Tameside Healthy Places Engagement Report

On Thursday 16th November a development session was held with the Tameside Health and Wellbeing Board with the purpose of engaging on the third identified key workstream 'Healthy Places'. The background and context to the whole systems approach and for the three areas of food, physical activity and tobacco initially chosen to contribute to the Healthy Places agenda was presented to the board, followed by a workshop.

During the workshop, Board members had the opportunity to input across the three topics and were asked to consider the following questions:

- What are the **key opportunities for action** by the Board and its members?
- How can the Board and its members **be a champion** for the Healthy Places agenda?
- **What does success look like** for Tameside in the short, medium, and long term?

Key messages from the discussions for consideration in the Healthy Places strategic framework development include:

- Taking a whole system approach is key to tackling complex issues which impact on health and wellbeing.
- Poverty is a key driver which affects people's ability to make healthier choices or have the resources they need to prepare nutritious food.
- There are some 'quick wins' that could be implemented which could have a big impact.
- Being guided by data and intelligence is important in targeting activity.
- The Board and its members have role in championing the Healthy Places strategic framework, having conversations across the system to help win 'hearts and minds' and take a leadership role in ensuring this approach is embedded in all policies.
- The Board member organisations have role, as employers, in adopting the framework, promoting the Healthy Places work, and embedding the key delivery plans within their own organisational practice.

Further details from the topic specific discussions can be found in appendix 1. This information will be included as part of the development of the delivery plans for each of the workstreams.

Next Steps

Further engagement with key stakeholders and partners around the systems working approach and the ambitions for each strand of work is continuing to take place until February 2024.

A comprehensive programme of public consultation on the ambition for each area of work and what they would like to see as part of the delivery plan will take place from now until May 2024 before they are finalised and presented to the Health and Wellbeing Board in June 2024.

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Appendix 1

This appendix gives an overview of the discussion in each of the three break out groups. This feedback will also be used to inform the delivery plans for each workstream.

	Tobacco	**Food**	**Physical Activity**
Start Well	Educational awareness of the dangers of tobacco in schools. Provide takeaway messages for parents, carers, and families.	Portion sizes for children – changing culture and increasing knowledge. Early Help and prevention important – settings-based work in nurseries, schools, leisure centres etc. Availability of food for school children – vending, snacks, journey to schools. Can we undertake analysis of what people buy with their healthy start money? Possible research into this data to understand more around how this support is taken up and utilised – could existing streams of grant funding such as family hubs help to pay for this? Funding for more free school meals for children who are not currently eligible. Allison P - parents want the best for their children - how do we give that information. Children's Services can make a commitment to drive this agenda forward with schools and early help services. Do Pennine support children with SEN neurological conditions with healthy weight? Links to opportunities within pathways to signpost patients	Schools – concern over amount of time allocated to PE in secondary schools. How do we prevent drop off in activity levels at 14+? Traditional sports can put lots of young people off and lead to a negative relationship with. After school activity – opportunities vary by school. This is not statutory and depends on staff interest but can create inequality. Supporting healthy schools. How can we encourage the embedding of PA in policies. Promoting CAS framework and supporting schools to use Home :: Creating Active Schools Use School Health Needs Assessment and other data such as NCMP to target interventions. We will know we have been successful if the number of 14-15 years olds participating has increased.

