

HERTFORDSHIRE COUNTY COUNCIL

CABINET

MONDAY, 8 JULY 2019 AT 2.00PM

Agenda Item

No.

6

HERTFORDSHIRE COUNTY COUNCIL TOBACCO CONTROL POLICY

Report of the Director of Public Health

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Executive Member: Tim Hutchings, Public Health and Prevention

1. Purpose of report

1.1 To invite Cabinet to consider whether to

- (a) adopt the revised 'Reducing the harm from Tobacco in Hertfordshire' policy statement, in light of the County Council's statutory responsibilities for Public Health and the changes in tobacco legislation and tobacco trends since the last policy was adopted in 2013;
- (b) ask the Pensions' Committee to review its portfolio of investment against the policy statement; and
- (c) agree that the County Council's policy on allowing smoking by employees, visitors and contractors within its grounds should be reviewed with a view to the Council working towards adopting a 'Smokefree' policy which prohibits smoking on any premises owned or leased by the County Council.

2. Summary

2.1 The 'Reducing the harm from Tobacco in Hertfordshire' policy statement, attached as Appendix A to the report, seeks to maintain efforts to reduce the harm caused by tobacco on the residents of Hertfordshire. As well as the health inequalities, death and disability caused by tobacco use and second-hand smoke, it seeks to address the impact of tobacco on the County Council's resources and the burden on adult social care costs from avoidable disability. The policy statement highlights the costs, both in terms of finance and productivity to the Council's workforce through smoking-related disease and sickness absence, as well as noting that the County Council still allows staff to smoke publicly on site when other public sector organisations have already become Smokefree.

3. Recommendations

- 3.1 The Public Health and Prevention Cabinet Panel considered a report on this item of business at its meeting on 21 June 2019. The Panel considered the revised policy on tobacco control in light of the County Council's statutory responsibilities for Public Health and the changes since the [last policy statement on tobacco control](#)¹ was approved by Cabinet on 25 November 2013 and agreed to recommend to Cabinet:-

“That Cabinet

- i. adopts the revised ‘Reducing the harm from Tobacco in Hertfordshire’ policy statement attached as Appendix A to the report;*
- ii. asks the Pensions’ Committee to review its portfolio of investment with the principles and intentions in the ‘Reducing the harm from Tobacco in Hertfordshire’ policy statement if legally and financially appropriate; and*
- iii. agrees that the County Council’s policy on allowing smoking by employees, visitors and contractors within its grounds be reviewed and further agrees that the Council works towards adopting a ‘Smokefree’ policy which prohibits smoking on any employment premises owned or leased by the County Council.”*

4. Background

- 4.1 The County Council's public health vision is to improve and protect the county's health and wellbeing. Included within this is reducing smoking prevalence, and the harm from tobacco, which remain Health and Wellbeing Board and Sustainability and Transformation Plan (STP) prevention priorities^{2,3}. Reducing the harm from tobacco aligns with the NHS Long Term Plan⁴ and the Council's Tobacco Control Strategic Plan 2019-2022⁵.
- 4.2 This requires a population health approach, which considers the wider determinants of health, the communities in which we live and work, the

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<https://democracy.hertfordshire.gov.uk/CeListDocuments.aspx?CommitteeId=146&MeetingId=372&DF=25%2f11%2f2013&Ver=2>

² Hertfordshire Health and Wellbeing Strategy 2016-2020. Available at:

<https://www.hertfordshire.gov.uk/media-library/documents/about-the-council/partnerships/hertfordshire-health-and-wellbeing-strategy-2016---2020.pdf>

³ Hertfordshire and West Essex Integrated Health and Care Strategy 2019. Available at:

<https://www.healthierfuture.org.uk/sites/default/files/publications/2019/April/nm-summary-version-draft-hwe-integrated-strategy-executive-slide-deck-v71.pdf>

⁴ NHS Long term plan. Available at: [NHS Long Term Plan](#)

⁵ A Smokefree Generation: A Tobacco Control Strategic Plan for Hertfordshire: 2019-2022. Available at: [Stop smoking \(professional\) | Hertfordshire County Council | www.hertfordshire.gov.uk](#)

health and care systems available to us as well as individual lifestyles and behaviours⁶.

- 4.3 Smoking remains the leading cause of premature death in Hertfordshire. Despite the success of Hertfordshire's multi-agency Tobacco Control Alliance (see Appendix B) in reducing smoking prevalence and reducing the number of young people who start to smoke every year, an estimated 115,500 adults still smoke in Hertfordshire. The percentage of people smoking, and smoking more heavily, increases with disadvantage. These groups are more addicted to tobacco and find it harder to quit smoking despite wanting to do so.
- 4.4 In addition, smoking is the largest cause of chronic disease in Hertfordshire, killing 1,500 people in Hertfordshire and 78,000 people in England every year. This is more people than the next five most common causes of avoidable death combined.
- 4.5 Smoking prevalence in Hertfordshire at 12.7% is less than England's at 14.9%, but smoking prevalence and smoking-related disease and mortality are highest in areas and communities with poorest health. For example, Stevenage has an estimated smoking prevalence of 18% and the highest rate of lung cancer registrations in the county and Watford has one of the highest rates of hospital admissions for COPD (Chronic obstructive pulmonary disease) in the region. Smoking prevalence in people with serious mental health conditions is estimated to be 35.7%⁷.
- 4.6 Tobacco costs Hertfordshire an estimated £257.2m a year in social care, health care and local government costs, which is at least twice as much as the duty collected by the exchequer in Hertfordshire each year.
- 4.7 Those in poverty spend 5 times as much of their income as the wealthiest on tobacco products which is a significant contribution to child poverty. People with mental health conditions smoke significantly more, have higher levels of nicotine dependency and are therefore at greater risk of harm from smoking.
- 4.8 The [original Policy Statement](#) was approved by Cabinet on 25 November 2013. If approved by Cabinet, this new revised version commits the County Council to doing those things which are shown by evidence or experience elsewhere to be effective in reducing the harm from tobacco.
- 4.9 The revised Policy Statement has been modelled on the Local Government Declaration on Tobacco Control⁸, the World Health Organization's tobacco control framework, and UK CLear⁹® (an evidence-based approach to delivering excellence in tobacco control) developed by

