

# Blackpool Council

5 December 2023

To: All Members of the Health and Wellbeing Board

The above members are requested to attend the:

## **HEALTH AND WELLBEING BOARD**

Wednesday, 13 December 2023 at 3.00 pm  
in @The Grange, Bathurst Avenue

### **A G E N D A**

#### **1 DECLARATIONS OF INTEREST**

Members are asked to declare any interests in the items under consideration and in doing so state:

(1) the type of interest concerned either a

- (a) personal interest
- (b) prejudicial interest
- (c) disclosable pecuniary interest (DPI)

and

(2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

#### **2 MINUTES OF THE LAST MEETING HELD ON 18 OCTOBER 2023** (Pages 1 - 6)

To agree the minutes of the last meeting held on 18 October 2023 as a true and correct record.

#### **3 PROGRESS UPDATE ON JOINT LOCAL HEALTH AND WELLBEING STRATEGY (JLHWS)** (Pages 7 - 40)

To provide the Health and Wellbeing Board with a final draft of the new Joint Local Health and Wellbeing Strategy 2024-2028 and update on the process.

**4 BLACKPOOL PLACE-BASED PARTNERSHIP DEVELOPMENT - BETTER CARE FUND** (Pages 41 - 50)

To update the Health and Wellbeing Board on recent progress and developments regarding Blackpool's Place-based partnership specific to the Better Care Fund (BCF)

**5 HEALTHY WEIGHT STRATEGY 2023 - 2028** (Pages 51 - 90)

To seek approval of the Healthy Weight Strategy 2023 - 2028.

**6 STOPPING THE START- PLAN TO CREATE A SMOKEFREE GENERATION** (Pages 91 - 154)

To raise awareness of the Department of Health and Social Care (DHSC) consultation on "Stopping the start- plan to create a smokefree generation" and provide details of the burden of tobacco addiction on health and society and the reasoning behind the need for large scale change to tackle the issue.

**7 DATE OF NEXT MEETING**

To note the date and time of the next meeting as Wednesday 13 March 2024 commencing at 3.00pm.

**Venue information:**

Ground floor meeting room, accessible toilets (ground floor), no-smoking building.

**Other information:**

For queries regarding this agenda please contact Lennox Beattie, Executive and Regulatory Manager, Tel: 01253 477157, e-mail [lennox.beattie@blackpool.gov.uk](mailto:lennox.beattie@blackpool.gov.uk)

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at [www.blackpool.gov.uk](http://www.blackpool.gov.uk).

# Agenda Item 2

## MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 18 OCTOBER 2023

### **Present:**

Councillor Farrell (in the Chair)

Councillor

N Brookes

Dr Arif Rajpura, Director of Public Health, Blackpool Council  
Karen Smith, Director of Adult Services, Blackpool Council and Director of Health  
Integration, Lancashire and South Cumbria Integrated Care Board

Beth Martin, Blackpool Healthwatch Representative

Tracy Hopkins, Blackpool Citizens Advice Bureau, Voluntary Sector Representative

### **In Attendance:**

Michael Alexander, Public Health Trainee, Blackpool Council  
Lennox Beattie, Executive and Regulatory Manager, Blackpool Council  
Stephen Boydell, Principal Epidemiologist, Blackpool Council  
Dianne Draper, Consultant in Public Health, Blackpool Council  
Brigit Chesworth, Senior Registrar, Blackpool Council  
Janet Duckworth, Public Health Practitioner, Blackpool Council  
Lucia Plant, Better Care Fund Lead, Blackpool Council

Karen Tordoff, Lancashire and South Cumbria Integrated Care Board

Andy Williams, Lancashire Care Foundation Trust

### **1 DECLARATIONS OF INTEREST**

There were no declarations of interest on this occasion.

### **2 MINUTES OF THE LAST MEETING HELD ON 27 JUNE 2023**

The Health and Wellbeing Board considered the minutes of the last meeting held on 27 June 2023.

### **Resolved:**

That the minutes of the meeting held on 27 June 2023 be approved and signed by the Chair as a correct record.

## MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 18 OCTOBER 2023

### 3 BLACKPOOL SEXUAL HEALTH STRATEGY 2023-2026

The Health and Wellbeing Board considered the Blackpool Sexual Health Strategy 2023-2026. Ms Brigit Chesworth, Speciality Registrar in Public Health presented the strategy to the Board and outlined how the strategy built on the progress made since the previous strategy had been approved. The strategy responded to the context and issues identified in the Joint Strategic Needs Assessment. The strategy therefore set out plans to respond to local needs, such as high rates of sexually transmitted infections (STIs) and HIV, and to improve the reproductive health of Blackpool's population.

Ms Chesworth highlighted that the strategy aimed to cover all aspects of the local sexual health system for the wider population beyond simply the provision of sexual health services. This meant that the strategy would coordinate services delivered by local authority, primary care, third sector and community-based organisations. The strategy would be underpinned by a stakeholder led action plan which would be a living document.

The Board supported the strategy and expressed positive views of the process to develop the strategy notably its coproduction with community representatives. The actions under priority area 5 which were focused on reducing inequalities experienced by specific groups of the population in relation to Our Children and Care Leavers and the achievement of optimal sexual health were particularly seen as positive in addressing an identified concern.

#### **Resolved:**

To approve the Blackpool Sexual Health Strategy 2023-2026 attached at Appendix 3a with effect until 31 December 2026.

### 4 PROGRESS UPDATE ON JOINT LOCAL HEALTH AND WELLBEING STRATEGY

Ms Liz Petch, Consultant in Public Health, provided the Health and Wellbeing Board with an update on progress in the development of a new Joint Local Health and Wellbeing Strategy.

The Board noted that following a series of discussions with relevant stakeholders to identify gaps and opportunities in existing strategies linked to the priority areas previously agreed by Board members and mirrored those of the Integrated Care Board had led to the development of sub-priorities.

The sub-priorities had been drafted as follows:

- **Priority 1: Starting Well (first 1001 days)** – this included addressing challenges such as smoking in pregnancy and childhood obesity.
- **Priority 2: Education, Employment and Training** –this included a specific focus on the year round economy, tackling seasonality, and valuing core community contributions.
- **Priority 3: Living Well** – this included initiatives related to stopping smoking, drugs and alcohol consumption, and promoting physical and mental wellbeing.
- **Priority 4: Housing** – this included proactive outreach to identify early signs of

## MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 18 OCTOBER 2023

housing failures, enhancing the health sectors understanding of housing issues, and lobbying the government to extend the Decent Homes Standard to the private rented sector

The drafting of key success factors under each priority had commenced and the Board noted that next steps would be to finalise the draft document, which will include identifying milestones and actions in collaboration with topic/area leads.

It was intended that the draft document would be approved by the Health and Wellbeing Board at its December 2023 meeting.

### **Resolved:**

To note this update and the activities presented.

### **5 BLACKPOOL PLACE-BASED PARTNERSHIP DEVELOPMENT**

Further to the March 2023 meeting of the Health and Wellbeing Board, the Board received a further update on recent progress and developments regarding Blackpool's Place-based partnership.

The Board noted that the Lancashire and South Cumbria Place Integration Deal had been agreed by the Integrated Care Board on 5 July 2023 and set how places will operate within the Integrated Care Board's operating arrangements. The next step would be to ensure that governance arrangements were fit for purpose as well as being open, transparent and accountable. It was noted that discussions were on going with the Council's Director of Governance and Partnerships to ensure that the new structures worked in terms of decision making to enable and facilitate the place integration deal.

### **Resolved:**

1. To note the Place-based partnerships progress to date and to continue to support the partnership in its ambition to promote health and care integration further.
2. To note the Place Integration Deal for the Lancashire and South Cumbria places that was agreed by the Lancashire and South Cumbria Integrated Care Board (ICB) in July 2023.
3. To agree to receive a further update report at the 13 December 2023 meeting, outlining options and recommendations for governance of the joint planning, delivery and commissioning arrangements that will enable the implementation of the Place Integration Deal in Blackpool.

**MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 18 OCTOBER  
2023**

**6 BETTER CARE FUND UPDATE**

The Board was provided with an update on the financial monitoring of the Blackpool Better Care Fund from Lucia Plant, Lead for the Better Care Fund. Ms Plant reminded of the rational and aims of the Better Care Fund in coordinating primary, acute care with social care.

The Board noted as it was not possible to present the plan to the Health and Wellbeing Board prior to the submission deadline, it had been signed off by Councillor Farrell on the Board's behalf on 28 June 2023 to enable submission to government and had been presented to the Board at this meeting. The plan had received national assurance on 19 September 2023 and the Board considered it clearly suitable and fit for purpose.

**Resolved:**

1. To note the report.
2. To agree to continue to devolve ongoing governance to the Better Care Fund Monitoring Group.
3. To retrospectively approve the submitted Better Care Fund plan 2023-25 as attached at Appendix 6b to the agenda.

**7 INTEGRATED JOINT CAPITAL RESOURCE USE PLAN 2022/23 AND 2023/24**

The Health and Wellbeing Board considered Integrated Joint Capital Resource Use Plans for 2022/23 and 2023/24 which were shared with the Board for its information.

The Board noted that while the Capital Resource Plans were extensive with a total programme for 2023/24 of £184.6m they should be considered as low risk as all the funding had been confirmed.

**Resolved:**

1. To note the Lancashire and South Cumbria Integrated Care Board Capital Resource Use Plan for 2022/23 attached at Appendix 7a to the agenda.
2. To note the Lancashire and South Cumbria Integrated Care Board Capital Resource Use Plan 2023/24 attached at Appendix 7b to the agenda.

**MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 18 OCTOBER  
2023**

**8 DATE OF NEXT MEETING**

The Health and Wellbeing Board noted the date of the next meeting as Wednesday 13 December 2023.

**Chairman**

(The meeting ended at 4.35pm)

Any queries regarding these minutes, please contact:  
Lennox Beattie Executive and Regulatory Manager  
Tel: 01253 477157  
E-mail: [lennox.beattie@blackpool.gov.uk](mailto:lennox.beattie@blackpool.gov.uk)

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<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Liz Petch, Consultant in Public Health, Blackpool Council
<b>Relevant Cabinet Member:</b>	Councillor Jo Farrell, Cabinet Member for Levelling Up People
<b>Date of Meeting:</b>	13 December 2023

## PROGRESS UPDATE ON JOINT LOCAL HEALTH AND WELLBEING STRATEGY (JLHWS)

### 1.0 Purpose of the report:

1.1 To provide the Health and Wellbeing Board with a final draft of the new Joint Local Health and Wellbeing Strategy 2024-2028 and update on the process.

### 2.0 Recommendation(s):

2.1 To agree that the process for development of the new Strategy proceeds to the public consultation stage, with partners and stakeholders encouraged to review and comment on the final draft during the consultation period.

### 3.0 Reasons for recommendation(s):

3.1 To ensure that the Health and Wellbeing Board is aware of the latest strategy developments.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? Yes

### 4.0 Other alternative options to be considered:

4.1 None.

### 5.0 Council priority:

5.1 The plan sets the Council's priorities, which are currently:

- "Communities: Creating stronger communities and increasing resilience"

- “The economy: Maximising growth and opportunity across Blackpool”

## 6.0 Background information

6.1 The development of the Joint Local Health and Wellbeing Strategy is progressing well. Following a series of discussions with relevant stakeholders to identify gaps and opportunities in existing strategies, four main priority areas along with their respective sub-priorities have been drafted as follows:

- **Priority 1: Starting Well** – this includes addressing challenges such as smoking in pregnancy and childhood obesity.
- **Priority 2: Education, Employment and Training** –this includes a specific focus on the year round economy, tackling seasonality, and valuing core community contributions.
- **Priority 3: Living Well** – this includes initiatives related to smoking, drugs and alcohol consumption, and promoting physical and mental wellbeing.
- **Priority 4: Housing** – this includes proactive outreach to identify early signs of housing failures, enhancing the health sectors understanding of housing issues, and lobbying the government to extend the Decent Homes Standard to the private rented sector.

6.2 The following draft measures of success have been identified for each priority area, and comparisons between Blackpool and England statistics have been made where the data is available:

<b>Priority 1 – Starting Well</b>		
<b>Measure</b>	<b>Blackpool</b>	<b>England</b>
Proportion of those setting a quit date who successfully achieve a 4-week quit (Maternity Service)	32.0% (2022/23)	46.1% (2022/23)
Smoking at the time of delivery	21.1% (2021/22)	9.1% (2021/22)
Breastfeeding: proportion of mothers partially or exclusively breastfeeding for first feed	54.5% (2020/21)	71.7% (2020/21)
School readiness: early years - percentage at a good level of development at the end of reception	60.1% (2021/22)	65.2% (2021/22)
NCMP - overweight (including obesity) reception-aged children	26.5% (2021/22)	22.3% (2021/22)
Five-year-olds: dental survey - % with experience of visually obvious dentinal decay	31.2% (2021/22)	23.7% (2021/22)

<b>Priority 2– Education, Employment and Training</b>		
<b>Measure</b>	<b>Blackpool</b>	<b>England</b>
Proportion of 16-17-year-olds who are not in employment, education or training (NEET)	7.0% (Mar 23)	2.8% (Mar 23)
Proportion of people 16-64 years old who are economically inactive	23.2% (2022)	21.3% (2022)
Engagements, job starts - individual placement and support via drug and alcohol treatment	65 (2022/23)	Data unavailable
Engagements, job starts - individual placement and support via mental health support	229 (2022/23)	Data unavailable
Job starts - individual placement and support via drug and alcohol treatment	37% (2022/23)	Data unavailable
Job starts - individual placement and support via mental health support	94 (2022/23)	Data unavailable

<b>Priority 3– Living Well</b>		
<b>Measure</b>	<b>Blackpool</b>	<b>England</b>
Smoking prevalence in adults 18+ years	20.6% (2021)	13.0% (2021)
Deaths from drug misuse (per 100,000) (all persons, all ages)	22.1 (2019-21)	5.0 (2019-21)
Alcohol-specific hospital admissions (per 100,000) (all persons, all ages)	1282.0 (2020/21)	586.6 (2020/21)
Self-reported wellbeing: proportion of people with a low satisfaction score (16+)	8.2% (2021/22)	5.0% (2021/22)
Percentage of physically active adults (19+)	59.1% (2021/22)	67.3% (2021/22)

Each priority area will also include a list of practical milestones where progress will be tracked. For Priority 4 (Housing) impact is difficult to measure quantifiably and only milestones will be used.

Additionally, life expectancy is one of the key indicators of health in a population and as such will be monitored to track progress. Life expectancy at birth is defined as the average number of years that a newborn is expected to live if current patterns of mortality continue to apply. Life expectancy for men in Blackpool is 74.1 years and for women is 79.0 years (2018-20), both lower than England as a whole. Blackpool's life expectancy is 5.3 years below England in Males. Female life expectancy is 4.2 years below England (2018-20).

6.3 The next step is for Health and Wellbeing Board members to approve the final draft of the document to move to the public consultation stage.

**Timeline:**

- 13 December 2023 – present first draft to Health and Wellbeing Board
- 15 December 2023 – 12 February 2024 – public consultation on draft document
- 12 February 2024 - 21 February 2024 to amend draft and respond to consultation findings
- 13 March 2024 – Health and Wellbeing Board approval
- Date to be confirmed – Council approval

6.4 Does the information submitted include any exempt information? No

**7.0 List of Appendices:**

7.1 Appendix 3a: Blackpool Joint Local Health and Wellbeing Strategy 2024 - 2028 – Full Version  
Appendix 3b: Blackpool Joint Local Health and Wellbeing Strategy 2024 – 2028 – Shortened Version

**8.0 Financial considerations:**

8.1 None.

**9.0 Legal considerations:**

9.1 None.

**10.0 Risk management considerations:**

10.1 None.

**11.0 Equalities considerations and the impact of this decision for our children and young people**

11.1 A full Equality Analysis will be completed to ensure that the Joint Local Health and Wellbeing Strategy does not disproportionately impact any particular protected group.

11.2 The needs of children and young people will be considered to ensure that the actions resulting from the refresh of the strategy has a positive impact on their lives.

**12.0 Sustainability, climate change and environmental considerations:**

12.1 None.

**13.0 Internal/external consultation undertaken:**

13.1 As outlined above.

**14.0 Background papers:**

14.1 None.

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# Blackpool Joint Local Health & Wellbeing Strategy (JLHWS) 2024–2028



Lancashire and South Cumbria  
Integrated Care Board

Blackpool Council

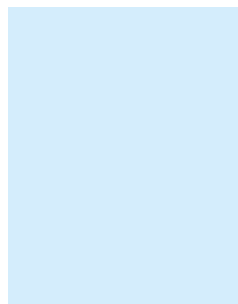
# Foreword

## Words from Cllr Farrell

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**Our vision for Blackpool  
is bold and ambitious:**

***Together we will make  
Blackpool a place where  
ALL people can live, long,  
happy and healthy lives***



# Who is on Blackpool's Health and Wellbeing Board?

The Health and Wellbeing Board is a small, focused decision-making partnership board which fulfils the responsibilities of the Health & Social Care Act 2012. Health and Wellbeing Boards have been a key mechanism for driving joined up working at a local level since they were established in 2013.

The Health and Care Act 2022 introduced new architecture to the health and care system, specifically the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs).

In this new landscape, Health and Wellbeing Boards continue to play an important statutory role in instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally

## Statutory members include:

- Local Councillors
- Directors of Adults and Children's Services in Blackpool Council
- Director of Public Health
- Lancashire & South Cumbria Integrated Care Board
- HealthWatch Blackpool
- Voluntary Sector Representation

We also have included, Lancashire Police, Lancashire Fire & Rescue Service, North West Ambulance Service, Blackpool Teaching Hospitals NHS Trust and Lancashire & South Cumbria NHS Foundation Trust as active members on our partnership.



# What Factors Influence Health?

There are many factors that can influence a person's health and wellbeing. Whilst an individual has no control over their age, sex and genetics, [wider determinants of health](#) can affect the likelihood of a person developing a disease, or in dying prematurely. Such determinants of health include:

- Individual lifestyle factors: e.g. [diet](#), [physical activity](#), [smoking](#), [alcohol](#), [drugs](#), behaviour
- Social and community factors: e.g. crime, [unemployment](#), social exclusion, local cultures
- Living and working conditions: e.g. [housing](#), access to healthcare services, [air](#) or water quality
- General socio-economic factors impacting on health: e.g. [poverty](#) and [income](#), economic issues, [educational attainment](#)

People living in Blackpool experience significant disadvantage and this can be seen across many of these determinants of health. Whilst considerable progress has been made in recent years, Blackpool has significantly higher levels of harm associated with many of these factors, particularly [smoking](#), [alcohol](#) and [drug misuse](#) and socio-economic factors such as [household income](#) and [housing quality](#). The [Blackpool Joint Strategic Needs Assessment \(JSNA\)](#) explores all of these factors in detail, focusing on how they influence the health of people living in Blackpool. Information gathered within the [Blackpool Joint Strategic Needs Assessment](#) has been used to inform the priorities within the Blackpool Joint Local Health & Wellbeing Strategy.



# Blackpool Joint Local Health & Wellbeing Strategy

The aim of the Joint Local Health and Wellbeing Strategy is to drive change to help improve the health and wellbeing of the population of Blackpool and reduce the gap in health outcomes between Blackpool and England as a whole. Four priorities have been chosen, based on findings from the Blackpool Joint Strategic Needs Assessment and consultation with strategic leads within partner organisations, to target areas where progress will improve people’s lives both in the short term (the five-year life of the Joint Local Health and Wellbeing Strategy) and contribute to significant improvements in the population’s health over the long term (20 years or more).


The aim of the JLHWS is to drive change to help improve the health and wellbeing of the population of Blackpool and reduce the gap in health outcomes between Blackpool and England as a whole. Four priorities have been chosen, based on findings from the Blackpool Joint Strategic Needs Assessment and consultation with strategic leads within partner organisations, to target areas where progress will improve people’s lives both in the short term (the five-year life of the JLHWS) and contribute to significant improvements in the population’s health over the long term (20 years or more).

Actions we think will lead to progress, as well as the measurable ambitions we have set in these priority areas are set out in this document. The Joint Local Health and Wellbeing Strategy ensures that all of the organisations that contribute to the Blackpool Health and Wellbeing Board have a common purpose and members of the public can see where action will be focused.

Blackpool recently mapped its current strategies and associated priorities. This was done to provide assurance to the Blackpool Health and Wellbeing Board that this Joint Local Health and Wellbeing Strategy will complement what is already in situ across the Blackpool place; and secondly, it enables the Blackpool Place Based Partnership to see where it is already delivering, or has plans to deliver, against those cross-cutting actions and asks of the Lancashire and South Cumbria Integrated Care Partnership Strategy. The Joint Local Health and Wellbeing Strategy is underpinned by the strategies, policies and programmes identified in this document and improvement will be dependent on implementing their collective recommendations and monitoring progress.

Progress on the Joint Local Health and Wellbeing Strategy priorities will be reviewed and reported annually to the Blackpool Health and Wellbeing Board.

Updates on milestones and metrics will be published on the [Blackpool Joint Strategic Needs Assessment](#) website and made available to the public in order to demonstrate how the Health and Wellbeing Board is addressing identified health needs.

**Priority 1 – Starting Well** 

**Priority 2 – Education, Employment & Training** 

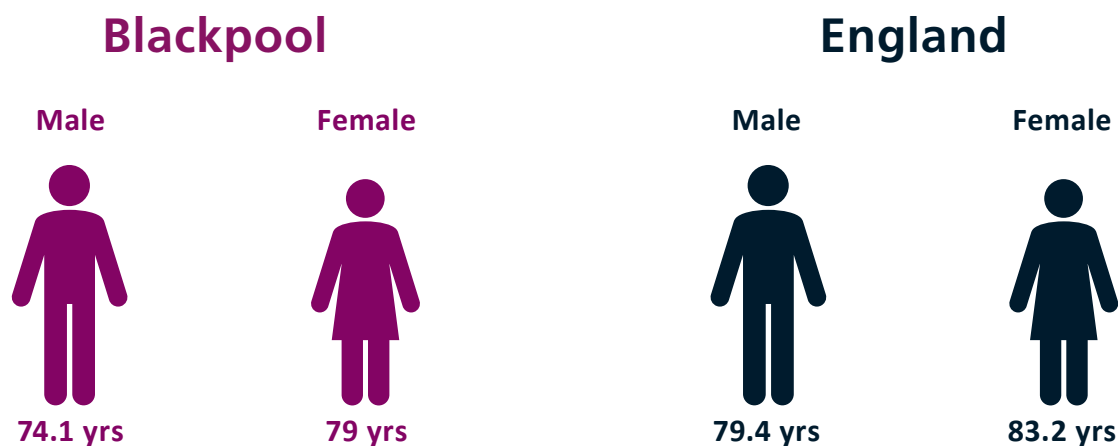
**Priority 3 – Living Well** 

**Priority 4 – Housing** 

# Life Expectancy and Healthy Life Expectancy

[Life expectancy](#) is one of the key indicators of health in a population and as such will be monitored to track progress over the long term. [Life expectancy at birth](#) is defined as the average number of years that a newborn is expected to live if current patterns of mortality continue to apply.