		(potentially with additional risk factors such as sensory processing needs) into healthy weight support. Food ambassadors/champions in schools. Social anxiety as an issue in young people. Example discussed was that people would rather use drive-thru or online ordering of food due to the avoidance of social interactions – but this is another route to unhealthy food	
Live Well	Ensuring a workplace focus for stop smoking interventions, particularly for routine and manual workers.		Employers/workplaces promoting PA – walking meetings, messaging for employees etc. Promoting the Active Soles movement.
Age Well		Oral health in care homes links to nutrition and hydration and impacts on eating and healthy weight. View from the hospital - Pre-op preparation - carb loading pre-operatively can enhance recovery for some cohorts.	
Life Course	Creating a network of front-line workers who are 'Tobacco Free Champions' Communications and marketing: How to reach the harden smoker – local engagement required to support recent GM comms work.	Poverty as a driver and wider needs such as homelessness, temporary accommodation – no facilities to cook. Poverty drives food choices – cheap often equals poor nutrition. Links to fuel poverty – heat or eat. Ensuring proper co-production to involve residents and leadership form the community to push for a social movement around food.	Opportunity to refresh Active Tameside Estates Strategy. AT has ageing stock which needs to be considered. Accessible activities required. TMBC Strategic Planning – Masterplans and Local Plan – links to transport plan and ensuring accessible via public transport to encourage active travel to support healthy place making. Local plan making begins again in New Year. Can we bring Masterplans and Local Plan consultation to the HWB for review and comment.

	Consider hard hitting campaign messages, aligned to current GM campaign. Promoting the use of online support offers i.e. smoke free app Inter-organisational sharing of comms to amplify messages. [More enforcement is required with consistency. Working with organisations that work with existing community groups to increase reach e.g. Jigsaw - food pantries/allotment groups Develop smokefree settings work further especially in workplace settings.	Food waste - What is the level of fresh food waste? Is there an opportunity to distribute it. Supermarkets used to give out free fruit for children. Kings campaign on redirecting excess food to food hubs instead of food waste. Food waste apps such as 'Too good to go' or 'Olio' apps. Fresh fruit and veg often in multi-packs which leads to waste. Promotion of markets where you can buy individuals. Local food voucher system for Tameside market traders. Explore examples of good practice such as the 'Felix Project'. Packets of herbs and spices should be provided to help people make healthy food taste better – slow cooker project does this, but can it be extended? Donating to a food bank - need guidance on what to put in the donations - healthier options. Community fridges. Gardening – incredible edible, green alleys.	Safer communities and settings to encourage active travel – travel to school and VAWG agenda. Communications and marketing – need to win hearts and minds. Place based approach – using data to focus activity. Understand our neighbourhoods' challenges and assets – one size will not fit all. Walking/Rights of Way more publicity to increase use of and promote walking for journeys less than a mile. Board members can amplify messages through their own organisations. Promoting Park Runs in Hyde and Stalybridge and Couch to 5k app. Consider digital exclusion in all planning. Data and intelligence to drive activity – new Sport England data to LSOA level will help hyper local targeting. National travel survey data. Are we making the most of our natural spaces. Are they in the best condition, are the safe, are they lit eg. Chadwick Dam, Hurst res, Daisynook. Focus on neighbourhood level work, one size doesn't fit all and we need to recognise the local community groups as community assets make a difference.

Tameside Tobacco-free Partnership Workshop Engagement Report

On Thursday 14th December a workshop was held with the Tameside Tobacco-free Partnership with the following purpose:

- To contribute to the development of the healthy places strategic framework.
- To review the current approach to tobacco control in Tameside and review the strategic objectives of the tobacco control plan
- To identify opportunities to develop the stop smoking offer in Tameside using the additional Government allocation of £412,776 in 2024/25 (with similar expected for further 4 years).

During the workshop, Partnership members had the opportunity to input into the development of the Tameside tobacco-free plan and the development of the stop smoking service and the questions asked are documented in appendix 1 at the end of this report.

Key messages from the discussions for consideration in the development of the Tobacco-free Framework and use of the Smoke-free Generation grant funding include:

- Senior level buy-in across the system to drive the tobacco-free agenda in unison.
- Need to understand the causal roots of starting smoking and using tobacco and the wider determinants which make it difficult to stop smoking and focus on mental health, poverty and targeting high risk groups.
- Crucial to look at how to embed stop smoking support into pathways and plans across the system.
- We need to go to meet smokers 'where they are' with an appropriate, acceptable and accessible service and not expect them to 'come to us'.
- Using our community assets more effectively with brief intervention as a tool for consistent messaging and signposting to services.
- Increase the visibility of 'Smokefree Tameside' with a comprehensive communications and engagement programme is required to support regional and national campaigns.
- Build a network of community 'Smokefree Champions' across Tameside who can drive change and support the building of a social movement in communities.
- Tameside has a strong system to draw upon and deliver the tobacco-free framework to make smoking history in our borough.