⁶The Kings Fund (2019) What does improving population health really mean? Available at: [What does improving population health really mean? | The King's Fund](#)

⁷ Public Health England (2018) Tobacco profiles. Available at: [Public Health Profiles](#)

⁸ Smokefree Action. The Local Government Declaration on Tobacco Control. Available at: [Local Government Declaration on Tobacco Control](#)

⁹ HM Gov. CLear Local tobacco control assessment. Available at: [CLear local tobacco control assessment - GOV.UK](#)

public health professions with Action on Smoking and Health (a national charity) and Public Health England.

- 4.10 The Policy Statement has been developed with members of Hertfordshire’s Tobacco Control Alliance. It supports the delivery of Hertfordshire’s Tobacco Control Strategic Plan 2019-2022.

5. Levels of Public Health Action on Tobacco

- 5.1 Public Health is defined as “the art and science of improving and protecting the health of the population through the organised efforts of society.” (Sir Donald Acheson, Chief Medical Officer from 1989 – 1998 coined this definition¹⁰). Public Health is about ensuring everyone has the opportunity to be as healthy as possible, and from that foundational opportunity to be healthy, they can grasp the opportunities to be prosperous, to thrive throughout life and to make a contribution to their communities¹¹.
- 5.2 Enabling people to be healthy means acting across 6 levels of public health action (These levels are needed because most public health challenges have causes or factors across more than one layer, such as biological and social aspects, of peoples’ lives).¹² Most public health challenges need several of these to address change. Often one level is facilitated by another. For example, the Smokefree legislation to prohibit smoking in public places created social norms that smoking around others was not acceptable indoors and encouraged thousands of smokers to quit before and after the legislation was introduced in 2016¹³.
- 5.3 The table below shows the 6 levels of public health action and how this applies to tobacco control.

Levels	Tobacco
<p>1. Social – changing social norms about health, e.g. acceptability of binge drinking, unwanted pregnancy, acceptability of smoking around children.</p>	<p>Young people whose peers disapprove of smoking and its effects are less likely to start smoking</p> <p>Smokefree hospitals and public places such as children’s playgrounds, schools and colleges promote non-smoking norms</p> <p>Social marketing campaigns like ‘Stoptober’ and ‘Love Your Bump’ tailored and targeted at high risk populations</p> <p>Supporting people in spreading the message that smoking in pregnancy has very high risks to mother and baby</p> <p>Electronic cigarettes are being used more commonly and are promoted nationally and locally</p>

¹⁰ Dept. of Health (1998) Review of Health Inequalities. London: Dept. of Health

¹¹ Marmot, M (2010) Review of Health Inequalities in England. London: Institute of Health Equity

¹² Beaglehole et al (2004) Public Health at the Crossroads. Oxford: Oxford University Press

¹³ The Health Act (2006) Smoke-free premises, places, and vehicles. Available at:

http://www.legislation.gov.uk/ukpga/2006/28/pdfs/ukpga_20060028_en.pdf

	<p>to encourage smokers to swap to vaping and safer forms of nicotine</p>
<p>2. Biological – immunisation, vaccinations, treatments</p>	<p>There more than 7,000 chemicals in tobacco smoke, at least 250 of these are known to be harmful – these are key messages to promote quitting</p> <p>Nicotine replacement therapy and other medicines are being used to reduce the very strong cravings and withdrawal symptoms from tobacco addiction</p> <p>Smoking affects the developing lungs and organs of babies and young children greater than adults – midwives and health visitors use these messages to deter parents from smoking around their children</p> <p>Stopping smoking can result in the need for smaller doses of some medications such as anti-psychotic medicine and insulin. This is described in medicines guidance for clinicians across Hertfordshire.</p>
<p>3. Environmental – encouraging green transport, reducing pollution, urban planning and housing policy</p>	<p>Smokefree playgrounds in several areas in Hertfordshire are de-normalising smoking to children</p> <p>Smokefree schools and Family Centres promote non-smoking as the norm.</p> <p>Hertfordshire Trading Standards seizing illegal sources of tobacco and making cheap tobacco a thing of the past</p> <p>Smokefree hospitals – highlight the dangers of smoking to patients, visitors and staff</p> <p>Smokefree environments have protected people from the dangers of second-hand smoke and encouraged people to quit smoking.</p>
<p>4. Behavioural – helping individuals to stop smoking</p>	<p>Stop smoking services provide evidence-based behavioural support and treatment to smokers. They are highly effective and cost effective, with over 3,000 smokers giving up in Hertfordshire every year with this help.</p> <p>‘Making Every Contact Count’¹⁴ is being implemented widely across Hertfordshire. It encourages front-line staff to promote healthier</p>

¹⁴ Making Every Contact Count. Available at: <https://www.makeeverycontactcount.co.uk/>