## Life Expectancy 2018-20



There is also a large range in [life expectancy](#) within Blackpool, with a 13.2 year gap for males between the electoral wards in Blackpool with the highest [life expectancy](#) and the lowest life expectancy, and a 9.5 year gap for females (2016-20).

Whereas [life expectancy](#) is an estimate of how many years a person might be expected to live, [healthy life expectancy](#) is an estimate of how many years they might live in 'good' health. Comparisons of [healthy life expectancy](#) between England and Blackpool show a greater difference than for [life expectancy](#) alone.

## Healthy Life Expectancy 2018-20



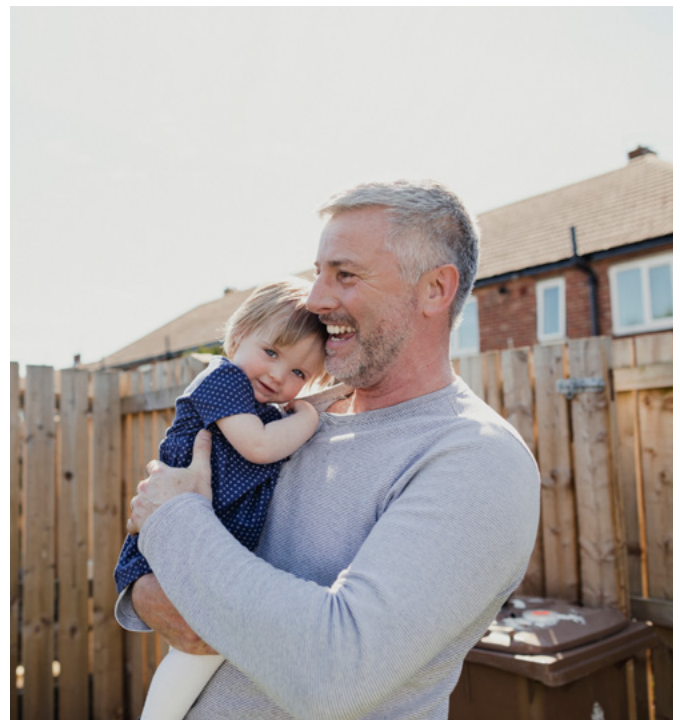
# Priority 1 – Starting Well



The early years are critical in shaping health and wellbeing later in life. Improving outcomes for children, families and communities, as well as creating services that allow better access and provide positive experiences are essential. Giving every child the best start in life is crucial to reducing health inequalities across the course of their life.

## We will...

- Ensure that new parents are informed and confident about; healthy approaches to nutrition, breastfeeding, smoking, vaping, alcohol use, safe sleep, oral health, physical activity, vaccination, safety, learning that takes place at home, emotional attachment and child development
- Guarantee that all pregnant women have access to a specialist in-house maternity treating tobacco dependence service offering both Nicotine Replacement Therapy (NRT) and behavioural support as part of standard care
- Help parents to develop positive relationships with their babies, to establish firm foundations and stable loving homes. Parents are supported to read, share stories and rhymes with their children, as an effective, easy and fun way of strengthening early secure attachments and supporting children's language development
- Ensure that children are supported during their early years, with a focus on speech, language and communication skills, so they are ready to start attending school. All of Blackpool's children will be nurtured, feel happy and excited about school and be ready to learn
- Enable children with special education needs and disabilities to have access to the right specialist support and services, which will mean they can make good progress and move into school as confidently as possible



## Relevant Strategies and Work Programmes

- Blackpool Healthy Weight Strategy 2023- 2028 and [Blackpool Declaration on Healthy Weight](#)
- Blackpool's Children, Young People and Families Partnership Plan (October 2023 launch)
- Oral Health Strategy (2024 – 2028)
- [Corporate Parenting Strategy \(2022 – 2024\)](#)
- [Tobacco Free Lancashire and South Cumbria Strategy \(2023-2028\)](#)

# Priority 1 – Starting Well



## Monitoring

### Proportion of those setting a quit date who successfully achieve a 4-week smoking quit (Maternity Service)

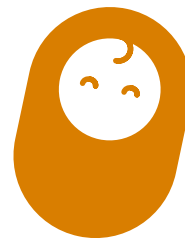
Stopping smoking during pregnancy provides health benefits to both the mother and baby. Around a third of those deciding to quit smoking during pregnancy are not smoking four weeks later, with the support of the Maternity Stop Smoking Service.

*Blackpool 32.0% (2022/23), England 46.1% (2022/23), Ambition 40% (2027/28).*

### Smoking at the time of delivery

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. This figure has come down a lot in Blackpool (from 33%) over the last decade.

*Blackpool 21.1% (2021/22), England 9.1% (2021/22), Ambition 15% (2027/28).*



### Number of mothers breastfeeding at 6-8 weeks

Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother. Breast milk provides the ideal nutrition for infants in the first stages of life.

*Blackpool 354 (2021/22), Ambition Increase.*

### Proportion of children at a good level of development at the end of reception year

This is a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.

*Blackpool 60.1% (2021/22), England 65.2% (2021/22), Ambition Increase.*



# Priority 1 – Starting Well



## Overweight (including obesity) reception-aged children

Excess weight and obesity in childhood is likely to persisting into adulthood. There are many health conditions associated with obesity.

*Blackpool 26.5% (2021/22), England 22.3% (2021/22), Ambition Decrease.*



## Proportion of five-year-olds with experience of visually obvious dental decay

Oral health is an integral part of overall health; when children are not healthy this affects their ability to learn, thrive and develop. It is also the most common cause of hospital admission for 5-to-9-year-olds.

*Blackpool 31.2% (2021/22), England 23.7% (2021/22), Ambition 23% (2026/27).*

## Milestones

- Provide access to infant feeding advice to all Blackpool families through the Family Hub and Start for Life programme, regardless of feeding choices
- Achieve the Breast feeding Baby Friendly Status (UNICEF) across the Neonatal Intensive Care unit (NICU), Midwifery, Health Visiting, Early Help and Family Hubs
- Provide an incentive scheme within maternity services to ensure all pregnant women have the best opportunities to quit smoking, and introduce Baby Clear so that all staff feel confident talking about the risks associated with smoking during pregnancy
- Conduct research with the Health Determinants Research Collaboration (HDRC) into the factors that influence smoking behaviour; the results of which will help shape how we support young women and pregnant women to give up smoking
- Complete the review of the 3-year Health Visitor check to inform future commissioning of the service
- Effectively monitor the Ages and Stages Questionnaire and the Social-emotional Questionnaire to determine the best areas to target to improve outcomes
- We will work towards a Smokefree Blackpool through refreshing park signage and working with family focused environments/ businesses, along with the offer of support to workplaces re policy and procedure
- Commission a dental epidemiology survey of all 5-year-old children, using the results to increase take-up of supervised toothbrushing and fluoridated milk in the worst areas for dental decay
- Provide the Early Bird programme to support parents of children with a recent autism diagnosis – Increasing numbers of parents participating
- Develop workforce knowledge of early child development, the science and significance of early experiences and their impact on lifelong health by increasing the number of the workforce that achieve the Brain Certification online course

# Priority 2 – Education, Employment and Training



Spending time not in employment, education or training (NEET) has been shown to have a detrimental effect on physical and mental health. This effect is greater when this occurs at a younger age or lasts for a longer period of time. Many people in Blackpool have traditionally been employed in industries related to tourism, with some of this work being seasonal. Equipping people with the skills they need for the future and working together to attract high quality jobs into the town is vital for long term health and wellbeing of the community.

## We will...

- Help Blackpool's children and young people leave education with the qualifications and skills they need for employment, training, or further study. They will have developed the confidence, resilience and independence to be successful in their adult life
- Improve employment prospects for young people by making entry-level jobs more accessible and appealing
- Develop a joined-up approach to support those out of work and promote employment of local people through local supplier chains

- Emphasis on expanding employment support in drug and alcohol treatment services and secure buy-in from partners to enhance employment support in mental health teams
- Support more of our looked after children in Blackpool to be in school and have a meaningful educational career

## Relevant Strategies and Work Programmes

- Work Well Partnerships Programme (DWP)
- [The Platform \(Youth Hub\)](#)
- Employment Support in Drug and Alcohol Services
- Employment Support in Mental Health Teams
- [Social Value Policy](#)





# Priority 2 – Education, Employment and Training

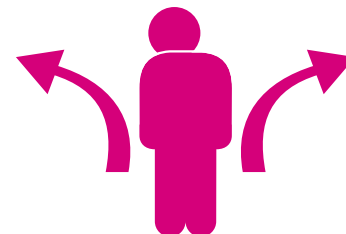


## Monitoring

### Proportion of 16-17-year-olds who are not in employment, education or training (NEET)

Young people who are not in education, employment or training (NEET) are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood.

*Blackpool 7.0% (Mar 23), England 2.8% (Mar 23), Ambition Reduce.*



### Proportion of people 16-64 years old who are economically inactive

A person's employment status has both an associative and a causal relationship with a range of health outcomes, and therefore understanding this cohort forms an important part of understanding wider determinants of health.

*Blackpool 23.2% (2022), England 21.3% (2022), Ambition Reduce.*

### Job starts - individual placement and support via drug and alcohol treatment

Supporting people into work who are facing difficulties in their lives, and often experiencing multiple disadvantages, is a key priority for Blackpool.

*Blackpool 37 (2022/23), Ambition Increase.*



### Job starts - individual placement and support via mental health support

Supporting people into work who are facing difficulties in their lives, and often experiencing multiple disadvantages, is a key priority for Blackpool.

*Blackpool 94 (2022/23), Ambition Increase.*

### Number of 16-24 year olds who entered employment, education or training with support of The Platform

The Platform is a new service for 16- to 24-year-olds to help them find a job, access training or education. It aims to increase the number of young people it supports over time.

*Blackpool 292 (2022/23), Ambition Increase.*



# Priority 2 – Education, Employment and Training



## Proportion of care leavers in education, employment or training age 17-18

Care leavers are more likely to not be in employment, education or training. The transition out of care is an extremely important stage in people's lives and support is offered to help people at this time.



*Blackpool 53% (Mar 23), England, Ambition Increase.*



## Proportion of care leavers in education, employment or training age 19-21

The Platform is a new service for 16- to 24-year-olds to help them find a job, access training or education. It aims to increase the number of young people it supports over time.

*Blackpool 62% (Mar 23), Ambition Increase.*

## Milestones

- Increasing the number of people using Blackpool Learning Rooms to engage in community-based adult learning programmes by extending 'prescribing for learning' in GP Practices, working with employers and continuing to work in partnership with Housing Options and hostels
- All Health and Wellbeing Board partner organisations will maximise their use of the Apprenticeship Levy to increase the number of apprentices placed
- Recruit a Family Support Worker in the school's programme through the Department for Education's Priority Education Investment Area programme
- Improve facilities for learning by undertaking new builds at Highfurlong Special School, Park Community Academy and the Pupil Referral Unit
- Creation of a specialist provision for pupils with Special Educational Needs and Disabilities (SEND) who are unable to access a standard educational route, using the old Langdale school building
- Expansion of vocational training opportunities to reduce the number of children who become Not in Education, Employment, or Training (NEET)
- Expansion of school-based SEND provisions (Special Education Resource Facilities - SERFs) to ensure that children with additional needs have the highest quality provision in mainstream settings



# Priority 3 – Living Well



Helping people lead healthy and fulfilling lives is a key priority. Working towards an environment where it is easier to make healthy choices is important, as is providing advice about healthy living, including eating a balanced diet, healthy weight, exercise, quitting smoking and drinking less alcohol. Where necessary specialist support services can help people, for example, to improve their mental health, quit smoking or address issues around drugs and alcohol.

## We will...

- Influence system change by supporting the commissioning and sustainability of proven programmes
- Ensure an emphasis on the mental health and wellbeing of the workforce of Health and Wellbeing Board partners
- Work towards becoming a “trauma-informed town”, with organisations represented at the Health and Wellbeing Board taking a leading role
- Provide equity in support for all people who need help to tackle their tobacco addiction; including those with complex needs and circumstances e.g. drug and alcohol addictions, mental health and learning disability; and those isolated and unlikely to reach out for help (young males)
- Expand the Brief Intervention and Supportive Challenge training offer to all frontline health, social care and client facing staff to ensure they are confident in engaging with members of the public about smoking
- Use results of the 2024 Blackpool Suicide Audit to identify modifiable risk factors and determine opportunities for community-based interventions
- Ensure drug and alcohol treatment services better meet the needs of people experiencing multiple disadvantages including meeting their physical health needs. E.g. via support to stop smoking
- Support the [Lighthouse](#) alcohol service as it establishes itself and gains momentum
- Open the NHS Initial Response mental health triage service for people needing mental health support managed by Lancashire and South Cumbria NHS Foundation Trust and ensure it is evaluated



- Provide opportunities to increase the levels of participation in physical activity/sport in both adults and young people
- Lead system change to embed physical activity and the ‘move more’ concept in policies and procedures within public, private and third sector organisations

## Relevant Strategies and Work Programmes

- [Blackpool Drug Harm Reduction Strategy \(2020-2022\)](#)
- Blackpool Cultural Plan
- [Tobacco Free Lancashire and South Cumbria Strategy \(2023-2028\)](#)
- [Blackpool Teaching Hospitals NHS Trust Strategy – Health Inequalities \(2022-2027\)](#)
- Lancashire and South Cumbria Mental Health Strategy
- [Blackpool Alcohol Strategy \(2019 – 2022\)](#)
- [Blackpool Active Lives Strategy \(2021 – 2026\)](#)

# Priority 3 – Living Well



## Monitoring

### Smoking prevalence in people aged 18 and over

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with many types of cancer.

*Blackpool 20.6% (2021), England 13.0% (2021), Ambition 14% (2027).*



### Deaths from drug misuse (per 100,000) (all persons, all ages)

Drug misuse is a significant cause of premature mortality in Blackpool. Local actions, including ensuring the quality and accessibility of specialist substance misuse services and how deaths are investigated and responded to has an impact on drug misuse death rates.

*Blackpool 53% (Mar 23), Ambition Maintain.*

### Alcohol-specific hospital admissions (per 100,000) (all persons, all ages)

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions.

*Blackpool 1,282.0 (2020/21), England 586.6 (2020/21), Ambition 1000 (2025/26).*



### Number of people in contact with specialist substance misuse services

There are more people living in Blackpool that could benefit from support from specialist substance misuse services.

*Blackpool 1,775 (2021/22), Ambition Increase.*

# Priority 3 – Living Well



## Proportion of people with a low life satisfaction score (aged 16+)

People with higher wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

*Blackpool 8.2% (2021/22), England 5.0% (2021/22), Ambition 6.0% (2026/27).*



## Percentage of physically active adults (aged 19+)

People who have a physically active lifestyle have a 20 to 35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis, colon and breast cancer, and with improved mental health. In older adults, physical activity is associated with increased functional capacities.

*Blackpool 53% (Mar 23), Ambition Maintain.*

## Milestones

- Undertake the 2024 Blackpool Suicide Audit
- Evaluate the NHS Initial Response Service with NHS partners (Integrated Care Board, Lancashire and South Cumbria NHS Foundation Trust) to ensure Blackpool residents are accessing timely mental health support
- Develop a trauma-informed organisational charter mark in partnership with UCLan and people with lived experience to support trauma-informed service provision
- Complete an equity audit of the LA-commissioned stop smoking service to ensure people with mental health conditions and/or drug or alcohol issues are accessing stop smoking support, developing an action plan for improvement if required
- Establish a new Blackpool Tobacco Free Alliance to improve partnership working and communication
- Work with delivery partners to mobilise the service for people living with multiple disadvantage and substance misuse issues (OASIS)
- Work with partners to develop a recovery hub offer for Blackpool that support lifelong recovery from addiction (e.g. drugs, alcohol, gambling, tobacco)



- Promote Active Travel and 'modal shift' within Blackpool communities
- Work with external funding partners to secure capital and revenue investment to ensure people are provided with accessible opportunities to be physically active and 'move more'
- Evaluate the Social Prescriber Slimming World and Exercise on Referral pilot programmes, using the results to inform Healthy Weight Strategy Action Plan

# Priority 4 – Housing



An essential requirement of any strong and stable community is for its residents to have access to decent and secure homes. Poor housing has an adverse effect on an individual’s physical and mental health, while children living in sub-standard housing are less likely to be able to perform well at school.



## We will...

- Recognise the important role that good quality accommodation can play in the health of children, older adults and vulnerable people whilst also emphasising the consequences of poor housing on both mental and physical health
- Engage the health sector to improve their understanding of housing issues, how they can be mitigated and the associated impacts on health and wellbeing
- Lobby government to intervene in the poor quality private rented sector in order to improve living conditions and the overall well-being of tenants
- Work with government and other agencies to explore all opportunities for capital intervention to enable housing regeneration, in order to tackle the unbalanced housing market in Blackpool, which contributes to poor health outcomes
- Reduce fuel poverty and the number of cold households through schemes such as Cosy Homes in Lancashire (ChiL)
- Work with landlords to improve standards through the Decent Homes Pilot and any future licensing schemes

- Encourage the building of well-designed housing options for older people to help prevent excess need for residential care for housing related reasons

## Relevant Strategies and Work Programmes

- [Blackpool Housing Strategy \(2018-2023\)](#)
- [Blackpool Alcohol Strategy \(2019 – 2022\)](#)
- [Cosy Homes in Lancashire \(ChiL\)](#)
- [Blackpool Council’s Housing Plan for the ageing population \(2017 – 2020\)](#)
- [Blackpool’s Green and Blue Infrastructure Strategy \(2019 – 2029\)](#)
- [Blackpool Climate Emergency Action Plan](#)

## Milestones

- Produce a proposal to undertake a Housing Stock Condition Survey
- Evaluate the Decent Homes pilot scheme
- Implement the steps outlined in the Blackpool Climate Plan, particularly those related to housing and the built environment

# Appendix – Information Sources

## Priority one - starting well

NHS Digital: Statistics on NHS Stop Smoking Services in England. *Pregnant women: successful quitters CO validated as a percentage of clients setting a quite date.* [Statistics on NHS Stop Smoking Services in England - NHS Digital](#)

Office for Health Improvement & Disparities. *Smoking status at the time of delivery.* [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

Office for Health Improvement & Disparities. *Breastfeeding prevalence at 6-8 weeks after birth - current method.* [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

Office for Health Improvement & Disparities. *School readiness: percentage of children achieving a good level of development at the end of reception.* [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

Office for Health Improvement & Disparities. *National Child Measurement Programme: reception prevalence of overweight (including obesity).* [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

Office for Health Improvement & Disparities. *Percentage of five-year-olds with experience of visually obvious dental decay.* [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

## Priority two - education, employment and training

GOV.UK, education statistics. *Percentage of 16-17-year-olds who are not in employment, education or training (NEET).* [Participation in education, training and NEET age 16 to 17 by local authority, Academic year 2022/23 – \(explore-education-statistics.service.gov.uk\)](#)

NOMIS – official census and labour market statistics. *Proportion of people 16-64-years who are economically inactive.* [Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

Blackpool Council. *Other indicators.*

## Priority three – living well

Office for Health Improvement & Disparities. *Smoking prevalence in adults 18+ years.* [Public health profiles - OHID \(phe.org.uk\)](#)

Office for Health Improvement & Disparities. *Deaths from drug misuse (persons, all ages).* [Public health profiles - OHID \(phe.org.uk\)](#)

Office for Health Improvement & Disparities. *Alcohol-specific hospital admissions (per 100,000) (all persons, all ages).* [Public health profiles - OHID \(phe.org.uk\)](#)

NDTMS. *Number of people in contact with specialist substance misuse services.* [NDTMS - ViewIt - Adult](#)

Office for Health Improvement & Disparities. *Self-reported wellbeing: proportion of people with a low satisfaction score (16+).* [Public health profiles - OHID \(phe.org.uk\)](#)

Office for Health Improvement & Disparities. *Percentage of physically active adults (19+).* [Public health profiles - OHID \(phe.org.uk\)](#)

If you would like this information in another format or language, please contact us:

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Tel: 01253 476363

Web: [www.blackpool.gov.uk](http://www.blackpool.gov.uk)

For further information about the health of the population of Blackpool please visit the [Blackpool Joint Strategic Needs Assessment](#) website.



# Blackpool Joint Local Health & Wellbeing Strategy (JLHWS) 2024–2028



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Lancashire and South Cumbria  
Integrated Care Board

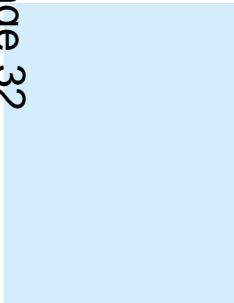
Blackpool Council

# Foreword

## Words from Cllr Farrell

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**Our vision for Blackpool  
is bold and ambitious:**

***Together we will make  
Blackpool a place where  
ALL people can live, long,  
happy and healthy lives***

# Introduction

## What is the aim of the Blackpool Joint Local Health and Wellbeing Strategy?

The Joint Local Health and Wellbeing Strategy sets out the Blackpool Health and Wellbeing Board's priorities to improve health and reduce health inequalities in Blackpool.

The main purpose of the Blackpool Health and Wellbeing Board is to oversee the system for local health commissioning and to lead on the strategic planning and co-ordination of NHS, public health, social care and related children's services.

## What factors influence health?

An individual's health is influenced by various factors some of which they cannot control, such as age, sex and genetics. However, other factors, known as the wider determinants of health, can affect the likelihood of a person developing a disease or dying prematurely. Such determinants of health include:

- **Individual lifestyle factors:** e.g. diet, physical activity, and smoking
- **Social and community factors:** e.g. crime and unemployment
- **Living and working conditions:** e.g. housing
- **General socio-economic factors impacting on health:** e.g. poverty and income, economic issues, educational attainment

Whilst considerable progress has been made in recent years, Blackpool has significantly higher levels of harm associated with many of these factors.

The Blackpool Joint Strategic Needs Assessment (JSNA) explores all of these factors in detail, focusing on how they influence the health of people living in Blackpool.