Further details from the topic specific discussions can be found in appendix 1. This information will be included as part of the development of the Tobacco-free Framework and delivery plan and for the use of the grant funding from April 2024.

Next Steps

A comprehensive programme of public consultation on the ambition for making smoking history in Tameside and what they would like to see as part of the delivery plan will take place from now until May 2024 before they are finalised and presented to the Health and Wellbeing Board in June 2024.

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Appendix 1 - Tameside Tobacco Workshop Group Discussions Write Up from 14th December 2023.

Tobacco Control Table Discussion One	
1. Is this the right approach?	The right approach for now and in future is being taken for tobacco control with people with mental ill health, however: - Branding issues – current "warning graphic labels" (photos) are not deterring -people from smoking. (MIH) - Smoking is still seen as something that is appealing to young people (MIH) - Need to understand the causal roots of why people smoke (MIH) - Friendly approach to build rapport with clients is imperative (LGBTQ+) - Consider making stop smoking support part of various treatment pathways and embed within treatment plans (LGBTQ+) - Welcome Swap to Stop programme – new initiatives welcomed to provide alternatives to current quit offers (LGBTQ+) - Focus on poverty and smoking – high prevalence groups e.g., R&M workers and low-income residents are more likely to smoke, more likely to experience financial insecurity (R&M/Low Income) - Unsure – concerns as to number of people stopping smoking has gone stagnant (Social Housing) - Has concerns around vaping made smoking appear trendy? (Social Housing) - The right system is in place: prevention, treat, reduce inequalities and engagement and influence (Social Housing) High Prevalence Groups: (BAME) - Substance misuse - Normalisation of cannabis - Previous drug use **<u>OVERALL SUMMARY:</u>** • Right approach but need to understand causal roots and reduce appeal of smoking to young people and focus on poverty and high priority groups. • Need to look at how to incorporate stop smoking support within pathways and plans across the system. **What is missing/needs changing?** Mental Health and Cannabis – 'chicken and egg' theory – using cannabis to self-medicate for mental ill health or using cannabis that could lead to mental ill health. - Smoking to self-medicate (BAME) - GM Drug trends indicate that cannabis is used to self-medicate (BAME) - Addressing mental health and drug use – how do you approach treatment – it is complex and need to recognise they co-exist (BAME) - People may feel they have 'bigger fish to fry'. Based on their complex needs – other addictions, mental health etc. (BAME)