	<p>lifestyles with their service users</p> <p>Encouraging smokers to swap to safer forms of nicotine such as electronic cigarettes to reduce or stop smoking¹⁵.</p>
<p>5. Legislative – the smoke-free places legislation, legislation on alcohol sales, wearing seat belts</p>	<p>The implementation of the Heath Act 2006 and the Smoke-free (Premises and Enforcement) Regulations 2006 contributed to the number of heart attacks recorded dropping by 14% in England within a year, has encouraged people to stop smoking and protected non-smokers from second-hand smoke</p> <p>Legislation which protects individuals and promotes quitting such as bans on advertising, increasing the age of sale of tobacco, removing retail displays of tobacco, standardised (plain) packaging, removing vending machines, increasing the cost of cigarettes and pack sizes, increasing health warning pictures and messages on tobacco packs and preventing access to illegal and illicit tobacco has also been implemented.</p>
<p>6. Structural – policy changes such as workplace health, school health policies</p>	<p>The work of Smokefree Hertfordshire (Hertfordshire's Tobacco Control Alliance) to collectively implement Hertfordshire's Tobacco Control Strategic Plan</p> <p>Workplace policies which prohibit smoking on workplace premises and make people who take smoking breaks make the time up see more people give up smoking and fewer sickness days from respiratory diseases and colds in winter</p> <p>Policy frameworks which support tobacco control</p> <p>Tobacco control strategies and action plans</p> <p>Smokefree toolkits for schools</p> <p>Electronic cigarette policies</p> <p>Policies to promote NHS referrals into stop smoking services</p> <p>Public Health contracts to ensure the quality standards for the delivery of stop smoking services are met by providers.</p>

5.4 The aim of the tobacco policy, and the strategy which underpins it, is to enable partners to unify action across all these six levels of public health and implement evidence-based measures to reduce smoking prevalence and protect our most vulnerable groups from the harm caused by tobacco.

¹⁵ Hertfordshire County Council (2016) A policy statement on the use of electronic cigarettes. Available at: <https://www.hertfordshire.gov.uk/media-library/documents/public-health/professionals/eqia-tobacco-harm-reduction-policy-statement.pdf>

6. Existing County Council Policy

- 6.1 The existing County Council policy statement is complemented by existing internal Smokefree workplace policies (a generic policy and also policy HS 012 covering Community Protection including Fire Service¹⁶) which covers smoking and the use of electronic cigarettes in the workplace¹⁷. Currently, this framework discourages employees from smoking; enforces the legal restrictions on smoking in enclosed public places and workplace vehicles; restricts smoking to designated smoking areas; permits vaping away from smoking areas, and stipulates that employees who take smoking breaks must do this in their own time, although they may be allowed to take smoking breaks at the discretion of their manager and are expected to make up the time.
- 6.2 The Executive Member for Public Health and Prevention seeks to ensure that the County Council should work toward becoming a completely Smokefree organisation as early as practicably possible, prohibiting smoking within the grounds of any property owned or leased by the County Council.

7. Equality Impact Assessment

- 7.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking.
- 7.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.
- 7.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.
- 7.4 An Equality Impact Assessment (EqIA) has been undertaken and is attached at Appendix C to the report. Minimal equality impacts have been

¹⁶Hertfordshire Fire and Rescue Service (2019) Smokefree Workplace Policy. Available at: <https://hertscc365.sharepoint.com/sites/intranet/Services/Community%20Protection/Documents/SIS%20Docs/H&S/HS%201012.pdf>

¹⁷ Hertfordshire County Council Smokefree Workplace Policy. Available at: <https://hertscc365.sharepoint.com/sites/intranet/Services/Community%20Protection/Documents/SIS%20Docs/H&S/HS%201012.pdf#search=smoking%20policy>

identified; the EqIA identifies mitigating actions related to various protected characteristics including reducing the burden of ill-health due to smoking, which falls predominantly on people in routine and manual workers, women, lesbian, gay, bisexual and transgendered people, some black and minority ethnic communities and people with mental health conditions. Reducing tobacco-related health inequalities is the key ambition of this revised tobacco control policy. If approved by Cabinet the Policy will have a positive impact across all 9 protected characteristics and will help the County Council reduce inequalities in health and avoidable deaths.

8. Financial Implications

- 8.1 The report has no additional financial implications beyond existing public health work in tobacco control and smoking cessation.

9. Hertfordshire County Council as administering authority for the Local Government Pension Scheme

- 9.1 The County Council is the Administering Authority for the Local Government Pension Scheme in Hertfordshire. The Administering Authority function is delegated by the County Council to the Pensions Committee. In undertaking its duties as Administering Authority the County Council is subject both to statutory rules (the LGPS regulations) and common law judiciary obligations. A decision by Cabinet to adopt the Policy Statement attached would not bind the Pensions Committee in respect of its role as Administering Authority of the Local Government Pensions Scheme.

Background Information

- *As per the hyperlinks in the report*
- *Cabinet – 25 November 2013:*
<https://democracy.hertfordshire.gov.uk/CeListDocuments.aspx?Committeeld=146&MeetingId=372&DF=25%2f11%2f2013&Ver=2>

APPENDIX A

Reducing the harm from Tobacco in Hertfordshire: A policy statement

The Harm from Tobacco in Hertfordshire

Tobacco is an extremely harmful product; it is the only consumer product with no safe level of use, accounting for more deaths than any other modifiable risk factor. It remains the leading cause of premature death in Hertfordshire.¹⁸ Despite the County Council's success in reducing the number of smokers each year, an estimated 12.7% of the population of Hertfordshire smoke compared with 14.9% of the population of England. It is estimated that around 115,500 adults still smoke in Hertfordshire.