# Introduction

## Our priorities

Four priorities have been chosen, based on findings from the Blackpool Joint Strategic Needs Assessment and engagement with partner organisations:

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### Priority 1 – Starting Well



### Priority 2 – Education, Employment and Training



### Priority 3 – Living Well



### Priority 4 – Housing



This document sets out what the Health and Wellbeing Board will do under these four priority areas to improve the health and wellbeing of Blackpool's population and reduce the disparity in health outcomes between Blackpool and England as a whole.

The Joint Local Health and Wellbeing Strategy is underpinned by existing strategies, policies and programmes and improvements in health outcomes will be dependent on implementing their collective recommendations and monitoring progress.

Progress on the Joint Local Health and Wellbeing Strategy priorities will be reviewed and reported annually to the Health and Wellbeing Board.

Updates on milestones and metrics will be published on the Blackpool Joint Strategic Needs Assessment website and made available to the public in order to demonstrate how the Health and Wellbeing Board is addressing identified health needs.

# Priority 1 – Starting Well



The early years are critical in shaping health and wellbeing later in life. Improving outcomes for children, families and communities, as well as creating services that allow better access and provide positive experiences are essential. Giving every child the best start in life is crucial to reducing health inequalities across the course of their life.

## We will...

- Ensure that new parents are informed and confident about; healthy approaches to nutrition, breastfeeding, smoking, vaping, alcohol use, safe sleep, oral health, physical activity, vaccination, safety, learning that takes place at home, emotional attachment and child development
- Guarantee that all pregnant women have access to a specialist in-house maternity treating tobacco dependence service offering both Nicotine Replacement Therapy (NRT) and behavioural support as part of standard care
- Help parents to develop positive relationships with their babies, to establish firm foundations and stable loving homes. Parents are supported to read, share stories and rhymes with their children, as an effective, easy and fun way of strengthening early secure attachments and supporting children's language development
- Ensure that children are supported during their early years, with a focus on speech, language and communication skills, so they are ready to start attending school. All of Blackpool's children will be nurtured, feel happy and excited about school and be ready to learn
- Enable children with special education needs and disabilities to have access to the right specialist support and services, which will mean they can make good progress and move into school as confidently as possible



# Priority 2 – Education, Employment and Training



Spending time not in employment, education or training (NEET) has been shown to have a detrimental effect on physical and mental health. This effect is greater when this occurs at a younger age or lasts for a longer period of time. Many people in Blackpool have traditionally been employed in industries related to tourism, with some of this work being seasonal. Equipping people with the skills they need for the future and working together to attract high quality jobs into the town is vital for long term health and wellbeing of the community.

## We will...

Page 36

Help Blackpool's children and young people leave education with the qualifications and skills they need for employment, training, or further study. They will have developed the confidence, resilience and independence to be successful in their adult life

- Improve employment prospects for young people by making entry-level jobs more accessible and appealing
- Develop a joined-up approach to support those out of work and promote employment of local people through local supplier chains
- Emphasis on expanding employment support in drug and alcohol treatment services and secure buy-in from partners to enhance employment support in mental health teams
- Support more of our looked after children in Blackpool to be in school and have a meaningful educational career



# Priority 3 – Living Well



Helping people lead healthy and fulfilling lives is a key priority. Working towards an environment where it is easier to make healthy choices is important, as is providing advice about healthy living, including eating a balanced diet, healthy weight, exercise, quitting smoking and drinking less alcohol. Where necessary specialist support services can help people, for example, to improve their mental health, quit smoking or address issues around drugs and alcohol.

## We will...

- Page 37
- Influence system change by supporting the commissioning and sustainability of proven programmes
  - Ensure an emphasis on the mental health and wellbeing of the workforce of Health and Wellbeing Board partners
  - Work towards becoming a “trauma-informed town”, with organisations represented at the Health and Wellbeing Board taking a leading role
  - Provide equity in support for all people who need help to tackle their tobacco addiction; including those with complex needs and circumstances e.g. drug and alcohol addictions, mental health and learning disability; and those isolated and unlikely to reach out for help (young males)
  - Expand the Brief Intervention and Supportive Challenge training offer to all frontline health, social care and client facing staff to ensure they are confident in engaging with members of the public about smoking
  - Use results of the 2024 Blackpool Suicide Audit to identify modifiable risk factors and determine opportunities for community-based interventions
  - Ensure drug and alcohol treatment services better meet the needs of people experiencing multiple disadvantages including meeting their physical health needs. E.g. via support to stop smoking
  - Support the Lighthouse alcohol service as it establishes itself and gains momentum



- Open the NHS Initial Response mental health triage service for people needing mental health support managed by Lancashire and South Cumbria NHS Foundation Trust and ensure it is evaluated
- Provide opportunities to increase the levels of participation in physical activity/sport in both adults and young people
- Lead system change to embed physical activity and the ‘move more’ concept in policies and procedures within public, private and third sector organisations

# Priority 4 – Housing



An essential requirement of any strong and stable community is for its residents to have access to decent and secure homes. Poor housing has an adverse effect on an individual’s physical and mental health, while children living in sub-standard housing are less likely to be able to perform well at school.

## We will...

- Recognise the important role that good quality accommodation can play in the health of children, older adults and vulnerable people whilst also emphasising the consequences of poor housing on both mental and physical health
- Engage the health sector to improve their understanding of housing issues, how they can be mitigated and the associated impacts on health and wellbeing
- Lobby government to intervene in the poor quality private rented sector in order to improve living conditions and the overall well-being of tenants
- Work with government and other agencies to explore all opportunities for capital intervention to enable housing regeneration, in order to tackle the unbalanced housing market in Blackpool, which contributes to poor health outcomes
- Reduce fuel poverty and the number of cold households through schemes such as Cosy Homes in Lancashire (ChiL)
- Work with landlords to improve standards through the Decent Homes Pilot and any future licensing schemes
- Encourage the building of well-designed housing options for older people to help prevent excess need for residential care for housing related reasons





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<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Relevant Officer:</b>	Karen Smith, Director of Adult Social Services / Director of Health and Care Integration, Lancashire and South Cumbria Integrated Care Board (ICB)
<b>Relevant Cabinet Member:</b>	Councillor Jo Farrell, Cabinet Member for Levelling Up: People
<b>Date of Meeting:</b>	13 December 2023

## **BLACKPOOL PLACE-BASED PARTNERSHIP DEVELOPMENT – BETTER CARE FUND**

### **1.0 Purpose of the report:**

1.1 To update the Health and Wellbeing Board on recent progress and developments regarding Blackpool's Place-based partnership specific to the Better Care Fund (BCF)

### **2.0 Recommendation(s):**

2.1 To support, in principle, the future delegation of Better Care Fund budgets from Lancashire and South Cumbria Integrated Care Board to place localities, as part of the implementation of the Place Integration Deal and note a proposal has been developed to undertake an independent review of our existing Better Care Fund arrangements.

### **3.0 Reasons for recommendation(s):**

3.1 To review the overall Better Care Fund spend together and in a coordinated way as a first step to developing a consistent approach that will both enable economies of scale on an Lancashire and South Cumbria footprint and allow for tailoring at place level to meet the differing population need and inequality prevalence.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? Yes

### **4.0 Other alternative options to be considered:**

4.1 None.

## 5.0 Council priority:

5.1 The relevant Council priority is: “Communities: Creating stronger communities and increasing resilience”.

## 6.0 Background information

6.1 Better Care Fund arrangements vary across the four place-based partnerships within Lancashire and South Cumbria (LSC) largely due to legacy Clinical Commissioning Group arrangements, so the proposed review will look to improve;

- Understanding - What the six Better Care Fund currently fund in each of the four places.
- Assurance – Value for money, return on investment and maximum impact on outcomes.
- Alignment - identify where schemes are or could be better aligned across the four places and opportunities for consistent Lancashire and South Cumbria approach, as outlined within our Place Integration Deal.
- Clarity of purpose – statutory role, responsibilities, governance, and accountabilities for Better Care Fund through the six Health and Wellbeing Boards in Lancashire and South Cumbria aligned to national guidance.
- Transparency – joint Integrated Care Board and Council review of what is jointly funded through Better Care Fund and associated funding decisions.

To enable this review a high level proposal has been approved ‘in principle’ by Partners in Care and Health (PCH) and Local Government Association (LGA) to fund external and independent support to facilitate this work. Partners in Care and Health and Local Government Association partners are already working with our Lancashire and South Cumbria Places on reviews of their Better Care Fund arrangements which offers us the opportunity to link and align these various pieces of work.

The project scope to commission this facilitation is currently in development. Place and Integrated Care Board colleagues will be heavily involved in both the development of the scope and the selection of the most appropriate organisation to work with.

It is important to review the Better Care Fund spend together and in a coordinated way as a first step to developing a consistent approach that will both enable economies of scale on a Lancashire and South Cumbria footprint and allow for tailoring at place level to meet the differing population need and inequality prevalence.

6.2 Does the information submitted include any exempt information? No

**7.0 List of Appendices:**

7.1 Appendix 4a – Lancashire and South Cumbria Integrated Care Board Specification

**8.0 Financial considerations:**

8.1 None presently.

**9.0 Legal considerations:**

9.1 None.

**10.0 Risk management considerations:**

10.1 None.

**11.0 Equalities considerations:**

11.1 An underlying theme of Place-based partnerships is to improve people’s health and wellbeing and reduce health inequalities that exist in Blackpool. It is not anticipated that this work would adversely impact on key protected equality groups.

**12.0 Sustainability, climate change and environmental considerations:**

12.1 Reducing Blackpool’s contribution to the climate crisis and creating resilience to respond to the worst impacts of climate change is an opportunity to protect health.

12.2 Examples of how the work of the Place-based partnership could promote healthy living while reducing environmental impacts include promoting active travel, reducing the carbon footprint of healthcare facilities, and ensuring that new programmes support the local environment.

12.3 However, programmes of work are still in development.

**13.0 Internal/external consultation undertaken:**

13.1 None.

**14.0 Background papers:**

14.1 None.



Specification	
<b>Project name:</b>	<i>Lancashire and South Cumbria ICB: BCF Review</i>
<b>Brief Project description:</b>	The aim of this project is to maximise joint funding across the ICB and Local Authorities, by performing a comprehensive system-wide review of the BCF across the four places and six Health and Wellbeing Boards in LSC ICB. This will cover a review of the current status of the BCF; predictive modelling for the BCF; leadership, decision, and governance arrangement support; and financial modelling.

<b>Introduction and background</b>	<p>The Local Government Association and Association of Directors of Adult Social Services are Partners in Care and Health (PCH) working with well-respected organisations.</p> <p>PCH helps councils to improve the way they deliver adult social care and public health services and helps Government understand the challenges faced by the sector.</p> <p>The programme is a trusted network for developing and sharing best practice, developing tools and techniques, providing support, and building connections. It is funded by Government and offered to councils without charge.</p> <p>The Better Care Fund (BCF) programme supports Local Systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.</p> <p>It represents a unique collaboration between:</p> <ul style="list-style-type: none"> <li>• The Department of Health and Social Care</li> <li>• The Department for Levelling Up, Housing and Communities</li> <li>• NHS England</li> <li>• The Local Government Association</li> </ul> <p>The four partners work closely together to help local areas plan and implement integrated health and social care services across England, in line with the vision outlined in the NHS Long Term Plan. Locally, the programme spans both the NHS and local government to join up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.</p> <p>The LGA has been commissioned to provide a comprehensive BCF programme, during 2023-2025, of Health, Housing and Social Care integration support that is tailored to a diverse range of Local System needs and designed to help systems deliver person centred integrated</p>
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	<p>services. This will involve designing and delivering a comprehensive, diverse range of support options. Tailoring the support to specific local needs is a particularly vital aspect.</p>
<p><b>Project requirements including objective(s):</b></p>	<p>Lancashire and South Cumbria ICB is comprised of four Places and covers six Health and Wellbeing Boards. The Places are Blackburn with Darwen; Blackpool; South Cumbria; and Lancashire, whilst the six Health and Wellbeing Boards are Blackburn with Darwen; Blackpool; Lancashire; North Yorkshire; Cumberland; and Westmorland and Furness.</p> <p>The ICB has identified that, based on the current delivery model, their services will be unaffordable within the next 10 years. They therefore need to review and reform key elements of their system, including the BCF and other related system aspects.</p> <p>The system has identified that they have a need for a common understanding of the different schemes currently funded through BCF, and that:</p> <ul style="list-style-type: none"> <li>• They need a consistent approach that enables economies of scale and can be tailored to meet the specific needs and inequalities prevalent in each Place.</li> <li>• They currently have a hospital-centric delivery model funded by 60% of their total budget, with the drivers of the budget going in the wrong direction.</li> <li>• They have an increasingly ageing population with an increasing number of over 85s with multiple long-term conditions.</li> <li>• They are still tackling the impacts of long Covid and treatment backlogs due to Covid.</li> <li>• Persistent and high levels of poverty and inequalities are present in the patch.</li> <li>• There is increased pressure and demand for both adult and children’s social care services.</li> </ul> <p>Looking ahead, the BCF needs to align to with the system’s ambitions around deeper integration of health and care. This may involve de-prioritising some schemes that no longer align with this direction of travel, balanced with ensuring delivering against the nationally mandated performance metrics:</p> <ul style="list-style-type: none"> <li>• Reducing unplanned admissions for people with long term ambulatory conditions</li> <li>• Increasing the percentage of people discharged from hospital to their ordinary place of residence</li> <li>• Reducing permanent admissions into long term residential care</li> </ul>



	<ul style="list-style-type: none"> <li>Increasing the proportion of older people who remain living independently at home following a period of reablement/rehabilitation after discharge from hospital.</li> </ul> <p>The support should look at elements such as Virtual Wards, expansion of Intermediate Care, step up/ step down care, and ‘Jean Bishop’ style centres for MDT treatment of the frail and elderly. There also needs to be a significant focus on developing neighbourhood model, INTs, risk stratification approach in primary care, community health services, and prevention schemes, some of which are currently funded by BCF monies.</p> <p>By considering all these elements and by completing the above outputs, the system will gain a comprehensive understanding of the state of play for its BCF at all levels and have developed organisationally regarding how it governs and implements the BCF moving forwards.</p> <p>The objectives of the review are to:</p> <ul style="list-style-type: none"> <li><b>Understand</b> - What the six BCFs currently fund in each of the four Places.</li> <li><b>Assure</b> – Value for money and maximum impact against BCF metrics and objectives, ensuring spend in right places, return on investment, realisation of benefits, and reduction of double funding across health and social care schemes.</li> <li><b>Align</b> - Identify where schemes are aligned across the four Places and where there are opportunities for a consistent approach across the four Places, as outlined within the system’s Place Integration Deal. For the BCF, this would mean a framework, consistently applied against national governance, and demonstrating compliance with investment in schemes in order to deliver national BCF outcomes.</li> <li><b>Clarify</b> – The statutory role, responsibilities, governance, and accountabilities for the BCF through the six Health and Wellbeing Boards in the ICB, aligning all of them with national guidance.</li> <li><b>Transparency</b> – Conducting a joint ICB and LA review of what is jointly funded through BCF and associated funding decisions.</li> </ul>
<p><b>Expected Outcomes and Outputs:</b></p>	<p>External consultant to deliver:</p> <ul style="list-style-type: none"> <li>Independent assessment of the six BCFs from an ICB, LA and place partners perspective, jointly commissioned between the ICB and LA’s around the core requirements of the BCF.</li> <li>Analysis of what is working well, where, and how.</li> <li>Zero base budget review</li> <li>Desktop review of other BCF frameworks and what is working well elsewhere.</li> </ul>

	<ul style="list-style-type: none"> <li>• Develop a predictive modelling tool that can be used to assess the scale and growth of the BCF in future years considering local, systemwide, and national drivers</li> <li>• Develop a recommended BCF framework for LSC aligned to longer-term strategy of deeper integration between health and care organisation. Consider both LA-centric and NHS-centric approach to develop the optimal model that can be tailored to the needs of each place for implementation.</li> </ul> <p>In addition, work with the system on other elements of this BCF review and facilitate ICB and LA colleagues to deliver:</p> <ul style="list-style-type: none"> <li>• Facilitate session for four places to work through wicked issues and link place-based BCF review to the wider LSC work</li> <li>• Facilitate discussion and agreement as to what could/should be funded through BCF.</li> <li>• Facilitate the development of a joint framework to enable consistent application of national governance and demonstrating compliance against delivery of national BCF outcomes.</li> <li>• Facilitate the development of shared finance principles and arrangements (to minimise any perception of cost shunting and enable an open and transparent culture)</li> <li>• Facilitate the development of shared decision-making arrangements at LA, ICB and place level, to reflect local requirements, including readiness assessments, and approach to conflict management.</li> <li>• Facilitate the development of other opportunities for further collaboration, pooled budgets, joint working risk/gain share etc. across LSC.</li> <li>• Facilitate the development of a ‘safe transition’ process from where we are to where we want to be, with implementation/delivery through places.</li> <li>• What do we need to keep and what do we need to do differently to deliver the optimal model.</li> <li>• Agree next steps and recommendations for how we deliver, with implementation through the Place Directors aligned to schemes of delegation.</li> </ul> <p>To support this work, LSC ICB and local authorities are currently working on the following:</p> <ul style="list-style-type: none"> <li>• Current position – Work underway to map BCF spend for each of the four places, led at place.</li> <li>• Overview of national conditions for planning, and performance metrics, with LSC performance mapped against metrics for each BCF and by each scheme within them, building in local improvement trajectories</li> </ul>
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	<ul style="list-style-type: none"> <li>• Map schemes, leads, and interfaces at a place level.</li> <li>• Start, stop, continue review of BCF funded schemes aligned to longer-term strategy of deeper integration across health and care.</li> </ul>
<b>Project Budget</b>	The maximum budget for this work is [REDACTED] + VAT. Please note that this price is inclusive of expenses.
<b>Project timescales</b>	The work will begin once the contract has been awarded. The final outputs from the project should be completed by the end of six months.
<b>Risks</b>	<p>Risk 1: Scale and scope of work Mitigation: The contractor should be clear of the scale and scope of the work, understanding what activities must be completed independently and which must be done in tandem with the system itself.</p> <p>Risk 2: Availability of key stakeholders Mitigation: The contractor should be aware of the flexibility they will need to exhibit, as well as meeting with the BCF Support Programme Adviser team to update on progress.</p>
<b>Contract Management Requirements</b>	The contractor will be required to work with system data.
<b>Extension option:</b>	Extension is available at buyer's discretion. Please note extension is not bound by geographical location.
<b>Constraints:</b>	The contractor should be prepared to work closely with system colleagues, particularly on elements the system is already undertaking.
<b>Quality assurance mechanisms</b>	The contractor should liaise with both the BCF Support Programme lead Adviser and feed into appropriate system, Place, and HWB-level governance structures, wherever necessary.

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<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Liz Petch, Consultant in Public Health, Blackpool Council
<b>Relevant Cabinet Member:</b>	Councillor Jo Farrell, Cabinet Member for Levelling Up: People
<b>Date of Meeting:</b>	13 December 2023

## HEALTHY WEIGHT STRATEGY 2023 - 2028

### 1.0 Purpose of the report

1.1 To seek approval of the Healthy Weight Strategy 2023 - 2028.

### 2.0 Recommendation(s)

2.1 That Board members consider the vision, ambition and priorities of the Healthy Weight Strategy.

2.2 To approve the Healthy Weight Strategy 2023-2028 attached at Appendix 5a with effect until the 31 December 2028.

### 3.0 Reason for recommendation(s)

3.1 This new Health Weight Strategy 2023-2028 sets out how as a system it is planned to respond to local needs in relation to high levels of obesity and how the council and other key stakeholders can work together with residents and communities to reduce these levels, and so improving healthy life expectancy and reducing health inequalities.

3.2 Is the recommendation contrary to a plan or strategy approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? Yes

### 4.0 Other alternative options to be considered

4.1 No other options available that will meet the requirements of this strategy

## 5.0 Council priority

5.1 The relevant Council priority is:

- 'The economy: Maximising growth and opportunity across Blackpool'
- 'Communities: Creating stronger communities and increasing resilience'

## 6.0 Background and key information

6.1 The document at Appendix 5a proposes a new healthy weight strategy for Blackpool, for the time period 2023-2028. The strategy's long term ambition is to ensure that Blackpool's population and our future generations have the best start in life, and live longer and happier lives.

The priorities are to:

- Support our children and young people in developing and growing to be healthy; Promoting healthier food choices;
- Provide food security for all Blackpool residents;
- Provide access to resources and information to help make those healthier choices; Promote and support active lifestyles and
- Support employers to encourage active and healthy workforces.

Tackling obesity will require a range of partners' involvement, including the local authority, NHS, private sector and the voluntary and community sectors. To ensure this strategy's effective delivery all partners will need to build on the existing work and continue to work as a whole system to affect change. Because of the complex factors at play, the problem will not be reversed by any single approach. This strategy's success will depend on changing many aspects of our population's lives and the current environment in which people live, work and play, which currently encourages obesity related behaviours.

The healthy weight strategy has been approved by the Blackpool Council Public Health Senior Management Team and Corporate Leadership Team. Officers have also received comments and support for the document from the Levelling Up Scrutiny Committee which have been integrated into the

6.2 Does the information submitted include any exempt information? No

## 7.0 List of appendices

7.1 Appendix 5a: Healthy Weight Strategy 2023-2028

## **8.0 Financial considerations**

8.1 Funded within monies already available to all key partners through their own budgets.

## **9.0 Legal considerations**

9.1 None.

## **10.0 Risk management considerations**

10.1 The risk of not producing a new healthy weight strategy for Blackpool would mean there is a lack of a co-ordinated approach to address the needs of the Blackpool population in relation to obesity.

## **11.0 Equalities considerations and the impact of this decision for our children and young people**

11.1 The strategy has been informed by data within the Joint Strategic Needs Assessment (JSNA) where it evidences the burden of obesity on our population. Children and families, in the context of early years, are a priority within this strategy.

11.2 An equality impact analysis has been undertaken for this strategy, and has been reviewed by the Head of Equality and Diversity at Blackpool Council

## **12.0 Sustainability, climate change and environmental considerations**

12.1 The Health Weight Strategy crosses over a range and strategies and a key one which is reflected within the core of the document is sustainable, climate change and environmental considerations.

## **13.0 Internal/external consultation undertaken**

13.1 A series of workshops were held with key stakeholders and partners to develop the strategy. The attendees from the workshops then formed the Healthy Weight Strategy Steering Group which has helped shape and develop the both the strategy and the action plan.

13.2 Key decisions were:

- Relaunch of the Healthy Weight Declaration to engage partners and stakeholders
- Partner and stakeholder workshops to set the vision and priorities for the strategy
- Individual consultation with all stakeholders to discuss and agree the actions allocated.