2. Is anything missing? **3. Does anything need changing?**	- What are the alternatives – health and wellbeing approach – address wider needs e.g., poverty, mental health etc.? (BAME) - Vape – smoking? Could be a gateway, evidence base is increasing – but what are the long-term impacts (BAME) - How do you monitor use? What is the 'reduction goal/plan' (BAME) A social movement is needed. (MIH) - More social media marketing and promotion is needed. (MIH) - Bespoke training (MIH) - More alternatives and promotion of alternatives to smoking (MIH) - Stop smoking support across various treatment pathways and plans (LGBTQ+) - Higher clinical discussions to give stop smoking support the gravitas it needs across various services (LGBTQ+) - Ensure health professionals discuss smoking and smoking status with service users regularly (LGBTQ+) - Professionals to be trained in understanding smoking is more than just an addiction and impacts various aspects of people's lives (LGBTQ+) - Professionals to also be trained in understanding complexities in peoples lives who smoke that can support them make a quit attempt and to successfully quit (LGBTQ+) - Accessing support is not where it should be when supporting those with mental health conditions to access support -trained advisors within mental health could support to answer specific questions and in certain situations would be helpful in supporting people with mental health conditions to quit smoking (LGBTQ+) - Mental health advocates for stopping smoking to be based in venues that are supporting residents with their mental health (LGBTQ+) - Work in partnership with BAME community by addressing language and cultural barriers to accessing services as well as supporting smokers to understand the harm and how to stop smoking (LGBTQ+) - Move away from model that requires residents (BAME) to 'come to us' in service, instead have community champions/advocates to disperse information and messages on support to quit (LGBTQ+) - Address digital barriers to accessing support to quit (LGBTQ+) - Settings which have access to high-risk groups to be upskilled to direct smokers into stop smoking service using MECC approach (LGBTQ+) - CURE team to provide training to all new starters at Tameside ICFT (Hospital) (including doctors) as there are many professionals across the organisation who can make every contact count in discussing smoking/stop smoking support (LGBTQ+) - Smoking Lead is needed at Tameside ICFT to take forward direction and backing at ICFT to drive progress and innovation (LGBTQ+) - Focus on the financial benefits of quitting smoking (R&M/Low Income) - Build smoking question into all services/assessments and provide stop smoking support information and signposting as standard (R&M/Low Income)

	- Use MECC approach across services to keep raising the profile of stopping smoking and understanding that different people react to information from different services/professionals differently – the same message may be better received from one service compared to another (R&M/Low Income) - Need to keep banging the drum to ensure consistency on raising smoking and quit smoking support (R&M/Low Income) - Don't just focus on stop smoking services, look to engage with others across system who can apply pressure e.g., schools and school children to apply pressure to parents, as well as foodbanks etc. to speak the message in a way that may work for those they support (R&M/Low Income) - Other services/areas to explore for taking forward MECC approach with stop smoking support: foodbanks, food pantries, employment and skills – they have access to residents who many be smokers and can signpost and provide information to those they support. - Messaging on quitting should focus on benefits of quitting – particularly tying in with cost of living and finances (R&M/Low Income) - Multi-approach needed for people who smoke marijuana with tobacco (Social Housing) - Training for professionals/volunteers who are front facing e.g., foodbanks (Social Housing) - Look at good practice from other areas e.g., West Cheshire training with foodbanks around health (Social Housing) - Link together to work on CYP offer of support around addictions and tobacco (Social Housing) - Complex cases with multiple issues need to be dealt with in unique way and smoking approached at the right moment (Social Housing) - Link into social prescribing models and look at smoking holistically (Social Housing) - Work collaboratively with young people (Social Housing) **<u>OVERALL SUMMARY:</u>** • Move away from expectation for smokers to 'come to us', we need to go to where they are. • MECC style approach and training to professionals/volunteers to keep consistent messaging, conversations and standardised questions/assessments and signposting for smoking/support across the system in Tameside e.g., BAME and LGBTQ+ services, foodbanks etc. • Better understanding and training on other complexities that co-exist for smokers experience that influence smoking e.g., drug use, self-medicating, mental health. • Engage with other service that smokers may use/access instead of traditional 'health services' to reach people who may not otherwise engage e.g., BAME and LGBTQ+ services, foodbanks etc. • Understand different cohorts of smokers and tailor services/comms to what they tell us matters e.g., work with young people, people in social housing, low-income residents etc. • Promotion of support and alternatives to smoking and focus on financial benefits of quitting. • Senior buy-in/dedicated responsible link/contact within organisations to drive tobacco agenda forward.