However, smoking in young people is at an all-time low. The percentage of people smoking and smoking more heavily increases with disadvantage. Smoking prevalence is highest in Broxbourne at 20.5% of the population, followed by Hertsmere at 17.7%. Smoking in Routine and Manual occupations is 24.6% and smoking in people with serious mental health conditions is at least 35.7%.

Much has been done by Government and recent legislation; there is clear evidence that action, such as preventing smoking in enclosed public places lead to a range of health benefits including:

- encouraging people to quit smoking
- reduced heart attack admissions to hospital;
- reduced childhood asthma admissions to hospital; and
- fewer premature births, stillbirths and cot deaths.

Tobacco use still remains one of Hertfordshire's most significant public health challenges.

Smoking is associated with a range of illnesses and is the primary preventable cause of ill health and premature death, killing more than the next 5 most causes of death combined.

Each year Hertfordshire residents spend an estimated £256.2m on tobacco products, contributing £127.8m per annum to the Exchequer; but smoking costs Hertfordshire £257.2m per year in health costs, lost productivity, litter and other costs including house fires.¹⁹

Hertfordshire therefore spends £129.4m more on dealing with the costs of tobacco than it contributes in revenue to the exchequer. This cost falls most heavily on the public sector and on business. Smokers from more deprived communities spend 5 times as much of their income on smoking than more affluent smokers which impacts on family poverty. Smoking is a significant financial burden on low income families.

¹⁸ Source: Public Health England

¹⁹ Source: Action on Smoking and Health, the local cost of tobacco (2018). Available at: [ASH Ready Reckoner](#)

Approximately 1.4 million UK households which include a smoker are living in poverty. Over 400,000 of these could be lifted out of poverty if these adults quit smoking, which would also result in 325,000 children being lifted out of poverty.²⁰

Approximately 1,500 people die in Hertfordshire every year due to a smoking-related illness, dying earlier than non-smokers and on average experiencing 20 more years of disability than non-smokers.

The causes of premature deaths per year in Hertfordshire that are related to smoking include:

- Approximately 19 deaths from heart disease per 100,000 population linked to smoking
- Approximately 49 deaths from lung cancer per 100,000 population
- Approximately 45 deaths from respiratory disease (COPD) per 100,000 population
- Approximately 6.4 deaths from stroke per 100,000 population linked to smoking.

In terms of deaths for all ages, 33% of deaths were for conditions that could be caused by a smoking-related illness.

Smoking can also impact on health right at the beginning of life. Smoking during pregnancy leads to a range of health risks for both mother and baby, including higher rates of miscarriage, premature birth and infant death. Smoking in pregnancy increases neonatal death by 40%, increases cot death by at least 4 times, and is linked to congenital abnormalities, health problems and behavioural difficulties in children as well as long term health risks such as obesity and heart disease right into adulthood. Almost 900 pregnant women in Hertfordshire smoked throughout their pregnancy during 2017/18 and children whose parents smoke are 3 times more likely to start smoking themselves.

The avoidable death and illness burden of smoking typically affects our least affluent populations, particularly routine and manual workers and people with mental health conditions who are more addicted to tobacco.

Reducing the harm from tobacco

The County Council can reduce the significant burden that tobacco use inflicts on Hertfordshire communities. Comprehensive tobacco control efforts can impact on health inequalities, reduce the economic burden on society and reduce avoidable death, disease and disability that people throughout the county suffer because of smoking and exposure to second hand smoke²¹.

²⁰ Action on Smoking and Health (2016) Smoking and Poverty Calculator. Available at: [Smoking and poverty calculator - Action on Smoking and Health](#)

²¹ Department of Health and Social care (2017) A Smokefree Generation: Tobacco Control Plan for England. Available at: [Smoke-free generation: tobacco control plan for England - GOV.UK](#)

Effective tobacco control is important in realising our ambitions to be a County of Opportunity and central to the County Council's ambition to ensure everyone in Hertfordshire has the opportunity to be healthy and to make a contribution.

The harm from tobacco is an unacceptable cost to Hertfordshire. Tobacco use is not just a health issue – it is an economic issue and should be everyone's priority because of the burden of the avoidable cost, death and disease that smoking causes. Focused, sustained and coordinated action on a number of fronts by a wide range of agencies, organisations and individuals is vital if the significant achievements of recent years in reducing the harm to Hertfordshire from tobacco are to be sustained and furthered.

The County Council expresses its intentions to work towards making Hertfordshire as free as possible from the harms caused by tobacco. In order to do this the County Council intends to:

- Continue to reduce smoking prevalence and the health inequalities associated with it and to raise the profile of the harm caused by smoking, and the benefits of not smoking or swapping to safer forms of nicotine to its communities
- Lead the furtherance of tobacco control by becoming a totally Smokefree organisation as soon as practicably possible - including prohibiting smoking by staff, contractors or visitors on any premises, including grounds owned or leased by the Council
- Develop and implement tobacco control plans with partners and local communities to reduce smoking prevalence, securing the greatest benefit for our more deprived communities
- Endorse the local NHS Smokefree Pledge to reduce the harm from tobacco in Hertfordshire
- Monitor the progress of tobacco control plans against commitments and publish the results
- Lead local networks and participate in appropriate regional networks in the furtherance of these intentions; including benchmarking of Hertfordshire against other areas
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities
- Ask its pension fund trustees to continue to consider how, while remaining faithful to their legal duties and not adding cost to the public purse, they can further align their portfolio of investment with the principles and intentions in this statement.

A tobacco control strategy

The County Council will implement its policy intentions through 'Smokefree Hertfordshire' Hertfordshire's multi-agency Tobacco Control Alliance partnership.