# Healthy Weight Strategy 2023-2028

Blackpool Council



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## Foreword

Blackpool's life expectancy is poor and obesity related illness and death linked to poor diets and sedentary behaviours continues to increase. We are at the tipping point where we need to take direct action to improve life opportunities for both our current and future generations. If current trends continue more people will die prematurely due to cancer, heart disease, liver disease and ill health. Obesity also impacts negatively on our mental health, which in many cases starts from a young age and has life-long consequences and impacts. Being a healthy weight is one of the most effective ways to reduce the risk of long term health conditions such as diabetes, heart disease and cancer.

We know the factors that contribute to weight gain are complex and that every individual is different in how they respond to these factors. Our behaviours and lifestyles are influenced and driven by the environment around us, the culture we live in and our ability to make changes. Over recent years eating out of home has increased significantly, and is unlikely to reduce, and so we need to find ways of living with this culture. Being overweight has been normalised and so it can be difficult to recognise being an unhealthy weight, which can make behavioural change difficult. We cannot change habits which have been developed over generations simple by telling people about the problem or by doing what we have always done.

Blackpool was the first local authority to sign up to the Local Authority Declaration on Healthy Weight, back in 2016. Since then good progress has been made against the action plan; however, the work in this area slowed down during the pandemic, and so it is timely to reflect on what has been achieved and what actions still need to be taken in order to bring down Blackpool's obesity levels. On the 14 November 2022, the Council reaffirmed its commitment to tackling obesity with the relaunch and signing of a new Local Authority Declaration on Healthy Weight.

The Strategy is not a short term fix and change is not going to happen overnight. It will be achieved through a range of approaches, interventions and partners working together to promote healthier lifestyles. This strategy along with the declaration, provides the foundation for conversations, and actions in health, education, business, the voluntary sector and the community. This strategy will build on the progress already achieved in promoting healthier lifestyles.

We will set our course of action and bring people, communities and partner organisations along for the journey.

## Summary

The Strategy details Blackpool's obesity issues and provides information about why action is required and explores how different stakeholders and partners can contribute to tackling this agenda. This strategy will set out our 5 year vision, ambition and priorities. If we are going to take effective action to reverse our population's obesity levels we need to work together with partners in a whole systems approach, creating an environment that supports healthy choices and supports individuals to achieve and maintain a healthy weight and demonstrate a partnership approach to promoting healthy weight and tackling Blackpool's unhealthy weight issues.

Tackling obesity is not straight forward; there are many complex behavioural and societal factors which contribute to it. In recent years being overweight has become an adult norm which needs tackling, in addition to dealing with weight stigma and weight bias. The strategy's key focus will be on healthy weight and nutrition whilst linking with other strategies including Active Lives, Climate Emergency, Active travel, Highways, Early Years, and Infant Feeding etc.

The strategy aims to translate national policies into local action, whilst meeting the local population's needs based on robust evidence. The document will provide details of a whole systems approach to tackle obesity. This approach draws upon the complex behavioural and societal factors that contribute to causing excess weight and recognises the value of engaging with the local community to maximise local assets to achieve better results long term.

The strategy's long term ambition is to ensure that Blackpool's population and our future generations have the best start in life, and live longer and happier lives. We need to encourage making a healthier choice the easy choice and for individuals to feel enabled to make positive lifestyle choices to sustain or maintain a healthy weight. We will work with partners and sectors to make changes to our food, physical activity and social environment to promote healthy weight.

The priorities are to: -

- Support our children and young people in developing and growing to be healthy
- Promoting healthier food choices
- Provide food security for all Blackpool residents
- Provide access to resources and information to help make those healthier choices
- Promote and support active lifestyles, and
- Support employers to encourage active and healthy workforces.

## The Causes and the Complexity of Obesity

Obesity is a major public health issue and the prevalence remains high for England and has been rising sharply over the past 30 years. It is a complex with many behavioural and societal factors that combine as causes of obesity. The Government-commissioned Foresight Report, published in 2007<sup>1</sup>, which looked in to the reasons for this, concluded there was a “complex web” of factors at play. These included

- Unhealthy diets
- Low physical activity levels
- Societal influences: media, education, peer pressure, culture
- Individual psychology
- Environmental

The rapid increase in the number of obese people in the UK is a major challenge with analysis by the government’s Foresight programme showing that over half of the UK adult population could be obese by 2050. The health impact of overweight and obesity on individuals and families in terms of ill-health places a significant burden on NHS resources. The direct cost to the NHS in 2006/07 of people being overweight and obese was £5.1 billion, and is expected to reach £9.7 billion by 2050.

The wider socio-economic impact is also a concern. Obesity impacts on employment opportunities and life chances in general but employers bear the major cost. There are an estimated 16 million days of certified incapacity per annum directly obesity related. No one is immune to obesity, but some people are more likely to become overweight or obese. The Marmot review (January 2010)<sup>2</sup> highlights that income, social deprivation and ethnicity have an important impact on the likelihood of becoming obese. Obesity can harm people’s prospects in life, their self-esteem and their underlying mental health.

Alongside the growing public sector burden on the public sector there is an impact on local authorities, including the cost to social services for caring for housebound people suffering from obesity related illness as a consequence of obesity. The estimated annual social care costs to local authorities are an estimated £352 million. In relation to the wider indirect costs could be as much as £27 billion by 2025.

Although obesity is complex, it is a preventable condition with serious, far reaching physical, psychological and social consequences affecting virtually all age and socioeconomic groups, with higher obesity levels found among more deprived groups. We know through the National Child Measurement Programme (NCMP) data, obesity prevalence in children is strongly correlated with deprivation and is highest in the most deprived areas. There is a steady rise in obesity prevalence with increasing deprivation for both Reception and Year 6 children. Key research shows that households/individuals who are in poverty or socially disadvantaged have worse dietary-related outcomes. Food poverty is more likely amongst those who have a low income, are unemployed, have a disability or are a member of a black or minority ethnic group.

The consequences of being overweight and obese is associated with an increased risk of developing a number of chronic diseases and conditions including type 2 diabetes, coronary heart disease, and hypertension and stroke, asthma, depression and more.

Overweight or obese adults are less likely to meet physical activity recommendations. On average obese people are more likely to take an additional 4 days sick per year compared to a healthy weight person.

In 1991 the UK Government set the first obesity rate reduction targets for England. Since then many strategies and policies have been published, yet 30 years later targets continue to be missed and obesity levels continue to rise. The most recent policy set out by the Government is Tackling Obesity: Empowering Adults and children to live

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<sup>1</sup> Foresight Tackling Obesities: Future Choices Project Report; October 2007

<sup>2</sup> Fair Society, healthy lives: the Marmot Review: strategic review of health inequalities in England post 2010: January 2010

healthier lives (England 2020). The strategy recognises it is one of the greatest health challenges and that COVID-19 has made this even more important. The paper discusses the need to follow the evidence and consider what more can be done to reduce the levels of Obesity in England, but provides little steer to the actions local authorities need to take.

There is no single solution to tackling such an ingrained problem and local action to promote healthy weight requires a coordinated approach to support change. Obesity is impacting on people's lives across the life course in relation to quality of life, and risk of developing chronic disease. If action isn't taken, the health of individuals will continue to suffer, health inequalities will continue and the socio-economic costs will escalate.

# Key Principles and Approaches for the Healthy Weight Strategy

## Whole systems approach to obesity

Tackling obesity is everyone's business – there is no one individual, group or organisation that can do this alone. In order to tackle this effectively we need an approach that involves the whole system, with action at an individual, environmental and societal level. There are many different perspectives on what a whole systems approach is. However, for the purposes of this strategy, it is about how we respond to the complexities of obesity through on-going, dynamic and flexible ways of working. It is about enabling our partners and stakeholders including the community, to come together, share understanding of the reality of the challenge, consider how our local system is operating and identify the greatest opportunities for change. Strong communication and partnership working will enable a more comprehensive, holistic, and better coordinated approach to be developed and delivered.

We will work with our partners across health, social care, education, departments across the council, voluntary sector, and community groups in order to achieve the strategy's ambition. To achieve this we will follow the key principles of our whole system approach:

- Provide strategic leadership and prioritise factors affecting healthy weight
- Creating sustainable and productive partnerships across Blackpool

## Local Authority Declaration on Healthy Weight

The Healthy Weight Declaration is a strategic council commitment to reduce unhealthy weight in local communities. It is about promoting healthy weight and improving the health and wellbeing of the local population. It is about recognising that we need to exercise our responsibility in developing and implementing policies that can reduce the economic impact to health and social care and the local economy. The declaration was developed in partnership with Food Active and with Public Health colleagues across the North West. The declaration includes 16 commitments pledging to support improved policy and healthy weight outcomes in relation to specific council work areas. By signing the declaration the council is committing to:

- Keeping healthy weight a high priority
- Enables cross-departmental working and partnerships
- Facilitate system leadership
- Maintaining accountability

Blackpool was the first local authority in January 2016 to sign up to a local authority declaration on healthy weight. In November 2022 the council reaffirmed its commitment to the declaration, recognising obesity continues to be a significant issue in Blackpool.

The 16 commitments are broken down into 5 key areas:

- Strategic/System Leadership
- Commercial determinants
- Health Promoting infrastructure & Environments
- Organisational change/cultural shift
- Monitoring and evaluation

## How we define overweight and obesity

Obesity occurs when energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity over a prolonged period, resulting in the accumulation of excess body fat.



Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity. The WHO definition is:

- A BMI greater than or equal to 25 is overweight
- A BMI greater than or equal to 30 is obesity

BMI provides the most useful population-level measure of overweight and obesity; however, there are clinical limitations of BMI that should also be considered. BMI is a surrogate measure of body fatness because it is a measure of excess weight rather than excess body fat. Factors such as age, sex, ethnicity, and muscle mass can influence the relationship between BMI and body fat. Also, BMI does not distinguish between excess fat, muscle or bone mass, and does not provide an indication of the distribution of fat among individuals. Due to this BMI should only serve as an initial screening tool for overweight and obesity, and other factors should be taken into consideration such as an individual's fat distribution, genetics, and fitness levels. However, BMI is a reasonable indicator of body fat for both adults and children.

### Food Poverty

Food poverty is a growing problem in the current economic climate. The use of food aid in the UK, particularly in the increased use of food banks has dramatically increased.

It is widely reported that individuals and families who experience food poverty are more likely to eat a diet that is unhealthy, characterised by food that is higher in saturated fat, salt and sugar. Additionally, they are more likely to eat processed foods that are both cheap and energy dense. Poor accessibility to affordable healthy foods, linked to a number of factors makes people already vulnerable more susceptible to experiencing food poverty. Factors such as closure of shops in deprived areas, out of town supermarket developments, poor transport links all contribute to poor access and affordability of healthy food.

Across England we know that:

- 7% of households experienced food insecurity in 2020/21. Across the North West it was 8% of households.
- Household food security was lower in households where the head is below the age of 65
- Households with a gross income of less than £200 per week were least likely to be food secure
- Single-adult households with children had low rates of household food security.
- Food insecurity is directly associated with poorer diet quality.
- Food insecurity is indirectly associated with higher BMI via greater distress and eating to cope.

In Blackpool

- A quarter of Blackpool's children (under 16) live in relatively low income families
- 38.6% are eligible for Free School Meals, significantly higher than the national average of 21%
- Blackpool's average weekly earnings of £394 is the lowest in the country
- The proportion of Employment and Support Allowance claimants (12%) is the highest in the country
- Excess weight in adults and children is significantly higher than national averages
- Blackpool has the highest density of fast food outlets in the country (outside the City of London)

### Weight Stigma

People who live with overweight and obesity often experience weight stigma – which refers to the discriminatory acts and thoughts targeted towards individuals because of their weight and size. Weight stigma results from weight bias, which refers to the negative ideologies associated with obesity – such as laziness, lack of will power, and

unattractiveness<sup>3</sup>. This is sometimes reported in clinical settings; patients have shared experiences of receiving lower standards of care or missed diagnoses when medical professionals have made assumptions based on their physical appearance<sup>4</sup>. Those living with obesity often have limited agency over their weight, due to the large influence of their environment and personal circumstances and deserve equally compassionate and inclusive access to health and care, as well as being valued equally in wider society. It is important to identify opportunities to eradicate weight stigma; this has been recognised by the Obesity Health Alliance in their Position Statement on Weight Stigma<sup>5</sup>.

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<sup>3</sup> World Obesity. Weight Stigma [online]. Available at: <https://www.worldobesity.org/what-we-do/our-policy-priorities/weight-stigma> [Accessed November 18 2021]

<sup>4</sup> Phelan et al. Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. *Obesity Reviews*, 2015.

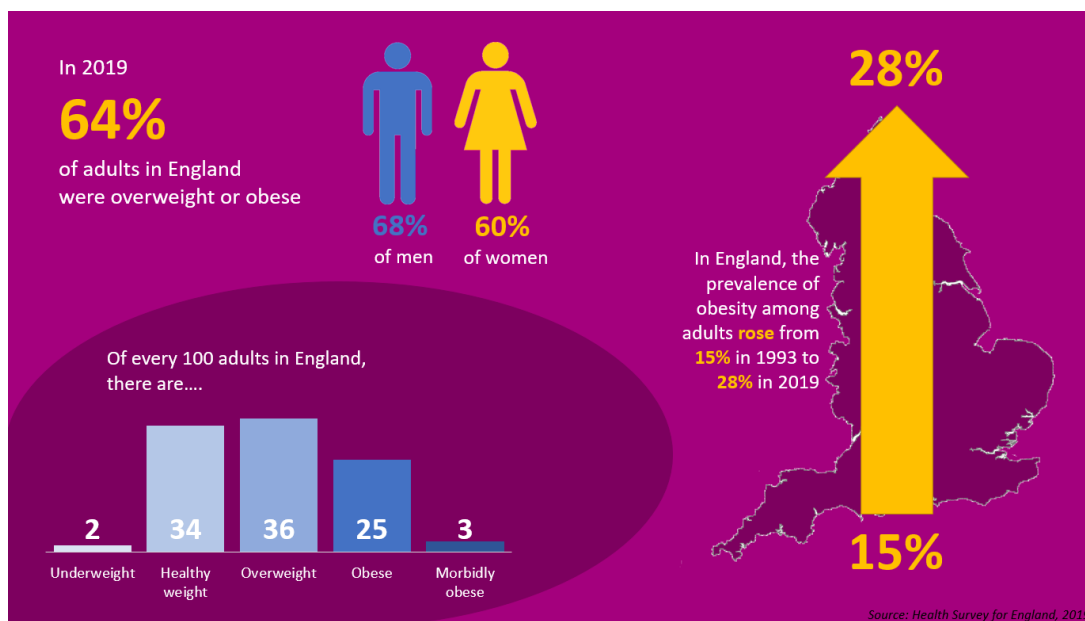
<sup>5</sup> Health Alliance. Weight Stigma – Position Statement [online]. Available at: <http://obesityhealthalliance.org.uk/wpcontent/uploads/2018/10/Weight-Stigma-Position-Statement.pdf> [Accessed 18 November 2021]

# Patterns and Trends of Obesity

## Adults

### Overweight and Obesity

The best indicator of obesity prevalence for adults (16+) comes from the Health Survey for England, which uses measured heights and weights to calculate body mass index (BMI). Data from the 2019 survey shows that out of every 100 adults in England:

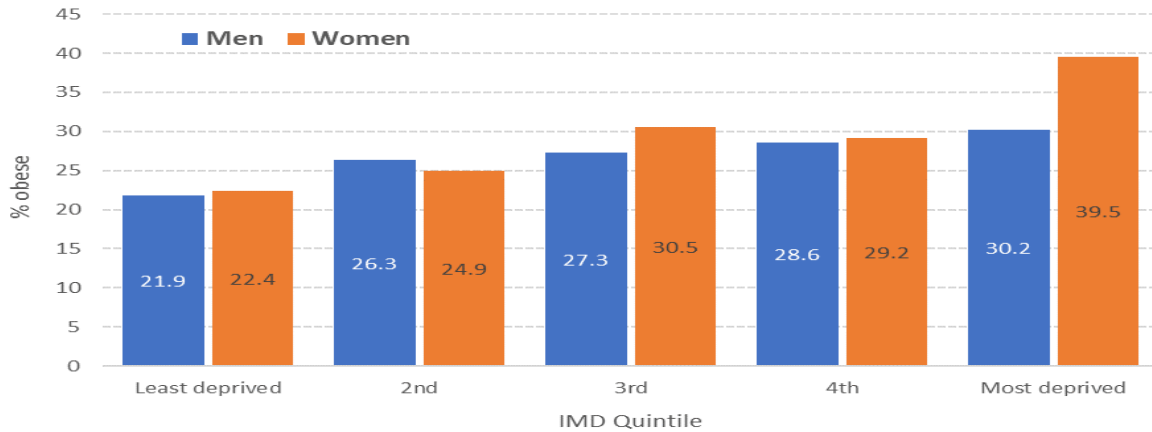


Source: PHE, *Health Matters, Obesity and the food environment, 'Scale of the problem' infographic*

- In England, obesity prevalence has been gradually increasing and is now almost double the rate it was 25 years ago. 28% of adults were obese in 2019 and obesity levels are similar for men and women.
- The proportion who are overweight has fallen slightly over the same period as more people have become obese. Severe obesity has also increased since 1993, 2% of men and over 4% of women were morbidly obese in 2019, compared with fewer than 0.5% of men and just over 1% of women in 1993.
- In 2019, 27% of men and 29% of women were obese. Around two thirds of adults were overweight or obese, this was more prevalent among men (68%) than women (60%).
- Obesity increased with age from just 13% of adults aged between 16 and 24, to 36% of those aged 65 to 74. It was lower among adults aged 75 and over (26%).
- Adults living in the most deprived areas are the most likely to be obese. This difference is particularly pronounced for women, 39% of women in the most deprived areas are obese, compared with 22% in the least deprived areas.
- There were more than 1 million hospital admissions linked to obesity in England in 2019/20, an increase of 17% compared to 2018/19. Rates of obesity related hospital admissions in the most deprived parts of the country are 2.4 times higher than in the least deprived areas.<sup>6</sup>

<sup>6</sup> The Kings Fund, *Tackling obesity: the role of the NHS in a whole-system approach*, July 2021

### Adult obesity prevalence by deprivation quintile, England, 2019

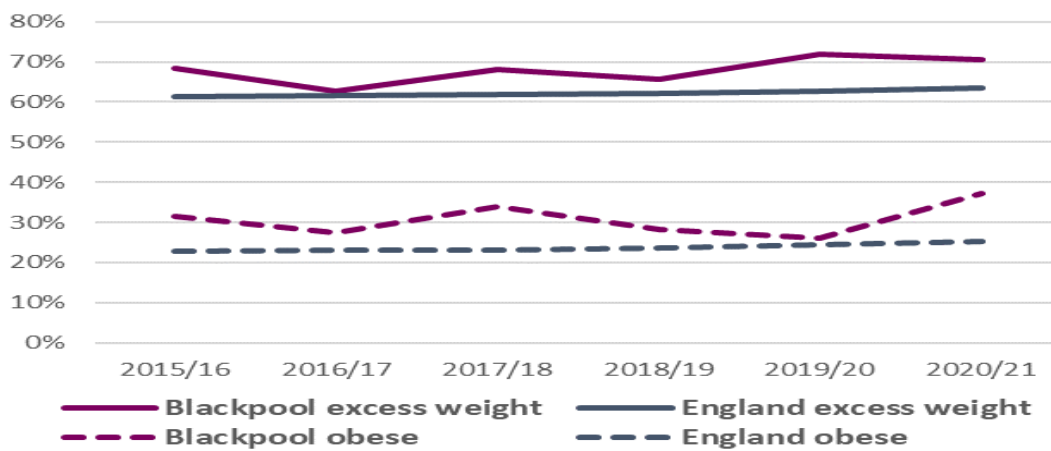


Source: NHS Digital, Health Survey for England 2019: Adult and child overweight and obesity

### Overweight and obesity in Blackpool

The Sport England Active Lives Survey is the indicator for measuring the population levels of overweight and obesity (excess weight). Whilst Blackpool estimates for the periods 2016/17 to 2018/19 were only slightly above national and regional levels, the most recent published data (2020/21) estimates that **70.5%** of adults were overweight or obese; this is significantly higher than the estimated national average of 63.5% and equates to approximately 77,000 residents.

### Trend in adult excess weight and obesity, Blackpool and England



Source: OHID, Obesity Profile

- Trends in the proportion of obese (rather than overweight) showed a sharp upturn during the COVID-19 period and in 2020/21 over a third (**37.2%**) of adults in Blackpool were obese compared to only a quarter nationally. This is approximately 40,600 people.
- Over 11,800 people in Blackpool have been diagnosed with diabetes, 8.2% of the population compared with 7.1% nationally.
- Since 2013/14 hospital admissions where obesity was a factor have been rising steadily across the country and far more quickly in Blackpool<sup>7</sup>. Blackpool recorded 3,620 admissions where obesity was a factor in 2019/20. This compares to 3,300 admissions the previous year. The admission rate was 2,623 per 100,000 population<sup>8</sup>

<sup>7</sup> Some (though not all) of this increase may be due to hospitals being more likely to record obesity as a secondary diagnosis than they were previously.