4. How do we grow a social movement	**Growing a social movement:** - Increase visibility of Smokefree Tameside across the borough and within communities (MIH) - Encouraging influential people e.g., CEO's and leaders to 'lead by example'. When senior members of staff smoke the staff may be more likely to smoke too, to feel 'accepted'. Change the narrative and culture. (MIH) - Encourage staff to be 'smokefree champions' and encourage smokers within their organisation/business to quit. (MIH) - Utilise peer influence from children and others to encourage people to not smoke (R&M/Low Income) - Ensure services and stop smoking/smokefree messages are non-judgemental and accept risk taking is something that majority of young people will explore – but how do we support them to avoid exploring or deter exploration becoming a habit? (R&M/Low Income) - Digital offer? New generation of smokers may not want to access services in person and might be more receptive to digital support (R&M/Low Income) - Build on financial benefits of smokefree living and quitting smoking – for young people and adults – young people are motivated by money like adults, but may have different money motivations (R&M/Low Income) - Peer influence – provide young people with the information and power on illegal tobacco and vapes – do they know and understand the impact purchasing illegal tobacco/vapes is having on other young people, their community, trafficking etc. (R&M/Low Income) - Positive messaging on alternatives people can spend their money on compared to smoking e.g., young people could be a holiday vs. alleviating pressure of paying the bills for adults (R&M/Low Income) - Raise awareness of children and young people's understanding of tobacco to prevent them starting to smoke (Social Housing) - Link in with Employment and Skills here as people looking for work are potentially also looking for ways to increase their income (R&M/Low Income) - Campaign for new drug promotion – campex previously Social Housing) - Go to where people go to and make it visible (Social Housing) - Create real case studies (Social Housing) - Support people to have confidence in challenging smoking and build this into workforce development and training – MECC (Social Housing) - Ensure messaging comes across as respectful about choice – not lecturing, patronising or preaching (Social Housing) - Simple and easy messaging to get support easily (Social Housing) **<u>OVERALL SUMMARY:</u>** • Develop messaging and services based on what will appeal to people e.g., a digital offer for younger people, communications with a focus on financial benefits. • Build on peer influence and raising awareness of the impact tobacco has on community e.g., illicit and illegal tobacco.

5. How do we build leadership on creating a smokefree generation in Tameside?	• Increase visibility of Smokefree Tameside to make it the norm e.g., through workplaces adopting smokefree and management within advocating for staff to access stop smoking support. **Building Leadership to create a smokefree generation in Tameside:** - Smoking Lead is needed at Tameside ICFT to take forward direction and backing at ICFT to drive progress and innovation (LGBTQ+) - Different agencies come together to work on tobacco control agenda – with task and finish groups for different aspects they can focus on e.g., low income/foodbank/foodbank and food pantry/welfare rights/CAB for supporting low-income residents and another task and finish group to work with employers to support their residents to quit etc. (R&M/Low Income) - Each task and finish group to have its own action log, linking into public health but being delivered and actioned by partners across the system together to ensure accountability is across the system and not just reliant on Public Health – smoking is everyone's businesses not just an issue of health (R&M/Low Income) - Need buy-in across the system but do not necessarily need to be a 'CEO' or senior leader, can be a single point of contact within an organisation who works to take forward initiatives and changes as they are they key link who is motivated to make a change around tobacco/smoking (R&M/Low Income) - Make smoking/tobacco recognised as an issue that affects the system and each service, business and organisation and residents in some way across Tameside – not responsibility of just Public Health – it is everyone's businesses, and everyone can play a part in some way (R&M/Low Income) **<u>OVERALL SUMMARY:</u>** • Dedicated leads on smoking within organisations e.g., Tameside ICFT, to drive and progress initiatives and change. • Involvement from agencies/organisations across the system • Support Tameside system to understand the impact smoking has to them to bring about buy-in and change – will not be one size fits all approach as each organisation will have their own motivations/agendas. • Dedicated pieces of work for different agendas on tobacco – recognise not every organisation will have same issues/experience with smoking.