To reduce smoking prevalence and the health inequalities associated with it and to raise the profile of the harm caused by smoking to its communities, the County Council will:

- Maintain Hertfordshire's Tobacco Control Alliance to develop, update and implement Hertfordshire's tobacco control strategy which works across
 - prevention of people taking up smoking,
 - effective control and enforcement, and
 - reducing the prevalence of people who smoke in the poorest and more vulnerable communities fastest
- Continue to support people to quit smoking through effective smoking services, prioritising those at greatest risk of tobacco-related harm.
- Target areas of highest smoking prevalence for action where every health and care professional becomes an advocate to reduce smoking prevalence and promote quitting.
- Work to prevent young people taking up smoking through the de-normalisation of smoking in adults, effective tobacco control enforcement, and advocacy through all agencies who work with children and young people.
- Work towards the County Council becoming a totally Smokefree organisation and help others to achieve this through policy support, advice and training.

To address the causes and impacts of tobacco use, and secure the greatest benefit for our communities, the County Council will:

- Update our accreditation to the national CLear²² standards for local government tobacco control periodically
- Seek to protect people from the harmful effects of second-hand smoke, by promoting smoke free parks, public places, (including local government and NHS premises) homes and vehicles.
- Work with partners to enforce tobacco legislation.

²² HM Gov. CLear Local tobacco control assessment. Available at: [CLear local tobacco control assessment - GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/614447/CLear-local-tobacco-control-assessment-2018.pdf)

- Take action with partners to disrupt and prevent illegal tobacco supply and revenue evasion.

To monitor the progress of the County Council's plans against its commitments and publish the results, the County Council will:

- Produce regular reports to the Health and Wellbeing Board and the Public Health and Prevention Cabinet Panel.
- Ensure progress is published annually.

In order to ensure that work is free from conflict of interest, the County Council will decline any partnerships, payments, gifts or services whether in money or in kind, offered by the tobacco industry to the Council, its Elected Members or employees and will uphold the World Health Organization's framework convention on tobacco control, ensuring that the tobacco industry is unable to influence the Council's policy decisions²³.

The outcomes of a reduction in smoking prevalence

A reduction in smoking prevalence year on year across Hertfordshire would have significant benefits to the local economy by:

- Improving people's health and their quality of life particularly in least affluent wards.
- Reducing the costs to the NHS and social care of smoking related disease and disability and enabling resources to be directed to meeting other health and care needs.
- Reducing costs to employers from smoking-related ill health, smoking breaks, litter, cleaning and lost productivity.
- Increasing household income, reducing child poverty and improving quality of life when smokers quit.
- Improving the life chances of young children by reducing their exposure to second hand smoke.
- Reducing congenital malformations, cot death and disability in children due to smoking in pregnancy.
- Reducing the costs of dealing with smoking-related fires.
- Reducing costs related to clearing up cigarette litter.

²³²³²³ World Health Organization (WHO) Framework Convention on Tobacco Control. Available at: [WHO | WHO Framework Convention on Tobacco Control](#)

- Reducing organised crime linked to the sale of illicit tobacco.
- Reducing revenue evasion.
- Reducing avoidable burden on the taxpayer.

Hertfordshire County Council
July 2019

Membership of Smokefree Hertfordshire

(Hertfordshire's Tobacco Control Alliance)

- Hertfordshire County Council, including Public Health, Health and Community Services, Community Protection and Young People's Services
- Hertfordshire Tobacco Control Management Board
- Local District and Borough Councils
- Local Elected Member and Officer Tobacco Control Champions
- Public Health Tobacco Control Lead and Manager
- Hertfordshire Trading Standards
- Education Establishments (School and College Personal, Social and Health Education (PHSE) leads; University of Hertfordshire)
- East and North Herts and Herts Valleys Clinical Commissioning Groups
- Family Centres
- Hertfordshire Health Improvement Service Managers, Specialists and Advisors
- East and North Herts and West Herts NHS Trusts (including maternity services)
- Hertfordshire University Partnership NHS foundation Trust
- Hertfordshire Community NHS Trust
- Primary Care/GPs
- The Local Pharmacy Committee and Community Pharmacies
- Local voluntary and community organisations
- Housing Associations
- Leisure facilities and sports teams
- Workplaces and local businesses
- Drug and alcohol services

**Hertfordshire Tobacco Control Policy Statement
Equality Impact Assessment (EqIA)**

1. Who is completing the EqIA and why is it being done?

Title of service / proposal / project / strategy / procurement you are assessing	Tobacco Control Policy update for Hertfordshire County Council
Names of those involved in completing the EqIA	Liz Fisher, Head of Provider Services, Public Health Charulata Joshi, Equality and Diversity Officer Luis Andrade, Principal Lawyer, Legal, Member and Statutory Services
Head of Service or Business Manager	Elizabeth Fisher, Head of Provider Services
Team/Department	Public Health
Lead officer contact details	Elizabeth.fisher@hertfordshire.gov.uk

Focus of EqlA – what are you assessing?

To revise and update Hertfordshire County Council’s Tobacco Control Policy in line with the latest evidence, national strategy; NICE guidance; local tobacco data within the Joint Strategic Needs Assessment (JSNA); progress on the Health and Wellbeing Board ambitions 2016-2020ⁱ to reduce the harm from tobacco and following a review of tobacco control in Hertfordshireⁱⁱ.

The Policy outlines the County Council’s continued commitment to reduce the harm from tobacco in employees, service users and the residents of Hertfordshire through evidence-based measures and experience of what works locally in Hertfordshire.

