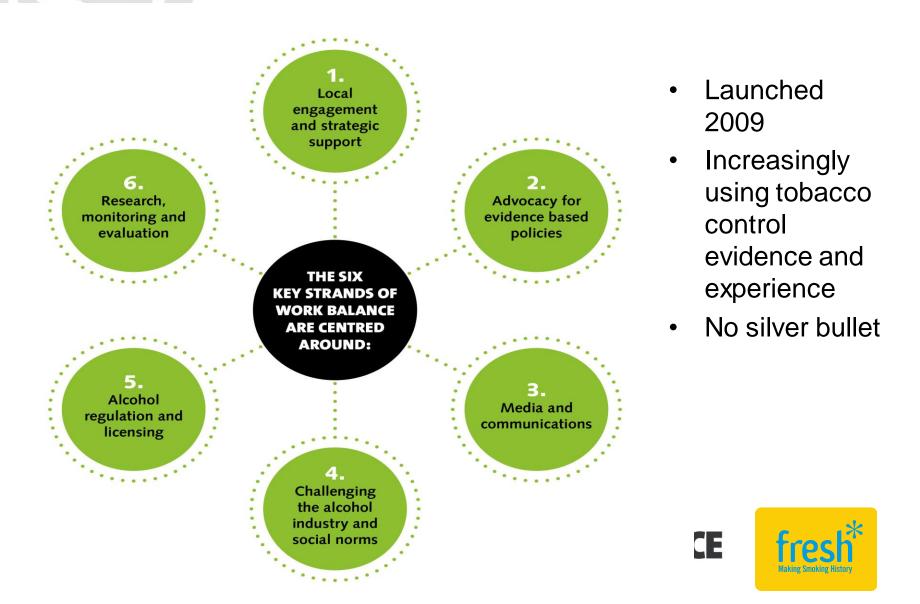
This event will highlight the progress that has been made on this agenda specifically in relation to smokefree NHS and provide an opportunity to hear from national and regional system leaders. A smokefree NHS will reduce health inequalities and contribute towards the regional



ambition of achieving 5% by 2030 smoking prevalence and making smoking obsolete



The Balance model



Take Lessons from Tobacco

- Build understanding of health harms including amongst HCPs- to help build support too for evidence based policy measures
- Raise awareness of second hand harm
- Talk about harm to vulnerable, e.g. children
- Expose industry behaviour
- Talk about wider economic cost

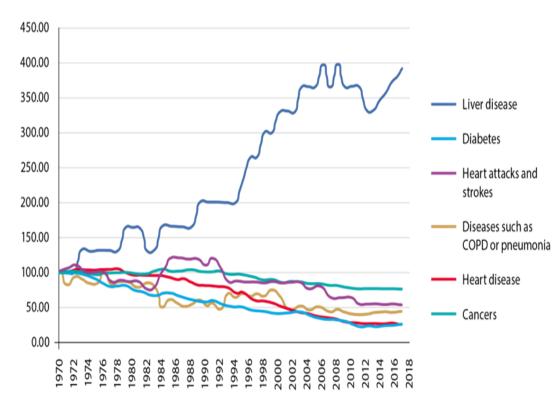


- Use to frame product and producer as problem
- Recognising jumping to the solutions too soon without acceptance of the problem

Advocacy: our priority is establishing the harm

- Almost 1m adults in the NE drinking above the low risk guidelines— problem exacerbated by COVID
- Liver disease only major disease where deaths increasing
- Average age of death from alcohol is 54
- It's getting worse and there is no national strategy to address

The rise in deaths from liver disease compared with other major diseases



Standardised UK Mortality Rate Data – All Ages









"We need evidencebased action now before millions more families suffer."

- Sue Taylo
Head of Alcohol Policy for Fresh and Balance







Using cancer to tell harm story is a current priority







Any level of regular drinking increases your risk of developing cancer, including bowel, breast, throat and mouth cancer.

Reduce your risk. Go to reducemyrisk.tv
Concerned about your drinking?
Call Drinkline 0300 123 1110





https://reducemyrisk.tv/





Building up the case for evidence based action at all levels

- "Covid and alcohol- a perfect storm" Summer 2021
- "Fuel to the fire alcohol's impact on the North East Ambulance Service following the pandemic" November 2022
- Support to ICB Alcohol work programme
- Annual public perceptions surveys
- Contribution to national reports e.g. harms commission, price reports
- Recent audience segmentation model
- Facilitation of key networks sharing good practice, amplifying NE voice
- Briefings and toolkits to support local focus
- Using "Alcohol Free Childhood" approach as useful strategic hook





Tobacco:



- International-local level working. National plans implemented.
- NE rates: biggest regional adult fall since 2005 (47% drop 2005-2019), R+M rate 21.6% APS 2020 versus 21.4% APS nationally.
- But higher in key groups e.g. SMI- no room for complacency.
- Looking at UCL smoking toolkit (England) closely...impact of austerity and recession?
- Public support is high for more action- 7% in NE think Govt gone too far
- Within reach to actually end smoking unite behind this vision
- Need to keep political commitment



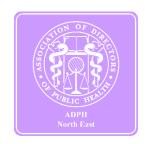


Alcohol:

- Not so joined up across tiers ie no national plan. Still need to do more to establish the harms?
- Green shoots NE: giving the NE a voice nationally, public support
 e.g. more support MUP than don't, provisions that protect children,
 double awareness of cancer in NE compared to national, good
 media appetite to cover, increasing broader strategies locally, PR
 (the media is interested), people seeing our campaigns are now
 starting to take action (e.g. half the people took action after seeing
 'Tumour'), broad coalition- e.g. landlords themselves support MUP
- But alcohol related deaths increasing: pandemic, poverty, mental health, industry aggressive marketing, lack of national MMC, huge opp for more local and regional focus across country to build more support and pressure etc

Reflections as lead commissioner and DPH

- Based on evidence
- Deep understanding of the industries and how they operate
- Early identification of action
- Political astuteness
- Collective action
- Rapid response
- Independence
- Trusted







What next?

From April 2023 the Fresh programme commissioned and match funded by all 12 LAs in North East and the NENC ICB (health inequalities funding): a big opportunity to maximise at scale working, economies of scale:

27pence each = budget of 54pence - circa £1.6MPA

North East and North Cumbria

Balance will remain commissioned by 7/12 LAs but with increasing recognition of the need for population level focus given by the ICB and some funding provided







To find out more or get involved

@FreshSmokeFree

@BalanceNE

@SmokeFreeNHS_NE

@keep_it_outUK

info@fresh-balance.co.uk

www.freshquit.co.uk

www.keep-it-out.co.uk

www.reducemyrisk.tv

www.whatstheharm.co.uk

NEW <u>www.fresh-balance.co.uk</u> Q4 in production Join the Smokefree Action Coalition

Join the Alcohol Health Alliance