<sup>8</sup> NHS Digital, Statistics on Obesity, Physical Activity and Diet, 2021

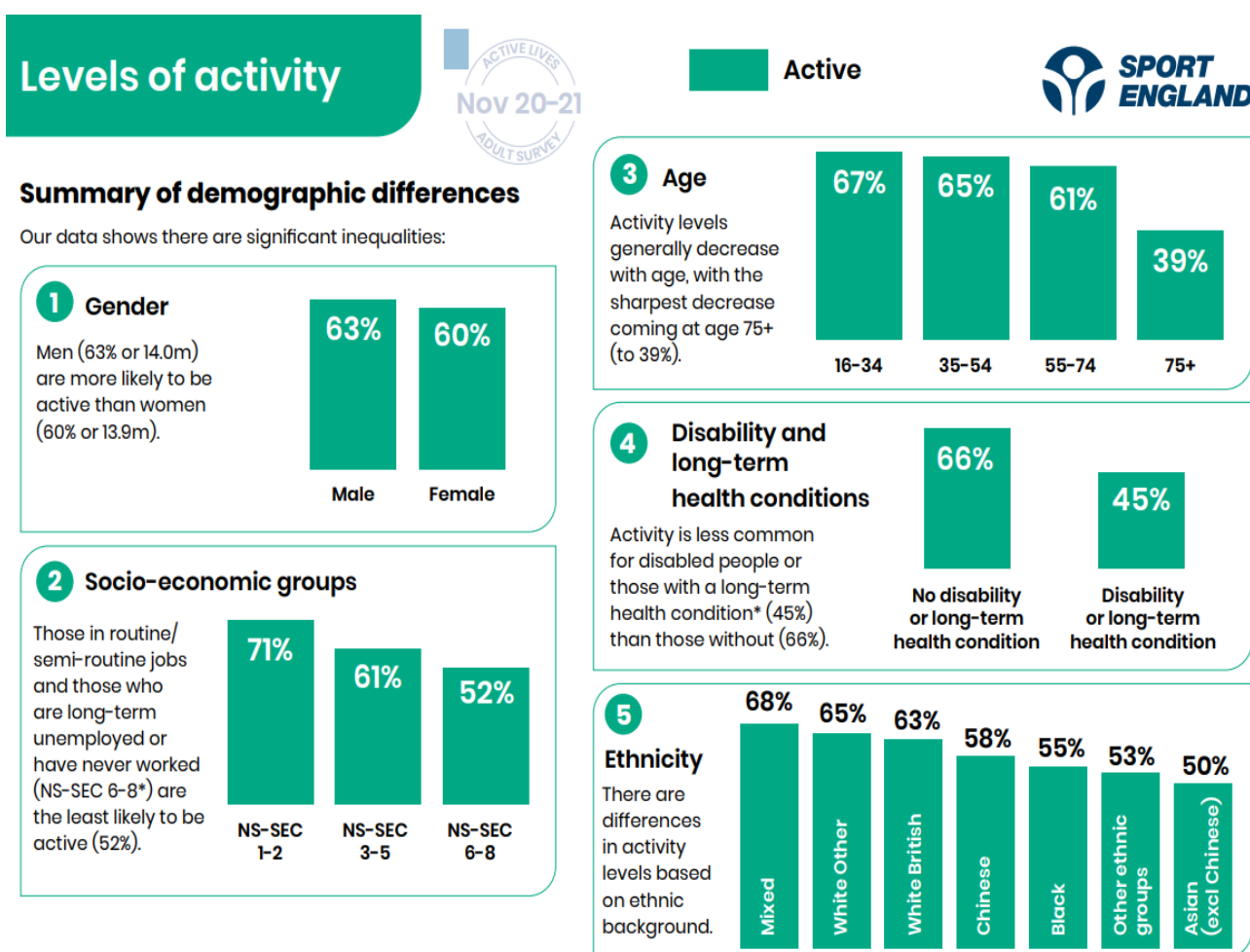
## Physical activity and healthy eating

The coronavirus pandemic, which saw unprecedented restrictions applied to everyday life, has resulted in a clear drop in physical activity levels since 2018/19.

The drop in activity levels during the pandemic reflected the level of restrictions in place at the time. As restrictions eased in 2021 activity levels began to recover, with increases seen across the summer compared to 12 months earlier. Despite this, activity levels still remain below pre-pandemic levels across England.<sup>9</sup>

There are considerable inequalities in the levels of activity within separate groups of the population: females, the elderly, those with a disability or long-term health condition, those in lower paid jobs or unemployed and those in a minority ethnic group are all less likely to be active.

### Demographic differences in levels of activity, England



Source: Sport England, Active Lives Adult Survey November 2020-21 Report, April 2022

<sup>9</sup> Sport England, Active Lives Adult Survey November 2020-21 Report, April 2022

From the Active Lives Survey we know that Blackpool has the second lowest level of physically active people in the North West.



Source: PHE, Health Matters: getting every adult active every day, July 2016

While people’s diets may be improving in some areas, two thirds of the population remain overweight or are living with obesity; poor diets remain one of the leading causes of disease such as cancer, heart disease and type 2 diabetes.



More than half of adults in Blackpool are not meeting the '5-a-day' target

- In 2019/20 just over half of all adults in England were eating the recommended five portions of fruit and vegetables a day.
- Fewer men than women consumed the recommended amount.
- Blackpool has the fourth lowest consumption rate of fruit and vegetables in the North West
- Only 44.7% meet the '5-a-day' target.

### Maternal Obesity

Increasing evidence suggests that maternal obesity is a major determinant, of infant health during childhood and later adult life (Godfrey et al., 2017). The link between an overweight parent (particularly the mother) and obesity in children is well documented (Moraeus et al, 2014). It is also well documented that obesity and poverty often go hand in hand, with levels of equity and equality being intertwined – Blackpool is ranked the most deprived local authority in England.

- Obesity has become one of the most commonly occurring risk factors in pregnancy with 21.3% of the antenatal population being obese and less than half of pregnant women (47.3%) having a body mass index within the normal range.<sup>10</sup>
- 28.5% of pregnant women in Blackpool are obese at the time of their booking appointment, the second highest rate in the North West and significantly higher than the national average of 22.1%.

<sup>10</sup> RCOG, Care of Women with Obesity in Pregnancy, November 2018

Maternal obesity increases the health risks for both the mother and child both during and after pregnancy and it is recognised as a high impact area in tackling obesity nationally. There is a large body of evidence which links maternal obesity to adverse pregnancy outcomes. In the UK, the Centre for Maternal and Child enquiries (CMACE) summaries the risk as follows:

- Severe morbidity
- Miscarriage
- Cardiac disease
- Spontaneous first trimester and recurrent miscarriage
- Pre-eclampsia
- Gestational diabetes
- Thromboembolism
- Post-caesarean wound infection
- Infection from other causes, postpartum haemorrhage
- Low breast feeding rates

There is little or no data about physical activity for pregnant women and there is a lot of poor advice from professional and informally from peers about exercise in pregnancy. The NHS advice is the more active and fit you are during pregnancy, the easier it will be for a pregnant woman to adapt to their changing shape and weight gain. It will also help them cope with labour. It is recommended that a pregnant woman keeps their daily physical activity and exercise for as long as it is comfortable. Exercise is not dangerous for the baby and there is evidence that active women are less likely to experience problems in later pregnancy and labour. This chart provides advice to women on what is possible.



## Breastfeeding and Infant Feeding

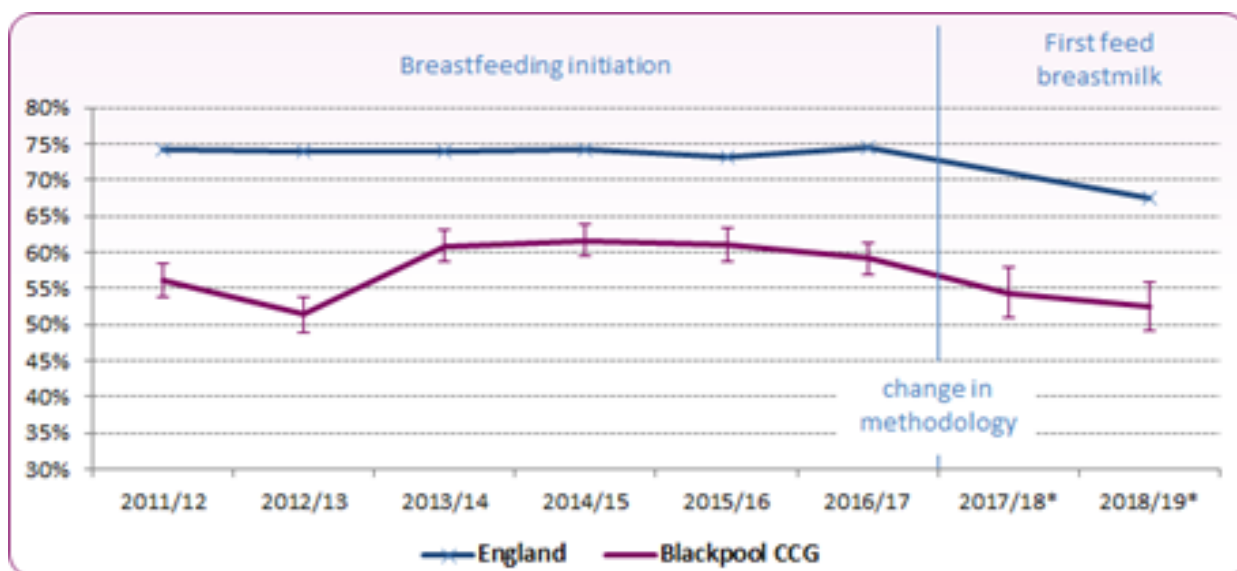
The World Health Organisation recommends exclusive breastfeeding for the first 6 months of a baby’s life, with continued breastfeeding along with the introduction of appropriate complementary foods, up to 2 years of age and beyond.

The health benefits of breastfeeding for babies include: reduced chance of gastrointestinal, respiratory tract and ear infections; a reduced chance of developing eczema; a reduced chance of developing allergies; and reduced risk of cardiovascular disease in adulthood, as well as less likelihood of becoming obese. The health benefits of breastfeeding babies for mothers included reduced risk of developing certain ovarian and breast cancers, and a lower risk of developing diabetes and osteoporosis in later life<sup>11</sup>.

<sup>11</sup> NHS, Benefits of Breastfeeding, <https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/benefits/>

The chart below compares the rate of breastfeeding initiation / first feed in Blackpool and England. The breastfeeding initiation rate was relatively stable between 2013/14 and 2016/17, significantly lower than the England rate. In Blackpool in 2016/17, 1,068 new mothers began breastfeeding, a rate of 59.1% compared to 74.6% across England as a whole. The new measurement from 2017/18 shows a lower proportion of babies receiving breastmilk as their first feed both nationally and locally. As of 2018/19, Blackpool's rate remained significantly lower than the England average, with 910 babies in 2018/19 receiving breast milk as their first feed, a rate of 52.4% compared to 67.4% across England.

**Breastfeeding initiation/first feed: Blackpool and England, 2011/12 to 2018/19**



Service data from the Better Start Partnership suggests that breastfeeding levels are lower in areas of higher deprivation, with breastfeeding initiation and continuation levels at 6-8 weeks, 3-4 months and 12 months all lower in Better Start target wards<sup>12</sup>.

Weaning, or the introduction of complementary food for babies, is also a concern. Whilst the NHS recommends the introduction of solid food from around six months of age, data collected through Health Visiting contacts would indicate that around half of parents in Blackpool commence weaning before this point, with around 10% commencing weaning prior to five months.

Breastfeeding and responsive feeding as well as timely and appropriate introduction of complementary foods will support the child to establish healthy primary appetite control in their brain, and train dietary habits which will allow individuals to make healthy food choices; these are key determinants of a healthy weight as outlined in the 2007 Foresight report.

## Children

### Overweight and Obesity

Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with

<sup>12</sup> See Blackpool Better Start (2022) Annual Dashboard Report, Year 7. Available at <https://blackpoolbetterstart.org.uk/reports-and-papers/>



fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.<sup>13</sup>

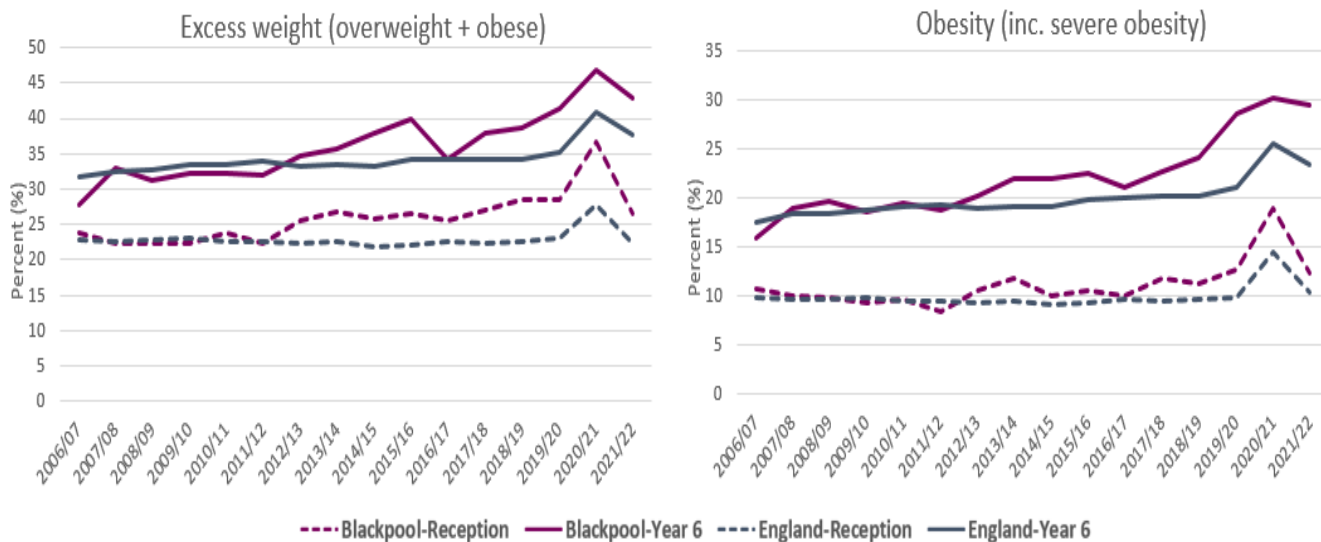
The National Child Measurement Programme (NCMP) collects annual measurements of the height and weight of over one million children in Reception (age 4-5 years) and Year 6 (age 10-11 years) in primary schools across England. NCMP data collected from England’s primary schools in 2021/22, reported by NHS Digital, shows: Across England<sup>14</sup>:

- In 2021/22, more than 1 in 5 children in Reception (aged 4-5 years) were living with overweight or obesity (excess weight). Boys 23.2%, girls 22.5%, all children 22.9%
- In Year 6 (ages 10-11 years), almost 4 in 10 children were overweight or obese. Boys 40.9%, girls 34.6%, all children 37.8%.
- 1 in 10 children in Reception were obese, this includes 2.9% who were severely obese.
- This increases to almost a quarter of Year 6 children where 23.5% are obese, including 5.8% who are severely obese.
- Obesity rates are similar in both boys and girls at Reception age though slightly more boys are severely obese than girls.
- By Year 6, obesity and severe obesity rates are significantly higher in boys than in girls.

### Overweight and obesity in Blackpool

The significant single-year increases in childhood obesity seen nationally in 2020/21 are reflected in Blackpool, which already had significantly higher than average levels of overweight and obese children. While rates in Blackpool have fallen back from the highs seen in 2020/21, rates of excess weight and obesity in Year 6 are still showing a rising trend. Rates of excess weight and obesity in Reception age children have fallen back in line with the pre-pandemic trend though are still significantly higher than average.

**Trends in Excess weight and Obesity, England and Blackpool**



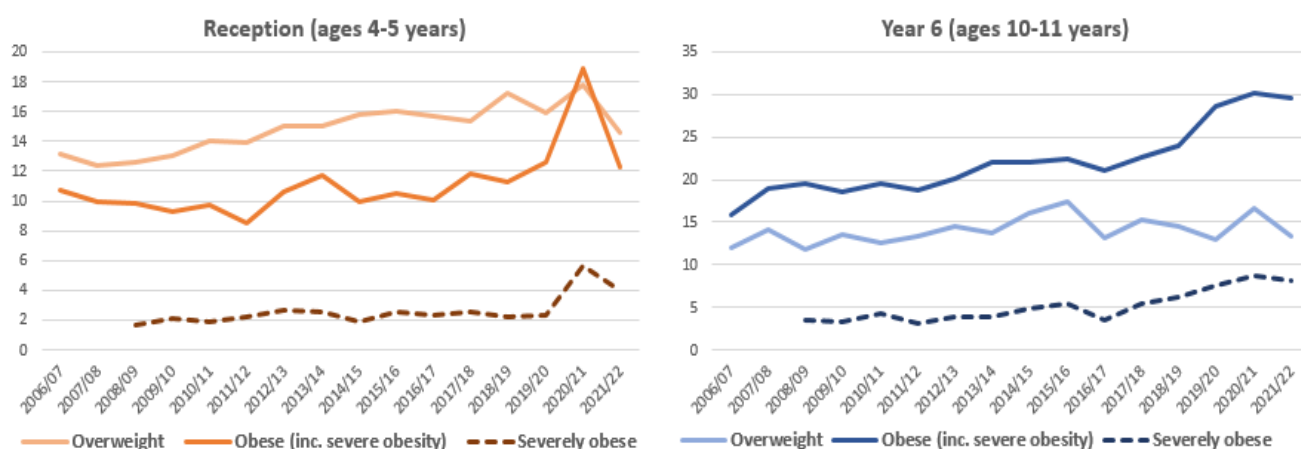
Source: OHID Obesity Profile

<sup>13</sup> OHID, Obesity Profile

<sup>14</sup> NHS Digital National, Child Measurement Programme, Provisional school year outputs, England, 2021/22 school year, May 2022

Blackpool has significantly higher rates of obese and severely obese children at both Reception and Year 6 age. By Year 6 more children are obese than overweight and the proportion who are a healthy weight has dropped to just over half (56% in 2021/22)

### Trend by BMI category, Reception and Year 6, Blackpool



Change 2019/20 to 2021/22	
Overweight ↓ 15.9% to 14.6%	Overweight (inc. obese) ↓ 28.6% to 26.5%
Obesity (inc. severe obesity) ↓ 12.6% to 12.3%	Severe obesity ↑ 2.3% to 4.0%

Change 2019/20 to 2021/22	
Overweight ↑ 12.9% to 13.4%	Overweight (inc. obese) ↑ 41.5% to 43.0%
Obesity (inc. severe obesity) ↑ 28.6% to 29.5%	Severe obesity ↑ 7.5% to 8.1%

Source: OHID Obesity Profile

The NCMP data collected from Blackpool primary schools in 2021/22, reported by NHS Digital and compared to pre-pandemic rates of 2019/20 shows:

#### Reception:

- 185 (12.3%) children were classed as obese; this was slightly lower than the 2019/20 rate of 12.6%
- This prevalence rate is significantly higher than the national average of 10.1%
- 400 (26.5%) of the children measured were either overweight or obese (excess weight). This is a decrease from the 2019/20 rate of 28.6%
- The prevalence of excess weight is significantly higher than the national average of 22.3%.

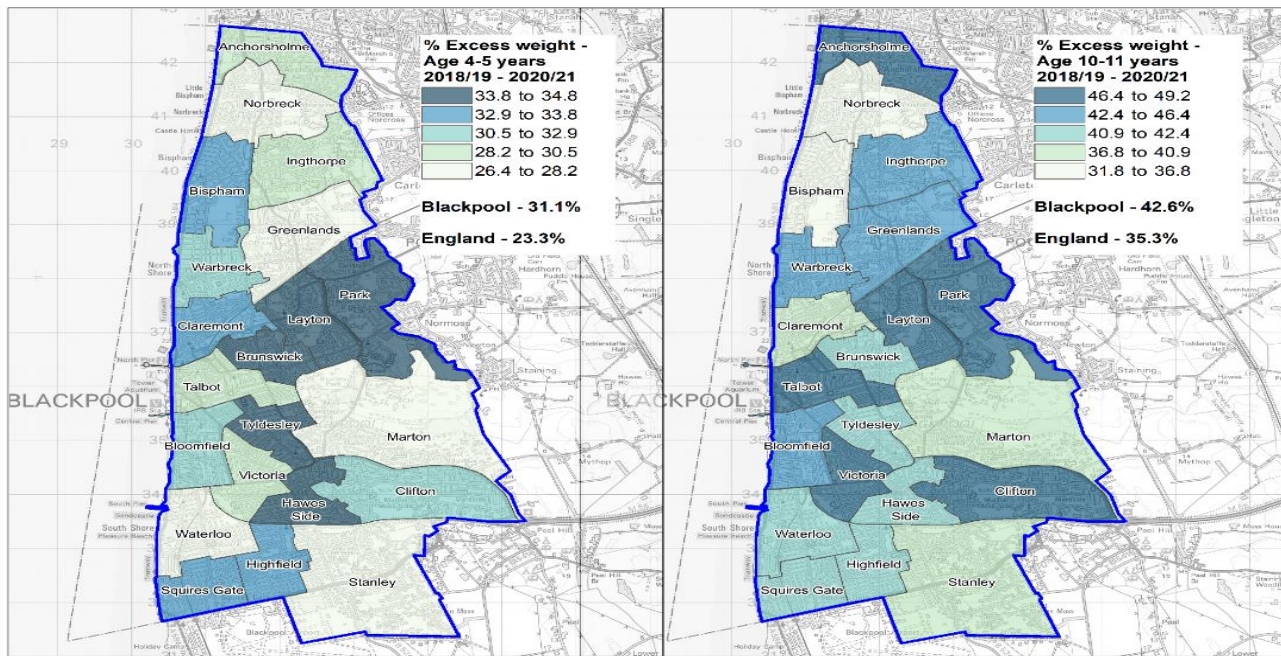
#### Year 6:

- 440 children were obese, a prevalence rate of 29.5%, up from 28.1% in 2019/20.
- It is significantly higher than the national average of 23.4%
- 640 (43.0%) of the children measured were either overweight or obese. This is higher than the 2019/20 figure of 41.5%.
- Excess weight prevalence is significantly higher than the national average of 37.8%.

Combined data from the NCMP, 2018/19 to 2020/21 shows excess weight across the town does not follow the 'usual' pattern we have come to expect, with those areas in the centre of town having the worst outcomes. By Year 6 some of the highest rates of excess weight are in the more affluent areas.

Excess weight rates range from 26.4% in Norbreck to 34.8% in Tyldesley at age 4-5 years and obesity rates range from 11.3% in Warbreck to 17.8% in Brunswick. Layton has the highest proportion (49.2%) of children with excess weight at Year 6 while Bispham has the lowest proportion (31.8%).

### Excess weight in Reception and Year 6 children in Blackpool by ward, 2018/19-2020/21



Source: PHE, Pupil Enhanced Dataset, Rates calculated locally (Blackpool JSNA)

### Physical activity and diet

The [UK Chief Medical Officers' Physical Activity Guidelines](#) for physical activity among under 5s and 5 to 18-year were refreshed in 2019, with the target for those aged 5-18 years to be physically active for an average of at least 60 minutes per day across the week. The number of children and young people who were physically active fell during the 2019/20 academic year in England, as the coronavirus (Covid-19) pandemic restricted the activities available.

Data from Sport England shows children and young people were generally successful in adapting their habits to include new forms of exercise; however, the types of activity available changed drastically. Not surprisingly, sporting activities (which include team sports and swimming) were hardest hit, down 16% with just over 1 million fewer children and young people taking part, whilst the biggest gains were found in walking, cycling and fitness.<sup>15</sup>

- Active lives data for the 2020/21 academic year (which includes the Covid-19 period) suggests that 35.5% of 5-16 year olds in Blackpool met the 60 minutes per day average activity guidelines, significantly lower than the 44.6% national level.
- 40.5% of children and young people in Blackpool were inactive, doing less than 30 minutes per day, compared to 31.3% nationally.
- This equates to approximately 5,900 5-16 year olds in Blackpool meeting CMO-recommended activity levels, with 10,600 below that level (6,600 of whom are active for less than 30 minutes per day).