Tobacco Control Table Discussion Two: High Priority Groups	
Routine and Manual Workers & Low-Income Residents (Victoria & Ayeesha)	**1. Which organisations work with this high priority group that could help engage smokers?** Routine and Manual Workers: - Tameside employers/businesses themselves - Chartered institutes - Tom and Dean – Employment and Skills – follow up with employers. - Unions - Smaller businesses – networks to tap into? Garages, butty shops, SMEs Low income: - Sign-ups to Healthy Start, benefits, children's services, Welfare Rights - Charities - Community groups - Unions **2. How can we maximise the engagement of high prevalence groups and encourage access to quit support (including the GM-funded access to stop smoking app for self-quit)?** Both (R&M and low income) - Maximise employees access to stop smoking support. - Tailored messaging to appeal to different audiences e.g., to save money and lessen sick days taken for workers who smoke vs. different messaging to appeal to businesses/employers e.g., cost of smoking breaks, sickness, impact on productivity for business. - Different messages for different groups e.g., receptionist v trades people – both classed as R&M workers but will need a different approach and messaging as they have different needs/experiences. - Using focus groups to understand how we can push the right buttons e.g., what do people get out of quitting? Find out and build on this as a way to appeal to smokers. - Using data e.g., to visualise the costs e.g., ASH Ready Reckoner for cost to businesses. - Barriers – how can we break them down? Speak to the target audience and learn from them. **3. How do we better target high prevalence groups as a system?** - Through services they access and employers they work for. - Go to these groups of people and where they are to understand them and their experience/environment better. - Provide support in a way that works for them.

	4. What innovation can we employ with this funding, e.g. communication, awareness raising, marketing, social movement, where to get help. - Different messages for different groups e.g., receptionist v trades people - Comms cannot be a one size fits all. **5. What can you and your organisation do to engage this group in smoking cessation?** - Employment and Skills – use the networks and access to businesses they have to raise profile on issue as well as provide information on support. - Look to build questions on smoking and signposting into assessments within Employment and Skills service. - Ensure Health Visitors are asking about smoking and are aware of the stop smoking support available. **6. Which innovative approaches can we use the funding for?** - Developing targeted comms for high priority groups, and even groups within those high priority groups - Understanding needs and ways to access services is different for different people e.g., people may access a foodbank/food pantry regularly – this may be a better way to engage with them than expecting them to come to an appointment especially if they do not have funds to travel to the appointment due to complex lives/financial insecurity.
Social Housing (Beth& Carol)	**1. Which organisations work with this high priority group that could help engage smokers?** o Social landlords / different work. o Support groups e.g. Bridges, CGL, Domestic abuse. o Social care adults and children's. o Debt team / Citizens advice / Welfare Rights. o Fire service. o Social housing maintenance teams. **2. How can we maximise the engagement of high prevalence groups and encourage access to quit support (including the GM-funded access to stop smoking app for self-quit)?** o Making every contact count – link to all e.g. Fire services. o Carrot rather than a stick. **3. How do we better target high prevalence groups as a system?** o Care leavers / corporate parent strategy. o Links to social housing.

	○ Look at long term dependency. How to engage? ○ Think about messages around financial gain – visual. ○ Stop smoking wheel. **4. Which innovative approaches can we use the funding for?** • Use groups – parent focus groups, asking if social focus groups. • Family hubs – parent carer groups. • Co-production – ask. • Link with staff who work with social housing e.g. health visitors. • Link about private rented, housing standards. • Look at distribution lists for council tax, annual bins correspondence, voting (communication to every property in Tameside. • Use community champion. • BME groups – use where they access. - Barbers / hairdressers / nail salons - Mosque - Bookies - Pubs • Lived experience. - Case studies. - Visuals. - Video / in person champion. - Made by Mortals (videos, innovative projects recording lived experience https://www.madebymortals.org/)
BAME Communities (Happe and Sophie)	**1. How can we maximise the engagement of high prevalence groups and encourage access to quit support (including the GM-funded access to stop smoking app for self-quit)?** - Professional awareness around identity/how to ask. - Shifting narrative use – needs to address different forms (understand the need) – needs to address different forms of use shisha, chewing tobacco – not always cigarettes. - How do we stop shift workers – working with licencing/trading standards – shisha use in homes (shishas are available to rent) - Further education on risk needed.