Smoking is a profound source of inequalities in healthⁱⁱⁱ. Smoking has worst health and economic cost to women, children whose parents smoke, those in deprived communities, some black and minority ethnic communities and lesbian, gay, bisexual and transgendered communities, prisoners and offenders and people with mental health conditions^{iv}. There is no safe level of smoking and for poorer communities, the proportion of disposable income spent on smoking is up to five times that of the least deprived²⁴. Smoking contributes to family and child poverty, and people with mental health conditions who smoke spend a higher proportion of their income on tobacco than other smokers. About a third of all tobacco smoked is by people with a current mental health condition²⁵.

Smoking kills one in two smokers prematurely, this is more than the next 6 most common causes of avoidable death combined^v.

	<p>Smoking prevalence and greater dependence on nicotine is higher in lower socio-economic groups, mental health service users and other vulnerable groups and this is a significant cause of health inequalities and poverty^{vi}.</p> <p>Second-hand smoke causes serious health problems, particularly in unborn babies and children whose immature systems are particularly vulnerable to the toxins in tobacco^{vii}.</p> <p>The priorities outlined in this tobacco control policy identify actions to not only reduce smoking in the general population, but also identifies specific groups and communities for a more intensive focus to reduce the harm from tobacco.</p> <p>The purpose of this EQIA is to measure the potential impact of Hertfordshire County Councils Tobacco Control Policy (2019) on people with protected characteristics.</p>
<p>Stakeholders</p>	<ul style="list-style-type: none"> - Executive member, Public Health, Prevention and Performance Cabinet Panel - Elected members, Hertfordshire County Council - County Council officers, employees, contractors and service users - Hertfordshire Health and Wellbeing Board - NHS Clinical Commissioning Groups - Hertfordshire Public Health Service - Hertfordshire Tobacco Control Management Board - Hertfordshire Tobacco Control Alliance - Hertfordshire Health Improvement Service - Public Health England - District and Borough Councils - NHS Trusts, including community, mental health and maternity services - Hertfordshire residents

2. List of data sources used for this EqIA

Title and brief description	Date	Gaps in data
<p>Smoking and health inequalities data^{viii ix} Hertfordshire Stop Smoking Service data Hertfordshire Tobacco Control CLear[®] Report 2014 NHS Digital Data^x National and local tobacco profiles^{xi} Hospital admissions data^{xii} Primary care data^{xiii} Other national data^{xiv} NICE Guidance and Standards Hertfordshire Joint Strategic Needs Assessment A Smokefree Generation: tobacco control plan for England 2017-2022^{xv} The Marmot Review (2010) Fair Society, Healthy Lives^{xvi} The Stolen Years – a Mental Health and Smoking report^{xvii} The Smoking in Pregnancy Challenge Group^{xviii}</p>		<p>There are no identified gaps in the evidence on which this EQIA is based. The impact of tobacco control to reduce smoking-related health inequalities is widely researched^{xix} and a review of tobacco control in Hertfordshire in 2014 commended Hertfordshire’s approach. ^{xx xxi} Hertfordshire’s Health and Wellbeing Strategy 2016-2020^{xxii} and Hertfordshire’s Public Health Service Strategy 2017-2021^{xxiii} recognise the importance of tobacco control to reduce health inequalities.</p>

3. Analysis and assessment: review of information, impact analysis and mitigating actions

Protected characteristic group	What do you know? What do people tell you?	What does this mean – what are the potential impacts of the proposal(s)?	What can you do?
Age	<p>In 2017, there were 1.2M residents in Hertfordshire county with an average age of 39.5 years.</p> <p>Link to Herts Insight website for population breakdown according to age: http://atlas.hertslis.org/profiles/profile?profileId=1051&geoTypeId=16&geoids=E10000015#iasProfileSection4</p> <p>Hertfordshire Health Improvement Service collects and collates data on the ages of all service users. This is compared to national data</p> <p>The number of under 18 year olds attended a local stop smoking service and set a quit date was 63 in 2016/17 and 46 in 2017/18</p> <p>Hertfordshire Health Improvement Service was awarded 'You're Welcome' (young people friendly accreditation) in 2016.</p>	<p>People between the ages 25-34 are most likely to smoke. However, it is believed that there is no negative impact in relation to this particular protected characteristic.</p> <p>Age appropriate interventions to reduce smoking prevalence are included</p> <p>A reduction in smoking has overwhelmingly positive impacts on all communities and all ages and this is evidenced in extensive research.^{xxiv}</p> <p>The health benefits of stopping smoking or reducing smoking reduces future disease and disability.^{xxv}</p>	<p>Older smokers and smokers with long-term conditions will benefit from this tobacco control policy.</p> <p>Smokers who have been unable to quit smoking will benefit from the approaches recommended.</p> <p>Children and young people will benefit from age-appropriate interventions and from helping adult smokers to quit.</p> <p>Babies and children will benefit from reducing smoking in pregnancy and from reducing second-hand smoke.</p> <p>Officers will be monitoring data to identify any groups who are not engaging with stop smoking services and will put in place appropriate interventions and stop smoking services to address this.</p>

Protected characteristic group	What do you know? What do people tell you?	What does this mean – what are the potential impacts of the proposal(s)?	What can you do?
Disability	Stopping smoking, protecting others from second-hand smoke and reducing smoking has overwhelmingly positive impacts on all communities and this is evidenced in extensive research.	It is believed that there is no negative impact in relation to this particular protected characteristic. However, there are over 21,000 people with a learning disability in Hertfordshire and this will mean ensuring our interventions are appropriately targeted.	<p>It is believed that the actions identified within this tobacco control policy will not have a negative impact on this particular characteristic. People with disabilities related to smoking-related long term conditions will be positively affected. Targeted approaches for people with long term conditions are outlined in Hertfordshire's Tobacco Control Strategic Plan^{xxvi}. People with mental health conditions will benefit from the priorities identified in the policy statement and associated tobacco control strategic plans.^{xxvii}</p> <p>Intensive and flexible behavioural support, as well as telephone support, is readily available as well as support to quit at home if housebound. Smoking cessation materials are available in a range of media for those with disabilities and</p>