<sup>15</sup> Sport England, Active Lives Children and Young People Survey, January 2021



Only 35.5% of Blackpool's school children meet CMO recommended activity levels

## Evidence Base for Action

The National Institute for Health and Care Research (NIHR) recently undertook a themed review to look at how local authorities could reduce obesity in the local area. The purpose of the review is to help and support local decision making by ensuring investment decisions can be based on sound evidence, maximising the impact of stretched resources. The review identified 143 NIHR funded studies on obesity that were relevant to local authorities. The studies that were reviewed were:

- System wide approach
- Weight management programmes
- Built and natural environments
- Active travel and public transport
- Active workplaces
- Preventing obesity in children and families
- Healthy Schools
- Public sports and leisure services
- What people buy and eat.

The review drew on the breadth of NIHR research relevant to obesity, consultation with staff at local councils and national organisations, as well as feedback from a group of practitioners, researchers and members of the public. Through this work it was possible to identify evidence-based actions that local authorities, working with local partners, could take to reduce obesity in the communities. The key themes were:

- Investing in active travel, infrastructure, community sport and physical activity
- Influencing behaviour from childhood
- Supporting people living with obesity
- Strategies that reflect societal shifts e.g. in the workplace
- Reducing excess calorie consumption
- Local actions to support system wide approaches

The research concluded that the context in which local authorities operate – levels of deprivation, resources, urban and rural geography, and other competing priorities locally – influences the approaches that can be taken to prevent obesity. National initiatives such as taxes or other regulatory changes are important. Supporting people to maintain a healthy weight requires action on many levels: individual, organisational, across whole systems local and national.

Guidance providing evidence based recommendations on how to curb the rising tide of obesity is published by The National Institute for Health & Care Excellence (NICE) and has and will continue to be used to inform and plan local services. These guidelines are also supported by other guidance published by NICE which are also relevant to obesity<sup>16</sup>:

- Obesity working with local communities (PH42)
- Weight management before, during and after pregnancy (PH27)

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<sup>16</sup> NICE (2006) Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children. December 2006.

- Preventing type 2 diabetes – population and community interventions (PH35)
- BMI and waist circumference (PH46)
- Managing overweight and obese adults through lifestyle weight management services (Currently in draft format)
- Managing overweight and obese children and young people through lifestyle weight management services (PH47) Behaviour Change :individual approaches (PH49)

## Food Insecurity

The Index of Deprivation (2019) highlights Blackpool in having 8 out of the 10 most deprived wards in the UK, with 7,800 children living in poverty. Unemployment is high, and a large percentage of employment is seasonal, meaning people are on minimum wage and/or temporary contracts. Child Poverty Framework – highlights that the seasonal low pay nature of Blackpool's economy exacerbates social deprivation. Fluctuating income levels, and a lack of access to affordable credit also increases families' day-to-day financial problems. The cost-of-living crisis is hitting homes across the town hard.

Last winter, individuals were making the difficult decision between choosing to keep food on the table or heat their homes. Individuals with children are prioritising their children's health, keeping the house warm, and making sure the children eat whilst skipping meals themselves simply because they cannot afford the food. The rising cost of living has had a significant impact on the number of people being referred to the services Blackpool Food Bank supports. From all available analysis, this is not expected to end soon. There is a concern from experts that energy costs may not fall to pre-Ukraine war levels until the year 2030. This could potentially have a lingering impact on the communities we serve for some time to come.

As a result, Blackpool Food Bank is experiencing an increasing demand for food. In 2022 there was a 24% increase in demand for crisis family parcels, and an increase of 50% for single crisis parcels. This trend is continuing into 2023.

In October 2022 Blackpool Food Bank launched The BIG FOOD Pledge, an initiative where there is engagement with Local Authorities, NHS, businesses, suppliers, manufacturers, and wholesalers to access food at the back of the supply chain which would end up in landfill or as animal feed. The latest statistics from WRAP (Waste & Resources Action Programme) state that over 9.5 million tonnes of food are wasted in England each year.

## Climate Change

### Food security and climate change

Climate change and food are connected in a variety of ways, leading to food insecurity threats globally<sup>17</sup>. This is due to rising temperatures leading to increased heat stress which shrinks fresh water supply and changes weather patterns causing crops to fail and allowing for crop related pests and diseases to persist<sup>18</sup>. These crop failures push up food prices, disproportionately affecting people in deprived living situations. These rises in food costs can be amplified in difficult economic periods, such as the current cost of living crisis. The IPCC found in their climate vulnerability report that; "In the next 30 years, food supply and food security will be severely threatened if little or no action is taken to address climate change and the food system's vulnerability to climate change"<sup>19,20</sup>

### Food production and climate change

All stages of the food production cycle; ranging from growth through to disposal create emissions that contribute to climate change<sup>21</sup>. A third of all human- caused greenhouse emissions come from food production, second only to the energy sector.<sup>22,23,24</sup> The largest part of these emissions come from agriculture and land use practice, the rest comes from transportation, packaging and wastage of food<sup>25</sup>. Food type bears a huge factor in how many emissions are

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<sup>17</sup> 2. Climate Explainer: Food Security and Climate Change (worldbank.org)

<sup>18</sup> 6. The World's Food Supply is Made Insecure by Climate Change | United Nations

<sup>19</sup> 8. IPCC — Intergovernmental Panel on Climate Change

<sup>20</sup> 6. The World's Food Supply is Made Insecure by Climate Change | United Nations

<sup>21</sup> 1. Food and Climate Change: Healthy diets for a healthier planet | United Nations

<sup>22</sup> 2. Climate Explainer: Food Security and Climate Change (worldbank.org)

<sup>23</sup> 1. Food and Climate Change: Healthy diets for a healthier planet | United Nations

<sup>24</sup> <https://wrap.org.uk/taking-action/climate-change/circular-economy>

<sup>25</sup> 1. Food and Climate Change: Healthy diets for a healthier planet | United Nations

created and released through its production. Animal based products account for 57% of food production emissions and plant based products account for 29%<sup>26</sup>. Food production is also the biggest methane emitter, and the largest cause of biodiversity loss in the world<sup>27</sup>.

### The health risks of climate impacts on food provision

The Food Standards Agency has noted that climate change is linked to food production in the following ways: food availability and security, food safety risks and for its role in mitigating climate change<sup>28</sup>. They have invested in research surrounding food safety risks cause by climate change<sup>29</sup>. The World Health Organisation also agrees that food security and safety are the biggest direct implications climate change will have on human health through food<sup>30</sup>.

### Food production and climate adaptation

The World Business Council for Sustainable Development has the following suggestions for food production to adapt to climate change:<sup>31</sup>

1. Habitat restoration
2. Agro ecological methods
3. Crop diversification
4. Reducing food waste
5. Healthy sustainable diets

These recommendations can work in a local context to increase food security by:

- Increasing the opportunity to increase community growing schemes, which use sustainable methods to reduce emissions creation and pollutants.
- Increasing access to healthy sustainable diets and opportunity to reduce food waste and increase the efficiency of food dispersal.

This will allow for fresh food to be dispersed to those in food poverty and also increase the independence of growers and access to locally grown healthy food.

### The role of healthy eating in reducing emissions

For food created emissions to be reduced, a producer to consumer approach is essential<sup>32</sup>. This can be supported by a shift towards making the provision of plant based diets easier for the consumers. According to the UN, what you eat is more important than the food miles or packaging, as the higher emissions rates come from agriculture practices<sup>33</sup>. They suggest that eating healthier meals, which contain a higher percentage of vegetables is the best way consumers can reduce their food emissions, in tandem with reducing food waste and composting<sup>34</sup>. The World Business Council for Sustainable Development also recommends healthy, plant rich diets as a way to adapt to

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<sup>26</sup> 3. Here's How Much Food Contributes to Climate Change - Scientific American

<sup>27</sup> 2. Climate Explainer: Food Security and Climate Change (worldbank.org)

<sup>28</sup> 4. Climate change | Food Standards Agency

<sup>29</sup> 4. Climate change | Food Standards Agency

<sup>30</sup> <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>

<sup>31</sup> 7. Strengthen global food systems to help climate adaptation - World Business Council for Sustainable Development (WBCSD)

<sup>32</sup> 1. Food and Climate Change: Healthy diets for a healthier planet | United Nations

<sup>33</sup> 1. Food and Climate Change: Healthy diets for a healthier planet | United Nations

<sup>34</sup> 1. Food and Climate Change: Healthy diets for a healthier planet | United Nations

climate change impacts on food security<sup>35</sup>. Not only would this impact how the agricultural system works it would also have positive impacts for the health care system. According to the UNEP report, it would make \$1.285 trillion available annually by 2030 and \$1.92 trillion by 2050<sup>36</sup>.

### The role of the circular economy in increasing food security

The Ellen McArthur Foundation states that “Changing our food system is one of the most impactful things we can do to address climate change, create healthy cities, and rebuild biodiversity.”<sup>37</sup> This can be achieved in the following ways<sup>38</sup>:

1. Sourcing food grown re-generatively, and locally where appropriate
2. Designing and marketing healthier food products
3. Making the most of food

This can be achieved through circular economy thinking, as by nature a circular economy system is waste adverse and regenerative in its approach. Circular food would create a regenerative food cycle which increases food security.

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<sup>35</sup> 7. Strengthen global food systems to help climate adaptation - World Business Council for Sustainable Development (WBCSD)

<sup>36</sup> <https://www.undp.org/publications/undp-issues-brief-resilient-food-and-agriculture>

<sup>37</sup> <https://ellenmacarthurfoundation.org/food-and-the-circular-economy-deep-dive#:~:text=A%20circular%20economy%20for%20food%20mimics%20natural%20systems,the%20soil%20in%20the%20form%20of%20organic%20fertiliser.>

<sup>38</sup> Sourcing food grown regeneratively, and locally where appropriate  
Designing and marketing healthier food products  
Making the most of food



## What is Happening in Blackpool (2023)

Blackpool has shown a commitment to tackling obesity through the Local Authority Declaration on Healthy Weight, which was originally signed in January 2016 and resigned in November 2022. Following the signing of this declaration the council has worked hard to tackle the issue of obesity within the town and a range of activities, interventions and work has been undertaken, which are detailed below:

### Children and Families Weight Management – Making Changes

This service is delivered by Active Blackpool and has run for a number of years to support the findings of the NCMP programme. Its aim is to manage and deliver effective weight management services to those children identified as overweight or obese by the NCMP and support the families to achieve sustained long-term movement towards healthier weight. The service aims to improve children and family's knowledge and skills around healthy eating and physical activity, in order to enable them to use these skills to make and sustain healthy lifestyle choices. The service will use and develop innovative methods to achieve this where appropriate and is aimed at children aged 4-11years old and their families.

### Tier 2 Adult Weight Management Programme

This service is jointly commissioned between Active Blackpool and Blackpool Football Club Community Trust and aims to manage and deliver effective weight management services to adults in order to enable sustained long-term movement towards healthier weight. The service aims to improve a participant's knowledge and skills around healthy eating and physical activity and use these skills to make and sustain healthy lifestyle choices.

### Healthier Choices Award

This is an award scheme that is available to Blackpool food establishments with a food hygiene rating of 3 or above. The healthier choices award is all about giving customers healthier food options by making simple changes to the way food is prepared and cooked.

### Junior Healthier Choices Award

This is an award scheme which is available to Blackpool food establishments with a food hygiene rating of 3 or above. The award is about local businesses committing to welcoming breastfeeding and bottle feeding on their premises and to offer smaller portions of healthier choice menu items that are appropriate for infants.

### Be kind to teeth campaign

Working in partnership with Food Active and Blackpool Better Start this is a campaign for the town to promote healthier drink options for the under 5s. The aim is to encourage parents and carers to give only water and milk to babies and children, as well as raising awareness of the health risks associated with consuming sugary drinks.

### Give up loving pop (GULP)

This campaign was created by Food Active, a collaborative healthy weight programme commissioned by the North West Directors of Public Health and delivered by the Health Equalities Group (HEG), Liverpool. The aim of this campaign was to raise awareness around the health effects of excessive consumption of sugary drinks

### Free School Breakfast

Blackpool Council offers all primary school pupils from Reception through to Year 6 attending state funded schools in Blackpool a free, healthy breakfast at the start of the school day, compliant with the School Food Guidelines. This scheme is based on evidence of effectiveness from the US federally assisted School Breakfast Program showing that children who eat school breakfast are less likely to be underweight, more likely to have improved nutrition, and the

Program does not contribute to obesity. Local evaluation work has suggested that free school breakfasts are already making a positive difference to Blackpool children's eating habits

### **Holiday Activities Food Programme (HAF)**

The Blackpool HAF is funded by the Department for Education and provides healthy food and activities for eligible children who receive free school meals. There are a range of providers delivering a wide variety of activities, health and nutrition information, and free healthy meals each day to children and young people during the school holidays.

### **Fit2Go**

Fit2go is a programme for year 4 children to increase physical activity and promote healthy lifestyles including healthy eating.

### **Holistic Infant feeding Service**

Blackpool will take a whole-system approach to infant feeding. In addition to existing universal and services from Midwifery, Health Visiting, Neonatal and Family Hubs, we currently commission Anya (a digital pregnancy, parenting and infant feeding support mobile phone app) and the Henry Infant Feeding Team. We currently commission HENRY to run an infant feeding service that supports women who breast feed in addition to supporting safe and responsive bottle feeding. The service is funded through Blackpool Better Start also offers training to inform and improve practice in the workforce. HENRY also run starting solids workshops around the town to encourage a timely and healthy introduction to solid foods when a baby reaches 6 months of age. This offer will look to be expanded with Start For Life funding from 2023 with a concentration on uptake and initiation of breastfeeding by enhancing the infant feeding support in the antenatal period and a Breast Feeding Welcome Scheme across the town

### **Healthy Start Scheme**

In Blackpool we have a clear strategy to support parents signing up to the Healthy Start Scheme thus increasing the consumption of healthy foods for our most vulnerable families. Working collectively (Better Start Community Connectors, Midwifery, Family Hubs, Health Visiting) the town have managed to increase uptake in the year 2022-2023 despite a number of national issues with accessing the benefit. Blackpool is currently 4<sup>th</sup> highest uptake in England (Feb 2023) with 72% of eligible parents accessing the scheme. A continued focus on data and communications will support an increased and sustained access rate over the coming year.

### **Business Health Matters**

The Business Health Matters programme supports local businesses in improving the physical and mental health of their employees so that staff are happier, healthier and more resilient. Healthier working-aged individuals, who are given opportunities to upskill, remain in employment and live longer, happier lives. Businesses benefit from this with increased productivity and sustained workforces, resulting in reduced absence costs and lower staff turnover rates.

The programme breaks down into three main projects:

- Workplace Health Champion training
- Health checks
- Wellbeing packages

### **Active Travel**

Active Blackpool has encouraged and enabled modal shift by teaming up with Living Streets, Cycling UK, Love to Ride, Blackpool Police, Team Rubicon, and offered grant funding to businesses to buy improved cycle storage to encourage their staff to actively travel to work.

**Living Streets** has been delivering three initiatives in Blackpool; WOW – The Walk to School Challenge for primary schools, Next Steps for post primary/FE settings and Walking Works for work places. WOW is being delivered at 20 schools, and it is anticipated to be implemented in a further twelve subject to further funding. We have launched Next Steps at three secondary schools/further education settings and have recently increased the target from three post primary settings to six. We have launched walking works with five workplaces and held a ‘Pledge event’ at two businesses and three colleges.

**Cycling UK** has provided funding to run 21 ‘Big Bike Revival Events’ consisting of Fix events where people bring their bikes to be repaired, learn to fix where people learn how to fix their bikes for future maintenance, Learn to ride where people learn how to cycle and Led rides where we take participants on a led bike ride.

Funding was secured through Cycle UK to appoint a Cycling Development Officer in December 2021. The role’s purpose is to deliver and monitor Cycling UK Development and Behaviour Change projects to meet the local community’s need. The programmes are designed to reach diverse audiences and include Community Cycling Clubs, Big Bike Revival and Cycle for Health.

**Team Rubicon Active Travel** has teamed up with team Rubicon which delivers Skateboarding and scooter coaching sessions in schools. This was rolled out to eight schools and the uptake was good with a lot of children buying skateboards after the sessions to carry on at home. Further funding has been secured to run this in a further eight schools in June 2023.

**Sports 4 Champions** - The Active Travel officer has been going into schools alongside the sports coaches when delivering sports 4 champs. Sports 4 Champions is a Sport Blackpool initiative aimed at year six children, delivered in primary schools. The six week programme is designed to positively engage children in sport and physical activity opportunities, educating them in the importance of maintaining a healthy lifestyle through diet and physical activity.

**Love to Ride** is the online platform that gets more people cycling. It runs quarterly events to encourage, incentivise and reward riding. They have engaged over 415,000 people and 25,000 workplaces worldwide, helping 73,000 people to get back on their bikes. Active Blackpool has recently started a partnership with Love to Ride to run a local Blackpool initiative.

This is not an exhaustive list of Blackpool activity, but provides an overview of the interventions/actions that are currently taking place. All initiatives are assessed and evaluated to establish if they are achieving the agreed outcomes. If interventions are not working they are reviewed, adapted and if necessary cancelled.

### **Active Blackpool Referral Scheme**

The Active Blackpool Referral Scheme is designed to help people with health conditions to start exercising safely. Health professionals can refer suitable patients to the scheme to take part in physical activity sessions to receive advice and support, helping them to overcome barriers to exercise and to improve their health and quality of life.

In addition to the work highlighted here there is a range of strategies and work in place that supports this work, including:

- Active Lives Strategy 2020-2025
- Oral Health Strategy
- Climate Emergency Action plan
- Fylde Coast Local Cycling and walking infrastructure plans (LCWIP)
- Green and Blue Infrastructure Strategy
- Local Transport Planning

## The Vision

We want our residents to be able to make healthy choices from pre-birth and throughout life; starting with healthy pregnancy and breastfeeding and continuing through key life stages to a healthy and active old age.

In order to achieve this, we need to make a healthier choice the easy choice and for individuals to feel enabled to make positive lifestyle decisions which will help them to sustain or maintain a healthy weight. To achieve this, we will work together with a range of partners to ensure that food, physical activity, and the economic, environmental, and social environment promote healthy weight.

## The Ambition

Tackling overweight and obesity will require a range of partners' involvement, including the local authority, NHS, private sector and the voluntary and community sectors. To ensure this strategy's effective delivery all partners will need to build on the existing work and continue to work as a whole system to affect change. Because of the complex factors at play, the problem will not be reversed by any single approach. This strategy's success will depend on changing many aspects of our population's lives and the current environment in which we live, work and play, which encourages obesity related behaviours.

Strong communication and partnership working will enable a more comprehensive, holistic and better coordinated approach, which will mean a more proactive and effective approach to tackling this issue. We must ensure that our residents and communities are at the centre of all that we do so that we maximise opportunities to co-produce solutions and identify the reality of any barriers to access to, for example, healthier food choices or physical activity opportunities.

This strategy provides a framework and vision for all partners to contribute and identify their role in the healthy weight agenda.

## Our Priorities

- Supporting our children and young people develop, grow and to be a healthy weight
- Promoting healthier food and exercise choices across the town
- Help to provide food security for all Blackpool residents and enable them to manage and prepare food to provide nutritious meals cost-effectively
- Ensuring people have access to the right information and resources to make healthy choices that support effective weight management
- Promote and support active lifestyles, encourage the population to move more, including the use of public transport, cycling, and walking
- Building healthier workplaces that support employees to move more, and to make healthier choices including active travel to support employees making healthier choices

## The Outcomes

- Reduction in health inequalities that arise from overweight and obesity
- Reduction on demand on health and social care that arise from conditions/issues related to being overweight or obese
- Fewer people with longer term conditions as a result of excess weight
- Changes in the local activity and food related environment such as changes to travel, town planning etc. to address the obesogenic environment
- Improved offer of healthy food provision/options in public sector settings
- Expand the number of local businesses achieving the Healthier Catering Award
- Reduce the number of children arriving at primary school overweight or obese

- Reduce the increase of overweight and obese children from Reception to Year 6
- Increased breastfeeding rates, initiation and duration
- Increased number of babies receiving solid foods at the recommended 6 months of age

## Governance and Accountability

We will use the Food Active Healthy Weight Declaration monitoring and evaluation toolkit ([Food Active | Healthy Weight Declaration Support Pack Update](#)) to assess progress against the aims and objectives of the Strategy. A Blackpool Healthy Weight Strategy metrics system has also been established so that we can see if what we are doing in delivery of this Strategy is having a positive impact on key performance indicators associated with healthy weight (see appendix one).

The Healthy Weight Strategy Group will develop a detailed action plan and agree milestones and timescales for achievement against - this will be monitored by the group and progress reported to the Health and Wellbeing Board. Terms of Reference are detailed in appendix two but include key partners across the council, public and voluntary sector.

## The Action

Within each of the priorities there are a number of proposed action areas, which will require a cohesive response from key stakeholders, partners and the community

### Priority 1: Supporting our children and young people develop, grow and to be a healthy weight

#### Breast feeding

- Support the development of the Lancashire Infant Feeding strategy and its implementation in Blackpool.
- Support the work towards the Baby Friendly Initiative Accreditation across the town.
- Support the work to increase the Family Hub team capacity to deliver on infant feeding support and to build a sustainable model.
- Support the expansion of the Henry programme through Best Start in life and family hub programme

#### Food provision in schools and early years settings

- Work with schools to ensure they are meeting the school food standards and continue to improve the standard of school meals through the effective implementation of the School Food Plan and ensure Early Years settings are aware of the Early Years guidance.
- Bring Bite Back 2030 to Blackpool schools to give children a voice and create discussion about positive action around good nutrition
- Ensure the free school breakfast scheme meets the needs of the population and continues to offer a healthy start to the school day.
- Work with schools to understand the dining culture and consider how the grab and go culture could be improved

#### Food Poverty

- Increase the uptake of the Healthy Start scheme and Healthy Vitamins and encourage parents to take up the offer and identification of Health Champions for Healthy Start across the Community Connectors.
- Work with schools, children and families to increase free school meal uptake, de-stigmatising the initiative and ensuring the process is simple to easy to follow.
- To take opportunities to shape and influence National Policy.

## Weight Management

- Ensure a proactive approach to the National Child Measurement Programme (NCMP) so parents are supported and know where they can get advice and support for their child/young person.
- Educating families and help break the cycle and set healthy foundations for the next generation.
- Ensure that all health and care professionals are aware of the healthy weight initiatives are signposting and referring to services.
- Ensure that all schools and associated health professionals are aware of the Active Blackpool Weight Management Programme that are relevant to children and young people.