	- More of information needed on vapes - lack of nicotine (also not just flavours) – what's harmful in it - Strong community voices and building capacity. - Eastern European communications, how do we engage with this group. - Link into all communications groups for health champions - Communications champions lead peer-peer support and lead.
LGBTQ+ **(Debbie & Lisa)**	**1. How can we maximise the engagement of high prevalence groups and encourage access to quit support (including the GM-funded access to stop smoking app for self-quit)?** **&** **2. How do we better target high prevalence groups as a system?** - Mental health support needs to be embedded into stopping smoking support although available in an area the disjointed nature of mental health support when stopping smoking leads to failed attempts as stopping smoking is a generalised to lower-level mental health clients with higher mental health needs which are prevalent in this community due to the increased stigma require a more in-depth specific knowledge of their needs. - Prev poor experience of health care services leads to distrust and resentment of healthcare services - Knowledge of LGBT wants and needs from the healthcare profession = training - LGBT Youth Group - More Info sessions to capture views and understanding of needs. - Link to GM wide as out Tameside LGBT community socialise on a more GM footprint put messaging and resources into GM level to make our offer heard/link to GM wide to learn from our colleagues/provide support at a GM level irrespective of boundaries. **3. What innovation can we employ with this funding, e.g. communication, awareness raising, marketing, social movement, where to get help.** - Education regards mental health symptoms to dispel & myth bust e.g., withdrawal from nicotine can mimic anxiety appropriate medication for withdrawal so NRT will alleviate side-effects etc.
Mental Ill Health (Liz/Eunice)	**2. Which organisations work with this high priority group that could help engage smokers?** - Infinity Initiatives, Anthony Seddon, Tameside General Hospital, Mind, The Big Life Group, food banks, Be Well Tameside, CGL. **2. How can we maximise the engagement of high prevalence groups and encourage access to quit support (including the GM-funded access to stop smoking app for self-quit)?** 'No wrong door', providing staff training across different organisations, so smokers will feel welcomed and open to quitting. Having enough staff capacity to support smokers.

	- Less of a 'preaching approach'. - Looking at the causes of smoking – past traumatic events that could be a cause. - Building trust between the patient and staff – more staff training - Holistic and person-centred approach as hospital can often deter people. - Offering nicotine patches on smokers first visit to a stop smoking service. - Considering the use of language, words like 'clinic' and 'charity' can deter smokers as they can feel like a burden, or they feel too prideful to receive support. **3. Which innovative approaches can we use the funding for?** - Breaking habits, encouraging more greenspaces and smokefree areas to keep smokers busy as they are more likely to smoke.

OVERALL SUMMARY:

- There are many services, organisations and businesses to engage with and draw upon to include in tobacco control work
- High priority groups all of their own unique experiences and circumstances, therefore communications and specific approaches are required for each – not one size fits all.
- Tobacco/smoking questions should be included across assessments and appointments across various health and wellbeing services, as well as other support services e.g., foodbanks, food pantries as standard
- Organisations involved should appoint a single point of contact and/or senior leader to drive and progress tobacco control work within their organisation
- Recognise contributing factors to residents complex lives which may contribute to smoking
- Training across services to understand how to discuss smoking, signpost/refer on for support and also understand how to approach smoking whilst discussing other factors e.g., mental health and drugs.
- Ensure language we use around smoking is accessible and builds trust with residents – avoid preaching language and terminology that may have stigma and put people off using services e.g., charity and clinic.
- We need to go to where the groups of smokers are to support them to access support, not expect them to come to us – build on co-production with different groups to ensure services work and are accessible to them e.g., young people, people on low income, social housing, BAME
- Need better understanding of nuances e.g., shisha, chewing tobacco and nicotine-free vapes.