Protected characteristic group	What do you know? What do people tell you?	What does this mean – what are the potential impacts of the proposal(s)?	What can you do?
			learning disabilities. Its impact will be monitored and action will be taken to address any identified issues
Gender reassignment	There is evidence that transgender people smoke more heavily than non - transgender counterparts. It is felt that tobacco is a particular issue for transgender people and reducing harm from tobacco will bring health benefits ^{xxviii}	There is evidence that transgender people smoke more heavily than non - transgender counterparts. It is felt that tobacco is a particular issue for transgender people and reducing harm from tobacco will bring health benefits ^{xxix}	Targeted approaches to tobacco are likely to be of benefit to this group known to have a higher smoking prevalence than others without this characteristic. Notwithstanding that it is believed that the recommendations made in this policy statement will not have a negative impact on this particular characteristic its impact will be monitored and action will be taken to address the identified issues.
Pregnancy and maternity	Smoking in pregnancy is the single most important risk factor for an adverse pregnancy outcome including still birth and death in the first year of life. Reducing smoking will bring significant positive impacts. ^{xxx} Pregnant women who continue to smoke throughout their pregnancy often feel guilty and fear stigmatisation.	Smoking in pregnancy is the single most important risk factor for an adverse pregnancy outcome including still birth and death in the first year of life. Reducing smoking will bring significant positive impacts. ^{xxxi} Pregnant women who continue to smoke throughout their pregnancy often feel guilty and fear stigmatisation	Reducing smoking in pregnancy is a key priority in Hertfordshire's Tobacco Control Strategic Plan 2019-2022 ^{xxxii} . Data for stop smoking services in Hertfordshire continually show how stop smoking services have made improvements, and reach and support pregnant smokers and their partners. The recommendations made in this report are likely to impact positively

Protected characteristic group	What do you know? What do people tell you?	What does this mean – what are the potential impacts of the proposal(s)?	What can you do?
			<p>on pregnant smokers and their babies.</p> <p>There are bespoke award winning resources available to promote stopping smoking in pregnant women and their families.</p> <p>Specialist stop smoking services are available and promoted across the county for pregnant women and their partners who smoke and public health works with a range of partners to identify and refer pregnant smokers and their families.</p> <p>Intensive training of midwives and student midwives and working with pregnant smokers and their partners is established.</p> <p>Nicotine replacement therapy is available for pregnant smokers who are unable to quit smoking without it. Evidence on the relative risks of electronic cigarettes is also widely shared.</p>

Protected characteristic group	What do you know? What do people tell you?	What does this mean – what are the potential impacts of the proposal(s)?	What can you do?
Race	<p>83% of smokers who set a quit date in 2017-18 identified themselves as White – British.</p> <ul style="list-style-type: none"> • White – Other (426 Eastern Europeans) • Asian – Indian (71) <p>Smoking prevalence and oral tobacco use is higher in some Black and Minority Ethnic and eastern European communities. Some Black and Minority Ethnic Communities may find difficulty giving up smoking or oral tobacco use due to cultural reasons.^{xxxiii}</p>	<p>Smoking prevalence and oral tobacco use is higher in some Black and Minority Ethnic and eastern European communities. Some Black and Minority Ethnic Communities may find difficulty giving up smoking or oral tobacco use due to cultural reasons.^{xxxiv}</p>	<p>Partnership working with Black and Minority Ethnic community leaders to promote smoking cessation is in place. The actions identified within this tobacco policy statement will have a positive impact on BME groups affected by tobacco use. Targeted work-place interventions with employers of high numbers of eastern Europeans is ongoing. Specialist stop smoking advisers from the some of the communities affected are employed by Hertfordshire Health Improvement Service. The recommendations made in this policy statement are likely to benefit those BME groups who are known to be heavier and more addicted smokers.^{xxxv} Interpretation services are available for service users who require them as are materials in different languages.</p>

Protected characteristic group	What do you know? What do people tell you?	What does this mean – what are the potential impacts of the proposal(s)?	What can you do?
Religion or belief	It is believed that there is no negative impact in relation to this particular protected characteristic. Reduction in smoking and second-hand smoke has overwhelmingly positive impacts on all communities and this is evidenced in extensive research.	It is believed that there is no negative impact in relation to this particular protected characteristic. A reduction in smoking and second-hand smoke has overwhelmingly positive impacts on all communities and this is evidenced in extensive research.	Notwithstanding that it is believed that the tobacco control policy will not have a negative impact on this particular characteristic its impact will be monitored and action will be taken to address the identified issues.
Sex/Gender	Slightly more women accessed the service compared to men (52%/48% respectively) which is in line with County's population (51% female – 49% male)	Similar numbers of men and women now smoke, but women tend to start at an earlier age and find it harder to quit smoking. It is believed that there is no negative impact in relation to this particular protected characteristic. Reduction in smoking and second-hand smoke has overwhelmingly positive impacts on all communities	Notwithstanding that it is believed that this tobacco control policy will not have a negative impact on this particular characteristic its impact will be monitored and action will be taken to address the identified issues.
Sexual orientation	According to Sexual orientation, UK: 2017 survey, 1.5% population of East of England identified themselves as LGBT. Data this service did not capture about the sexual orientation of service users.	There is evidence that lesbian, gay, bisexual and transgendered (LGBT) people smoke more heavily than heterosexual counterparts ^{xxxvi} Smokers with HIV are particularly vulnerable to the effects of smoking and are more likely to die prematurely from a tobacco-related condition than from	Public health works with a range of partners who engage with this community and stop smoking services are promoted within LGBT groups and sexual health services. Notwithstanding that it is believed that the recommendations made in this tobacco control policy will not have a negative impact on this