## Physical Activity

- Provide a Holiday Activities Programme (HAF)
- Encourage all schools to work closely with the Blackpool School Games Organiser and to positively engage in the physical activity opportunities available to them.
- Ensure all Early Year providers are aware of the physical activity guidelines birth to five.

## Priority 2: Promoting Healthier food and exercise choices across the town

### Healthier food Advertising

- Work with colleagues across the council to explore how we might limit junk food advertising.

### Healthier Choices Award

- Promotion of the award scheme to local businesses and encourage existing award holders to continue offering healthy options. Consider ways of developing the award to increase the number of premises receiving the award.

### Sustainable food

- Ensure planning policies support the reduction of hot food takeaways
- Encourage local groups to start community food growing spaces
- Children and young people, and their parents or carers, see healthy food and drink choices displayed prominently in local authority and NHS venues

## Priority 3: Help to provide food security for all Blackpool residents and enable them to manage and prepare food to provide nutritious meals cost effectively

### Food Poverty

- Increase access to healthier foods in deprived areas, by working with smaller corner shops to improve their fresh fruit and vegetables offer.
- To access healthier food through the Big Food Pledge and working with the food partnership to develop healthier food packs and recipe cards.

### Community Food Provision

- Development of food growing communities and cooking classes
- Encourage eating together: it provides us with more opportunities for social contact through food, building family unity and tackles loneliness by bringing communities together.

## **Priority 4: Ensuring people have access to the right information and resources to make healthy choices that support effective weight management**

### **Campaigns**

- Develop a town wide approach to local promotions of campaigns such as Give up Loving Pop, Be kind to Teeth, Change4life etc.

### **Health education and skills**

- Take learning about infant nutrition into schools
- Continue to offer education in schools on healthy lifestyles such as fit2go and Sports for Champions.
- Maximise the opportunity for residents to have access to an expanding set of accredited health apps and digital information services to self-manage their physical activity levels and nutrition.
- Ensure all members of the health, care and social care workforce have the knowledge and skills to embrace the opportunities of evidence-based and approved lifestyle information.
- Maximising the use of social media to share evidence based and approved information.
- Ensure that all schools and associated health professionals are aware of the Active Blackpool Weight Management Programme that are relevant to children, young people and adults.

### **Service and community programmes**

- Increase access to weight management services by offering free access to commercial services to those who cannot afford to access such schemes. To run a targeted pilot to evaluate such a scheme's effectiveness.
- Increase access to physical activities and encourage individuals to move more by offering free access to exercise on referral
- Identify actions needed within the adult social care sector to help with later life healthy weight.
- Ensure that all schools and associated health professionals are aware of the Active Blackpool Weight Management Programme that are relevant to children, young people and adults.
- Development of the Health Coach role, which will work closely with social prescribers and GPs to support individuals who have been referred to tier 2 services; providing support to those awaiting specialist weight management services; and supporting individuals with lived experiences on exit from specialist weight management services.

## **Priority 5: Promote and support active lifestyles, encourage the population to move more including using public transport, cycling and walking**

### **Active Travel**

- Provide appropriate and timely support for those interested in changing their travel behaviour to make small, daily changes through Business Grants, Cycle training and encouragement of Active Travel.
- Ensure walking and cycling programmes form a core part of local transport investment planning, on a continuing basis.
- Support schools to implement and review school travel plans to promote safe, sustainable and less car dependent patterns of travel e.g. Walk to School programme.
- Encourage Early Years settings to develop a travel plan and promote safe, sustainable and less car dependent patterns of travel amongst both families and workforce.
- Ensure that Active Travel Officer is involved in current and future planning and decision making relating to Active Travel, together with encouraging travel planning within all organisations.
- Raising awareness of opportunities for increased active travel through the Active Travel Officer such as Cycle Training, Cycle Maintenance and Walking Maps.

### Active lives exercise referral

- Provide support, information and advice to help people at risk or with long term health conditions to move more to improve their health and wellbeing in a safe and welcoming environment.
- Continue to actively promote to Health Care Professionals the opportunity and support to refer into the exercise referral programme.
- Deliver MECC training to staff across health and care, local authority and voluntary sectors to support the concept of 'move a bit more' to be embedded into systems change.

### Priority 6: Building Healthier workplaces which support employees to move more, and to make healthier choices including active travel to support employees making healthier choices

#### Policy and Intervention

- Key partners and stakeholders to sign up to the Strategy and lead by example in providing healthier and more sustainable catering for the workforce and events.
- Support local organisations to meet the Government buying standards for food and catering services.
- Ensure workplaces have information available regarding healthy weight and promote this to employees, for example, access to healthy recipes, cooking on a budget information and courses.
- Workplaces to have access to exercises and promote the move more messages, encourage participation in workplace walks, and challenges.
- Continue Business Health Matters delivery and empower staff with the skills and knowledge to improve workplace wellbeing from within, and to undertake health checks to employees across Blackpool to reduce the risks to staff by detecting signs of poor health early.



# Appendix 1 – Blackpool Healthy Weight Strategy Metrics

## Adults

	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25
'5-a-day'						29.1	29.9			
Physically active	60.1	60.4	54.4	63.3	62.0	55.9	59.1			
Excess weight	67.9	62.7	67.3	65.6	71.9	70.2	72.3			

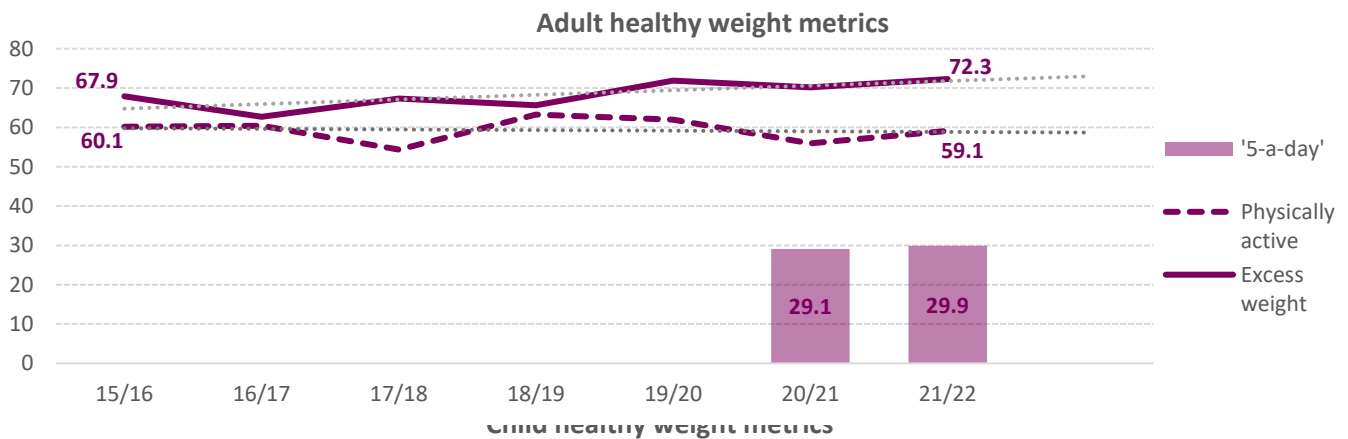
Sources: OHID, Physical Activity Profile / Obesity Profile (fingertips)

## Children

	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25
Breastfeeding 6-8 weeks	25.8	22.5	22.4	20.7	22.7	22.2	25.7	24.8		
Reception - overweight	15.9	15.5	15.4	17.2	15.9	17.8	14.6	15.4		
Reception - obesity	10.4	9.9	11.8	11.3	12.6	18.9	12.3	12.0		
Year 6 - overweight	17.5	13.1	15.2	14.4	12.9	16.5	13.4	15.4		
Year 6 - obesity	22.4	21.1	22.4	24.1	28.6	30.2	29.5	26.9		
Physically active cyp			36.0	59.6	36.1	35.5	43.2			

Sources: OHID, Physical Activity Profile / Obesity Profile (fingertips) and OHID Breastfeeding statistics (www.gov.uk)

[Breastfeeding statistics - GOV.UK \(www.gov.uk\)](http://Breastfeeding statistics - GOV.UK (www.gov.uk))



### Breastfeeding: 2022/23

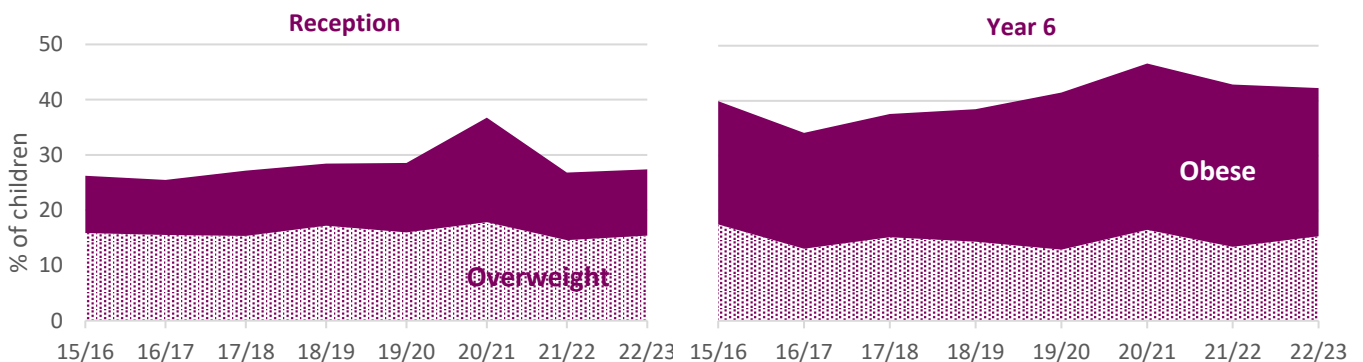
367 (24.8%) infants were breastfeeding at 6-8 weeks. Significantly lower than national average (49.2%) but generally an improving trend since 2018/19.



### Physical activity: 2021/22

43.2% of children and young people aged 5-16 years are meeting CMO physical activity recommendation compared to 47.2% nationally.

### Trend in proportion overweight and obese in Reception and Year 6 in Blackpool



## Appendix 2 – Healthy Weight Strategic Group Terms of Reference

### Purpose

The long term ambition of the strategy is to ensure the population of Blackpool and our future generations have the best start in life, live longer and happier lives. We need to encourage making healthier choice the easy choice and for individuals to feel enabled to make positive lifestyles choices to sustain or maintain a healthy weight. The strategic group will work together to support the work that will make changes for our food, physical activity and social environment to promote healthy weight.

The purpose of the group is to bring together a range of stakeholders and partners to take a lead role and play a part in delivering the Healthy Weight Strategy and consider what mores needs to be done to maximise impact on the town.

### Aims and Objectives

- To develop, review and monitor the Healthy Weight Strategy for improving outcomes associated with healthy weight for the health and wellbeing of the population.
- To encourage and promote integrated working between key departments, and organisations to support the work of the strategy.
- To provide oversight and ownership of the action plan to improve the health and wellbeing of the population.
- To provide appropriate updates on progress against the actions.
- Monitor the progress of the Local Authority Declaration on Healthy Weight and ensure the work of the healthy weight strategy is working towards the 16 commitments.
- Ensure appropriate and timely updates to the Health and Wellbeing Board.
- Improve quality of data including maternity and early years and take action to reduce health inequalities.
- Reducing health inequalities and improving access to physical activity and healthy food choices.

### Accountability

The partnership will report to the Health and Wellbeing Board.

Members are accountable for their own organisations and are expected to update their own individual management teams.

### Membership

The membership of the Healthy Weight Strategic group should consist of:

Blackpool Council Public Health	Lead Public Health Consultant Public Health Specialist – Healthy Weight Lead Public Health Practitioner Public Health Project Officer HAF Programme Manager
NSPCC	Development Support Officer
Voluntary Sector	CEO of the Food Partnership Project Manager Aiming Higher
NHS ICB	Maternity, Children and Young People Population Health Project Officer
Blackpool Council Active Lives Team	Active Travel Officer Active Lives Development Manager Active Communities Service Manager

Blackpool Council Occupational Health	Corporate Health Manager
Blackpool Council Public Protection	Food Control Manager
Blackpool Football Club Community Trust	Deputy CEO
Transport Projects	Group Leader
Blackpool Council Catering Services	Catering Services Manager
Blackpool Council Early Help and Support Service/Family Hub	Service Manager – Start for life Service Manager – Early Years
Primary Care / Primary Care Networks	Social Prescribers
Blackpool Council Adult Learning	Head of Adult Learning
Blackpool Council Adult Services	Operational lead Provider Peer Support and Resilience Team Manager
Blackpool Council Strategy and Research	Strategy and Research Policy Manager Graduate Climate Officer
Representation from Blackpool Schools	Primary, Secondary and special
Blackpool Teaching Hospitals NHS Trust	Public Health Consultant Health Visiting -

Membership will be reviewed periodically, and members would be co-opted onto the group as and when required.

### **Frequency**

The meetings will be held on a quarterly basis once the strategy is in place and the Strategic Group move to monitoring the actions.

### **Quoracy**

For the meeting to be quorate there needs to be the chair (or nominated deputy) and a minimum of four departments/organisations represented at the meeting.

If a member is unable to attend they should send a representative wherever possible.

### **Meeting arrangements**

Agendas will be distributed at least one week in advance of the meeting. It is intended that all decisions made by the partnership will be based on consensus of working. There will be no formal minutes but key actions will be logged and agreements will be maintained.

**Meeting location**

As determined on the agenda.

**Declarations of interest**

Any declarations of interest will be declared and recorded at the beginning of each meeting.

**Review of terms of reference**

The terms of reference for the group will be reviewed on an annual basis.

(Review date Sept 2024)

<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Liz Petch, Consultant in Public Health, Blackpool Council
<b>Relevant Cabinet Member:</b>	Councillor Jo Farrell, Cabinet Member for Levelling Up: People
<b>Date of Meeting:</b>	13 December 2023

## STOPPING THE START- PLAN TO CREATE A SMOKEFREE GENERATION

### 1.0 Purpose of the report

1.1 To raise awareness of the Department of Health and Social Care (DHSC) consultation on “Stopping the start- plan to create a smokefree generation” and provide details of the burden of tobacco addiction on health and society and the reasoning behind the need for large scale change to tackle the issue.

### 2.0 Recommendation(s)

2.1 To acknowledge the health harms associated with tobacco addiction and note proposals national Government are recommending for action in order to tackle this significant public health issue. All of the proposed recommendations for action are in line with the previously agreed and adopted Tobacco Free Lancashire and South Cumbria Strategy 2023-2028.

### 3.0 Reason for recommendation(s)

3.1 A national consultation exercise has just closed (6<sup>th</sup> December 2023) but is considered to be the first stage in ongoing discussions and debate as part of the parliamentary process around any planned legislation. This could take months and may not be completed within this parliament.

3.2 Based on previous tobacco legislation, this is an important period to build further public and partner support. It is an opportunity to keep smoking within the media and in the public eye as we know that many smokers also use this time as a trigger for further quit attempts. The rationale for stopping is reinforced when there is framing of messages around how uniquely dangerous and lethal cigarette smoking is.

3.3 The Board must continue to invest in evidence based treatment and prevention programmes for tobacco. This includes new ring-fenced monies for community based tobacco addiction and treatment services; for which we will need to demonstrate

increased leadership capacity and oversight, and increased co-ordination and commissioning capacity to our offers to support smokers to quit. The new monies will come with stringent requirements as it must be in addition to existing funding and will be provided through a new section 31 grant on top of the current public health grant allocations.

### **Impact of tobacco smoking on England and Blackpool**

Tobacco is the single greatest entirely preventable cause of ill health, disability and death in this country, responsible for 64,000 deaths in England a year. No other consumer product kills up to two-thirds of its users. Smoking causes harm throughout people's lives. It is a major risk factor for poor maternal and infant outcomes, significantly increasing the chance of stillbirth and can trigger asthma in children. It leads to people needing care and support on average a decade earlier than they would have otherwise, often while still of working age. Smokers lose an average of ten years of life expectancy, or around one year for every four smoking years.

Smoking causes around 1 in 4 of all UK cancer deaths and is responsible for the great majority of lung cancer cases. Smoking is also a major cause of premature heart disease, stroke and heart failure and increases the risk of dementia in the elderly. Non-smokers are exposed to second-hand smoke (passive smoking) which means that many come to harm through no choice of their own - in particular children, pregnant women, and their babies.

As a result, smoking puts significant pressure on the NHS. Almost every minute of every day someone is admitted to hospital because of smoking, and up to 75,000 GP appointments could be attributed to smoking each month - equivalent to over 100 appointments every hour.

Those who are unemployed, on low incomes or living in areas of deprivation are far more likely to smoke than the general population. Smoking attributable mortality rates are 2.1 times higher in the most deprived local authorities than in the least deprived. In Blackpool, there are 6,400 households pushed into poverty due to spending on tobacco which totals around £2,500 a year for the average smoker.

Most smokers know about these risks and, because of them, want to quit - but the addictive nature of cigarettes means they cannot. Three-quarters of current smokers would never have started if they had the choice again and on average it takes around 30 quit attempts to succeed. The majority of smokers start in their youth and are then addicted for life. More than 4 in 5 smokers start before the age of 20. In short, it is much easier to prevent people from starting smoking in the first place.

It is estimated that the total costs of smoking in England are over £17 billion. This includes an annual £14 billion loss to productivity, through smoking related lost earnings, unemployment, and early death, as well as costs to the NHS and social care of £3 billion.

Action on Smoking and Health (ASH) have estimated that the costs to Blackpool are £184.4million.

3.4 Is the recommendation contrary to a plan or strategy approved by the Council? No

3.5 Is the recommendation in accordance with the Council's approved budget? Yes

#### **4.0 Other alternative options to be considered**

4.1 No other options available that will meet the requirements of this strategy

#### **5.0 Council priority**

5.1 The relevant Council priority is:

- 'The economy: Maximising growth and opportunity across Blackpool'
- 'Communities: Creating stronger communities and increasing resilience'

#### **6.0 Background and key information**

6.1 **The smokefree 2030 ambition for England** - In 2019, the government published its green paper on preventative health; Advancing our health: prevention in the 2020s. Here, it announced an ambition for England to become 'smokefree' by 2030 – achieved when adult smoking prevalence falls to 5% or less.

**The APPG on Smoking or Health** published a report on delivering a Smokefree 2030 in June 2021 which set out detailed recommendations on how to reduce smoking to 5% by 2030.

The government commissioned Javed Khan to carry out a review into the government's ambition to make England smokefree by 2030. Mr Khan published his independent review, the **Khan Review: making smoking obsolete**, in June 2022 which found that "without further action, England will miss the smokefree 2030 target by at least 7 years, and the poorest areas in society will not meet it until 2044". The review set out a package of 15 recommendations aimed at supporting the 2030 ambition. This included four "critical must dos" for the Government, centered on increasing investment in smokefree policies, increasing the age of sale of tobacco by one year every year, promoting vaping as a smoking cessation tool, and improving the prevention of ill health by offering smokers advice and support to quit at every interaction within the NHS.

Blackpool Council Public Health endorsed the Khan Review and welcomed the overall recommendations.

**Raising the age of sale of tobacco for those born on or after 1 January 2009.** In October 2023, Prime Minister Rishi Sunak set out plans to introduce legislation to prohibit children born on or after 1 January 2009 from legally buying cigarettes in England. This would effectively raise the smoking age by one year, every year, until it applies to the whole population. The government would also prohibit people above the age of sale from purchasing tobacco products for people below the age of sale ('proxy purchases').

The proposal formed part of the government's ambition to create the first 'smokefree generation'; and published the policy paper Stopping the start: our new plan to create a smokefree generation (October 2023), where the government set out an intention to create the first 'smokefree generation'. Within this paper, the government also included several proposals to reduce youth vaping, including restricting vape flavours, regulating vape packaging and point of sale displays, and restricting the sale of disposable vapes.

The government has committed to funding several initiatives to improve smoking cessation support, including an additional £70 million annually to support local authority led stop smoking services, and £45 million over two years to roll out the national 'Swap to Stop' scheme, supporting people to stop smoking with the free provision of a vape kit and behavioural support.

The Department of Health and Social Care launched a consultation on the proposals set out in the policy paper on 12 October 2023 - 6 December 2023 and specifically sought views on introducing new legislation to raise the age of sale for tobacco, further regulating vaping to reduce its appeal to children, and introducing new powers for local authorities to issue fixed penalty notices to enforce age of sale legislation for tobacco products and vapes.

## 6.2 Age of sale of tobacco proposal

Blackpool Council has responded to this important consultation and given its full support for the key recommendation around raising the age of sale of tobacco to those born after 1 January 2009.

Rationale for this support is clear:

- **Smoking is not a free choice it is an addiction** - Smoking is an addiction, not a free choice. The only free choice is whether to smoke that first cigarette. Two thirds of those trying just one cigarette, usually as children, go on to become daily smokers, and daily smokers are addicted smokers. Most adult smokers want to stop smoking, but on average it takes 30 attempts, and many never succeed.



- **This is a package of measures including significant investment in measures to help smokers quit** - The proposal is coupled with a package of measures to help smokers quit which includes doubling the grant for local authority stop smoking services for the next five years, increasing funding for awareness raising campaigns about the harms of smoking, providing one million free vapes to smokers to help them quit, financial incentives and stop smoking support to all pregnant smokers. These are all welcomed and will help Blackpool to reduce smoking rates to 5% by 2030 as per our local and regional ambition.
- **Raising the age of sale will not increase the black market** - Concerns have also been raised that it would lead to an increase in the black market, but experience from previous tobacco control policies tells us this is unlikely. Raising the age of sale will have a gradual impact over time, so is unlikely to significantly impact the black market. When the tobacco age of sale increased from 16 to 18 in 2007 it had no impact on the black market. The size of the illicit market is mainly an issue of enforcement. The UK has strong enforcement which has led to the illicit market for cigarettes shrinking from 22% of the market in 2000 to 11% in 2022. The introduction of tough anti-smoking policies such as smokefree laws in 2007 and plain cigarette packs in 2015 did not lead to an increase in black market sales.
- **This is a major step towards a smokefree future** - This is only possible because smoking rates among children have now fallen from one in five at the turn of the century to only 3% now. Already shortly after it was first announced it has majority public support, far higher than for the ban on smoking in pubs and clubs when it was first introduced. When first proposed the ban on smoking in public places was considered a step too far and people said it would be unenforceable. Compliance was 97% from the outset and it was largely self-enforcing. No-one would now consider repealing the law on smoking in public places.
- **It is workable** - The raising of the age of sale will be coupled with an increase in budget and enforcement powers for local trading standards, who are ready to support this legislation. Further, there have been some suggestions that this would criminalise smoking and take up police time. This is not the case, only the sale of tobacco will be legislated against and the possession or smoking of tobacco will not be illegal for anyone. The legislation will also not be a police matter but will only be enforced by trading standards.