Protected characteristic group	What do you know? What do people tell you?	What does this mean – what are the potential impacts of the proposal(s)?	What can you do?
		AIDS. ^{xxxvii} There will be no negative impact on this population.	particular characteristic its impact will be monitored and action will be taken to address the identified issues.
Marriage and civil partnership	Data is not captured about this characteristic of service users.	It is believed that there is no negative impact in relation to this particular protected characteristic. A reduction in smoking and second-hand smoke has overwhelmingly positive impacts on all communities and this is evidenced in extensive research.	Notwithstanding that it is believed that the recommendations made in this report will not have a negative impact on this particular characteristic its impact will be monitored and action will be taken to address the identified issues.
Carers	<p>Nearly 10% of Hertfordshire residents provide unpaid care.</p> <p>403 unpaid home carers accessed the stop smoking service in 2017-18. This represented 6% of the total service users.</p>	Carers may find it difficult to give up smoking through traditional means due to caring commitment	This annual report recognises the needs of vulnerable groups, including the needs of carers. Helping carers quit smoking benefits them and the person they care for and will help them to quit in the long term. Telephone support as well as support to quit at home is available if housebound. Services are also available in all local communities at a variety different times to suit carers' needs.
Other relevant groups Consider if there is a potential			

Protected characteristic group	What do you know? What do people tell you?	What does this mean – what are the potential impacts of the proposal(s)?	What can you do?
impact (positive or negative) on areas such as health and wellbeing, crime and disorder, Armed Forces community.			

Opportunity to advance equality of opportunity and/or foster good relations

This tobacco control policy will:

- Continue to reduce the burden of ill-health due to smoking, which falls predominantly on people in routine and manual workers, women, lesbian, gay, bisexual and transgendered people, some black and minority ethnic communities and people with mental health conditions.
- Reduce the economic burden of smoking on those least able to afford it
- Prioritise actions to reduce smoking prevalence in lower socio-economic groups and smokers with protected characteristics known to smoke more heavily.

Conclusion of your analysis and assessment.

OUTCOME AND NEXT STEPS

SUMMARY

<p>i. No equality impacts identified</p> <ul style="list-style-type: none"> - No major change required to proposal 	<p>None</p>
<p>ii. Minimal equality impacts identified</p> <ul style="list-style-type: none"> - Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate) - Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality - No major change required to proposal 	<p>Minimal equality impacts identified as the EqIA identifies mitigating actions related to various protected characteristics.</p> <p>Reducing tobacco-related health inequalities is the key ambition of this revised tobacco control policy. The Policy will have a positive impact across all 9 protected characteristics. Working in co-operation with partners across Hertfordshire's Tobacco Control Alliance and the implementation of the policy will benefit those most at risk of inequalities and the mitigating actions identified above will better advance equality.</p>
<p>iii. Potential equality impacts identified</p> <ul style="list-style-type: none"> - Take 'mitigating action' to change the original policy/proposal, remove barriers or better advance equality - Set out clear actions in the action plan in section 4. 	<p>None</p>
<p>iv. Major equality impacts identified</p> <ul style="list-style-type: none"> - The adverse effects are not justified, cannot be mitigated or show unlawful discrimination - You must stop and remove the policy [you should consult with Legal Services] - Ensure decision makers understand the equality impact 	<p>None</p>

4. Prioritised Action Plan

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Lead officer and timeframe
Monitor and review local implementation plan	<p>Work with partner organisations to implement the Policy with particular reference to vulnerable groups and people with protected characteristics.</p> <p>Review action plan quarterly to assess equality impacts with the local organisations responsible for implementation of the policy</p>	<p>Improved data collection regarding protected characteristics.</p> <p>Continued delivery of stop smoking services across Hertfordshire, particularly in areas at risk of greatest health inequality.</p>	Number of people accessing services identified under any one of the protected characteristics.	Elizabeth Fisher, Head of Provider Services. December 2019
Service user information according to age/ethnicity/sexual orientation and gender reassignment	Look at service user information collected through the Public Health database	Service user information according to age/ethnicity/sexual orientation/disability and gender reassignment data collected in accordance what is inputted on the Public Health database	Number of people accessing services identified	Elizabeth Fisher, Head of Provider Services. December 2019

<p>Monitor mitigating actions through Hertfordshire's Tobacco Strategic Plan</p>	<p>Review Hertfordshire's tobacco control strategic plan action plan quarterly to assess equality impacts with the local organisations responsible for implementation of the tobacco control strategic plan.</p> <p>Revision of future EqlAs, taking account of mitigating actions and impacts.</p>	<p>Improved actions to address tobacco harm to people with protected characteristics</p>	<p>Smoking prevalence in people with any one of the protected characteristics (where known) and the number of people accessing services identified under any one of the protected characteristics.</p>	<p>Elizabeth Fisher, Head of Provider Services. December 2019</p>
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<p>This EqlA has been signed off by:</p> <p>Lead Equality Impact Assessment Officer: Charulata Joshi Date: 7 May 2019</p> <p>Head of Service or Business Manager: Elizabeth Fisher Date: 7 May 2019</p> <p>Review date: 7 May 2020</p>	
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Please now send the completed EqlA to equalities@hertfordshire.gov.uk

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