### 6.3 Vaping proposals

The government is consulting on a range of measures aimed at reducing youth vaping whilst ensuring that adult smokers have easy access to vapes as part of their quit attempts, as they are shown to be a popular and effective product to add stopping smoking. Factors in facilitating these quit attempts and the benefits of helping smokers to move away from smoking must be balanced against the need to tackle youth vaping.

The proposals the government is looking at include:

- restricting vape flavours
- regulating vape packaging and product presentation
- regulating point of sale displays
- restricting the sale of disposable vapes
- introducing an age restriction for non-nicotine vapes
- exploring further restrictions for other nicotine consumer products such as nicotine pouches
- preventing industry giving out free samples of vapes to children

#### 6.4 Public support for more action on smoking is high

There is strong support across the England for national measures to reduce tobacco harm, with 75% supporting the smokefree 2030 ambition. Raising the age of sale by one year, every year, was popular before the Prime Minister made his announcement, but support has grown since.

A YouGov poll for The Times found that 64% of people in the North support this policy:

	North	Midlands	London	Rest of South
Support (%)	64	63	65	63
Oppose (%)	25	26	18	24

[https://d3nkl3psvxxpe9.cloudfront.net/documents/TheTimes\\_VI\\_AdHoc\\_231005\\_W.pdf](https://d3nkl3psvxxpe9.cloudfront.net/documents/TheTimes_VI_AdHoc_231005_W.pdf) (see page 5 of the poll)

In the North West three quarters (77%) of adults believe the Government could be doing more to limit smoking, with wide support across a range of tobacco control policies including raising the age of sale: (See [ASH local public opinion tool](#) showing public support for tobacco control measures broken down by region).

6.5 Does the information submitted include any exempt information? No

#### 7.0 List of appendices

7.1 Appendix 6a: Blackpool Healthwatch Children and Young People Vaping Report

## **8.0 Financial considerations**

- 8.1 Local authorities currently receive funding to provide local stop smoking services and support through the public health grant. New funding will be awarded to very Local Authority in addition to that and will be provided through a new section 31 grant on top of the current public health grant allocations. The Department for Health and Social Care will provide the grant
- 8.2 Payments will be given to local authorities every 6 months. In the first 6 months, local authorities will receive 70% of their allocated financial year's funding. They will then be expected to provide grant reporting to the Department for Health and Social Care grants team to receive the second payment.
- 8.3 Local authorities will receive the grant agreement in January 2024. This will provide local authorities with the full grant conditions. Once received, local authorities will be asked to read and return a signed copy. The grant agreement will start from 6 April 2024.

## **9.0 Legal considerations**

- 9.1 None.

## **10.0 Risk management considerations**

- 10.1 None.

## **11.0 Equalities considerations and the impact of this decision for our children and young people**

- 11.1 Officers have been working with children and young people in order to gain insight from them on vaping. This includes uptake and access to vapes and what influences on their behaviours and any issues and concerns that they have.
- 11.2 A summary report on the findings is in the Appendix
- 11.3 Further work is now underway with children and young people to co-create resources in order to inform and influence these behaviours; ensuring they have accurate information about the risks associated with vaping, but also dispelling any myths they may have (e.g. nicotine vaping relieves their stress).

## **12.0 Sustainability, climate change and environmental considerations**

- 12.1 The environmental impact of single use vapes are part of the national consultation exercise and the Council responded strongly to recommend limited use of these products or a ban.

**13.0 Internal/external consultation undertaken**

13.1 With children and young people, parent, carers and schools in Blackpool as explained in paragraph 11 above.

# Children & Young People's Vaping Report



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# Introduction to Healthwatch Blackpool

Healthwatch was established in April 2013 as part of the implementation of the Health and Social Care Act (2012). Healthwatch Blackpool is the independent consumer voice for health and social care, listening to the views of local people on issues that matter. Our ultimate aim is to ensure that local people have a voice, acting on feedback and driving change.

## Our approach

- Listening to people and making sure local people's voices are heard.
- Including everyone in the conversation, especially those who don't always have their voice heard.
- Analysing people's experiences to learn, understand and improve health and care.
- Acting on feedback to drive change.
- Partnering with the Government, health and care services and the third sector to make care better, whilst retaining our independence.

## THANK YOU

Healthwatch Blackpool would like to say a huge thank you to all the people who chose to take part in our survey and focus groups. We are also incredibly grateful to all organisations for their invaluable assistance and for helping to make this possible.

## Introduction to the project

Healthwatch Blackpool have been commissioned by Public Health Blackpool to conduct a comprehensive engagement exercise, to better understand e-cigarette and vaping behaviours amongst the population. Specific attention was given to:

- Young people
- Teachers and professionals
- Parent and carers

## What do we know?

Blackpool is one of the most deprived areas of England. Historic studies suggest that in areas

of deprivation, people are more than four times more likely to smoke than less deprived areas<sup>1</sup>. Along with this, we are also aware that the proportion of children who have smoked has declined significantly over the last 25 years<sup>2</sup>.

## The rise of e-cigarettes and vapes

Across Blackpool, there has been an increasing level of concern about the use of e-cigarettes and vapes amongst children and young people. A national survey carried out by Action on Smoking and Health (ASH) in 2022 found<sup>3</sup>:

- Vaping prevalence (including occasional and regular vaping) was 8.6% in 2022, compared with 4% in 2021 and 4.8% in 2020.
- There is an increase in 11-17 year olds who have ever used a vape, 11.2% in 2021 up to 15.8% in 2022.
- 7% of 11-17 year olds were vaping currently, compared to 3.3% in 2021.

Within Blackpool, a survey carried out Supporting the Health and Well-being of Young people in Blackpool (SHEU) in 2019 found<sup>4</sup>:

- 47% of pupils, aged 12-15 years old, reported that they had used an electronic cigarette/vape. 17% said that they use an e-cigarette regularly (at least once a week). 32% of pupils said they tried vaping first (or have only tried vaping), before smoking cigarettes.
- 50% of students, aged 16-17 years old, reported that they had used an electronic cigarette/vape. 12% said that they use an e-cigarette regularly (at least once a week). 35% of pupils said they tried vaping first (or have only tried vaping), before smoking cigarettes.

Healthwatch Blackpool have engaged across the town to examine the current position of vaping in the area, hoping to better understand prevalence rates, reasons for use and potential health impacts. Our aim is to highlight the views and experiences of children and young people, their families, and professionals who work with children and young people.

We hope that the contents of this report provide a valuable insight into vaping in Blackpool. We aim to shine a spotlight on awareness and usage, attitudes and why, access, safety and availability. We want to evidence the potential implications for public health and policy.

## Objectives

- To conduct a survey identifying key themes surrounding e-cigarettes and vaping, with a clear and representative sample across Blackpool.
- To conduct face-to-face focus groups inclusively across Blackpool, to allow young people with an opportunity to provide feedback.

# Methodology

## Design

Healthwatch Blackpool attended regular steering group meetings with key partners from Public Health Blackpool. Priorities for this project were established through discussions, and it was felt that a mixed-methods design was most appropriate.

Our engagement consisted of two primary methods: a survey with both quantitative and qualitative feedback, plus focus groups. The survey was designed to collect information on vaping habits, perceptions and experiences, benchmarked against our aims. The focus groups were designed to provide a more in-depth understanding of participant's experiences with vaping, as well as to explore themes that emerged from the survey data.

## Procedure

Between November 2022 and March 2023, Healthwatch Blackpool engaged with young people, professionals, parents and carers across the town. We were successful in gaining

- To identify common themes and trends in relation to e-cigarettes and vaping among young people.
- To ensure that young people, parents, carers and key stakeholders are listened to and their views captured.

<sup>1</sup>Office of National Statistics (ONS) (2018) Likelihood of smoking four times higher in England's most deprived areas than least deprived (Accessed 19th March 2023).

<sup>2</sup>NHS Digital (2018) Smoking, Drinking and Drug use amongst Young People in England (Accessed 19th March 2023)

<sup>3</sup>Action on smoking and health (ASH) (2022) Use of e-cigarettes (vapes) among young people in Great Britain (Accessed 19th March 2023)

<sup>4</sup>Supporting the Health and Well-being of Young people in Blackpool (SHEU) 2019 (Accessed 19th March 2023)

feedback from 7 out of 8 mainstream high schools, colleges, primary schools, Special Educational Needs and Disabilities (SEND) schools and alternative education provisions.

Along with this, we engaged with an additional 24 organisations who agreed to support this work. Healthwatch Blackpool carried out 25 focus groups directly with young people. We attended school assemblies, worked in partnership with the PCSO team and also local school nurses.

Our survey was available online. We shared with key stakeholders and also printed posters with QR codes.

Finally, Youthwatch volunteers shared the survey amongst peers, as well as using social media to help reach other young people. We readily endorsed the survey on Healthwatch Blackpool social media platforms, such as Facebook and Twitter.

## Limitations

The data collected from the survey relies on self-reported measures which may be subject to social desirability bias. Many young people completed the survey in an educational setting, which may have been subject to peer pressure and dishonesty.

# Young person's feedback

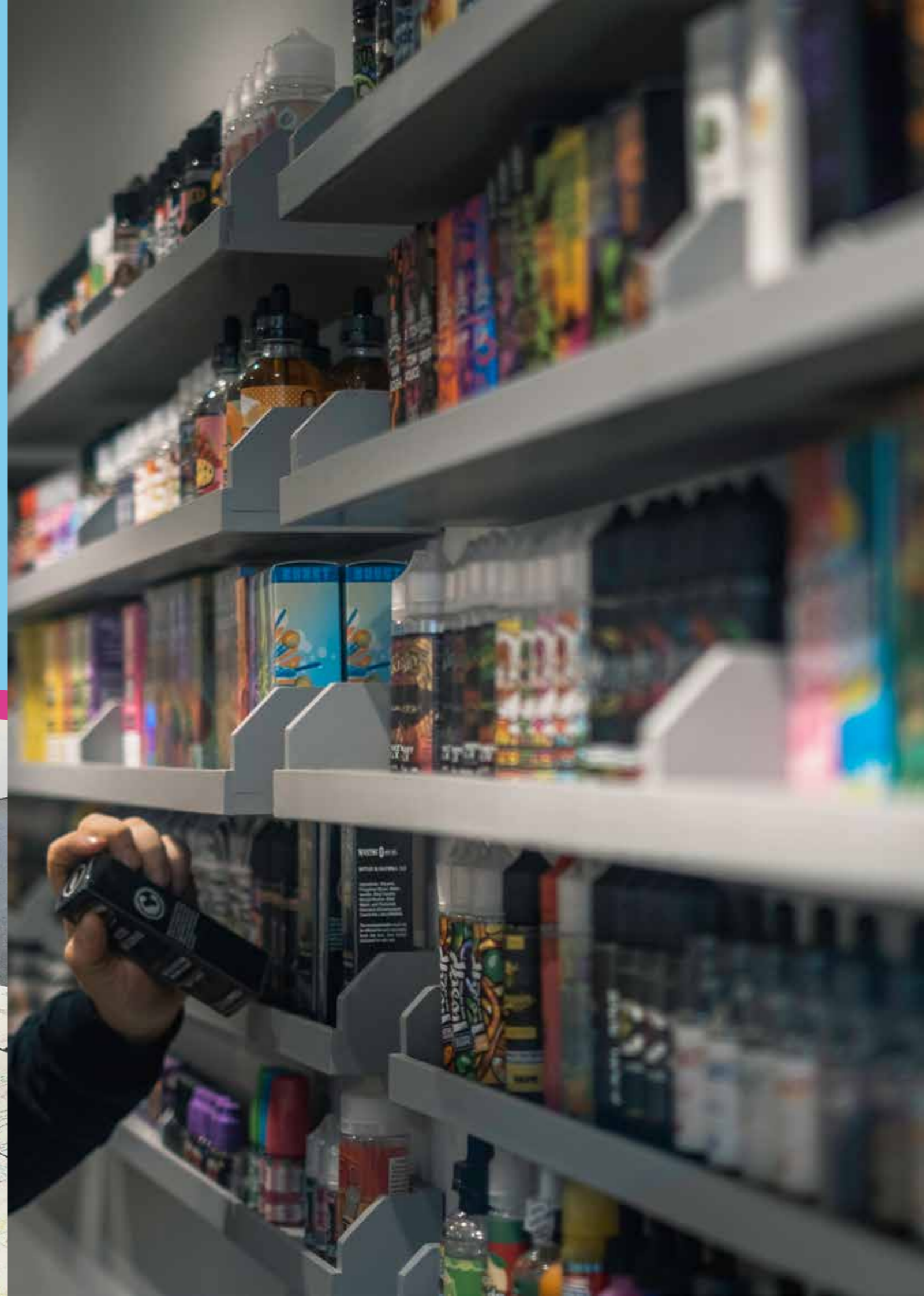
Healthwatch Blackpool have collected feedback from 4170 local children and young people on the topic of e-cigarettes and vaping in Blackpool, through our survey and focus groups.

Feedback from **4170** local children and young people.

We are incredibly grateful to all of the people that chose to take part in conversations and support our survey. The insight gained has been invaluable and has been used together to formulate our conclusions.

3532 children and young people, predominantly aged between 10-24, participated in our survey.

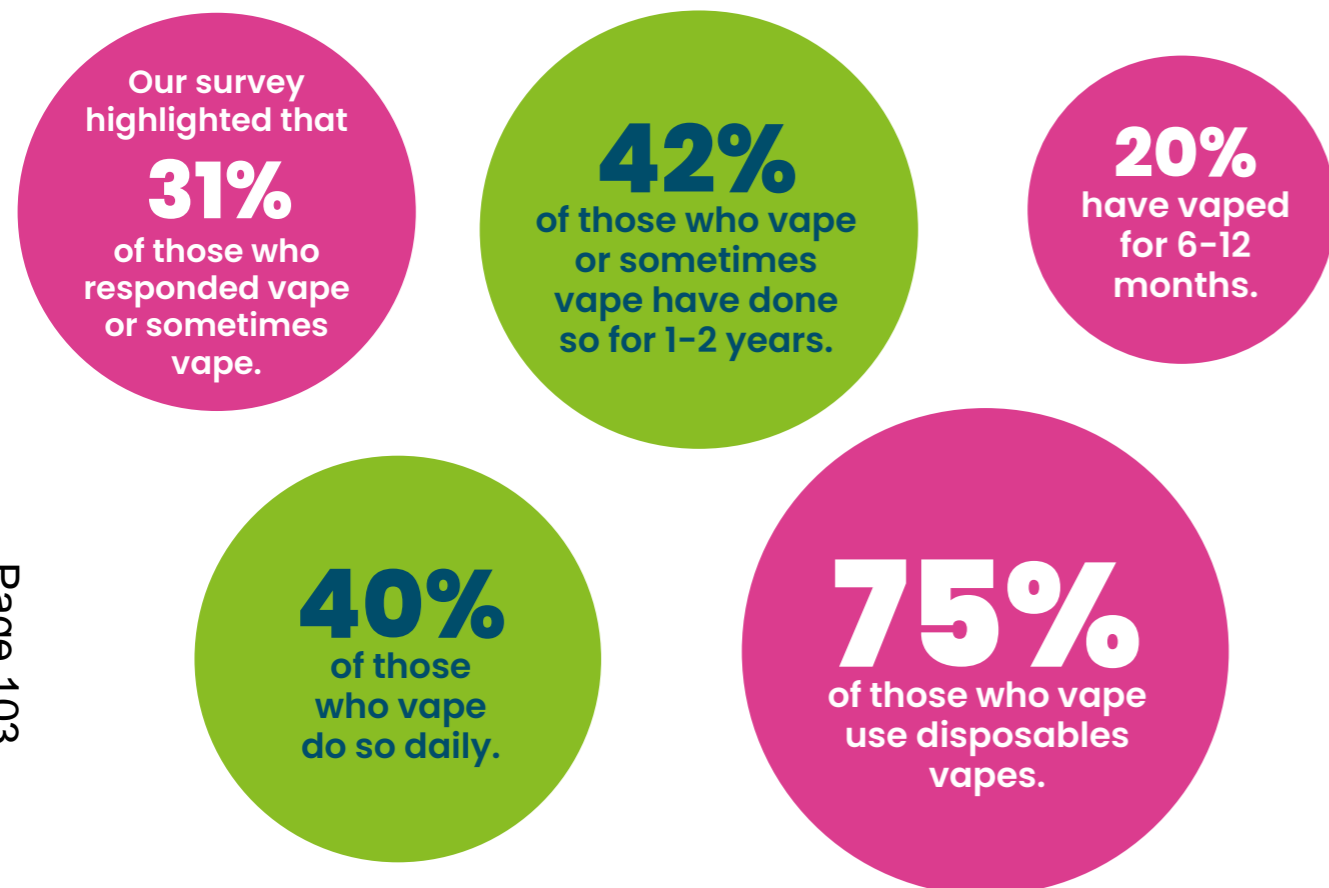
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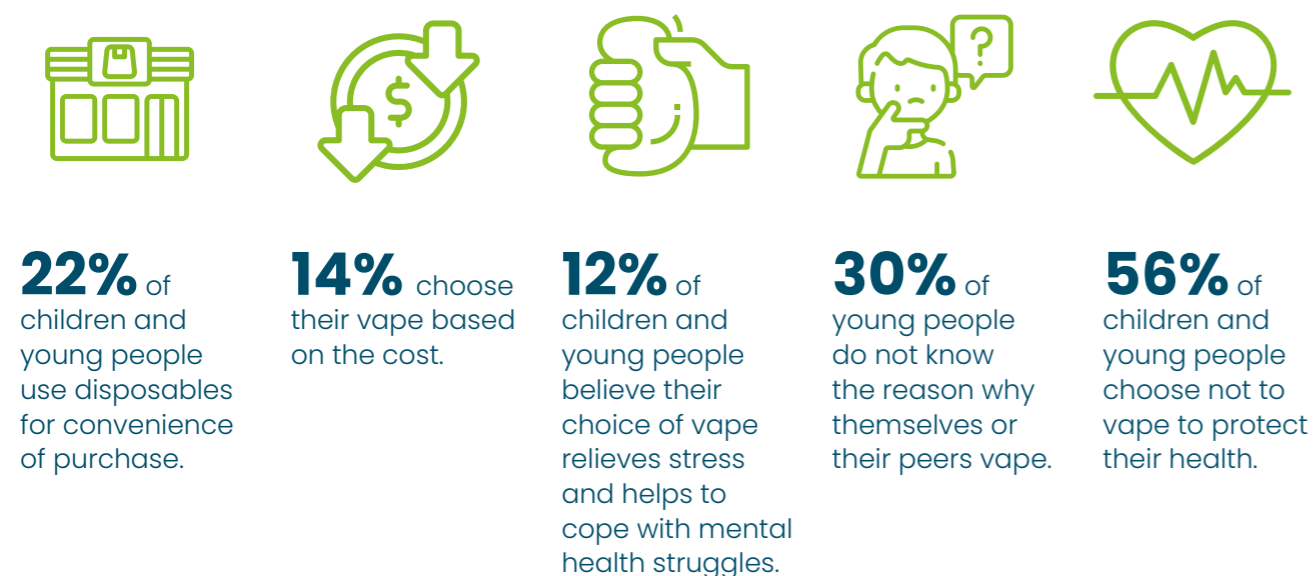
# Survey Spotlight

## Awareness and usage



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## Attitudes and why



**15%** of children and young people have smoked cigarettes before vaping.



**9%** of children and young people now smoke cigarettes as a result of vaping.



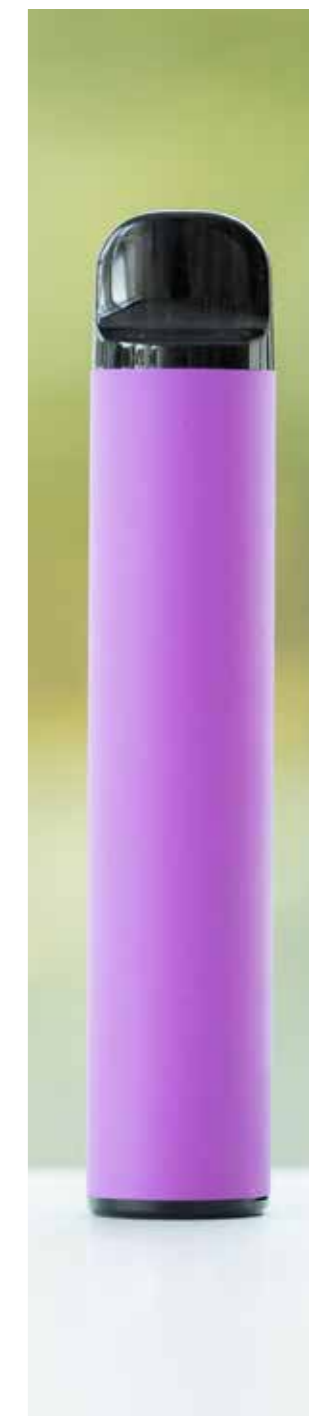
**27%** of those who vape believe they have vaped THC oil.



**65%** of children and young people prefer fruity flavoured vapes.

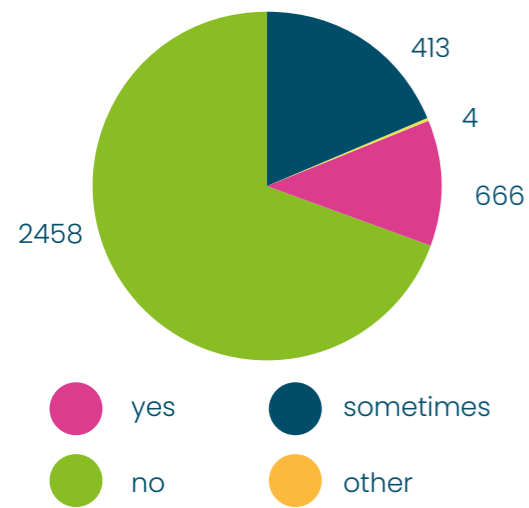
## Access, safety and availability

- **27%** of children and young people buy vapes from corner shops and newsagents.
- **36%** of children and young people are given vapes by friends.
- **14%** are bought vapes by family members.
- **57%** of children and young people do not read the packaging of vapes.
- **46%** of children and young people are not worried about the long term health consequences of vaping.
- **32%** of children and young people believe vaping is very unsafe.
- **35%** of children and young people think vaping is safer than smoking cigarettes.
- **52%** of children and young people did not know that most vapes with over 600 puffs and e-cigarette tanks over 2ml are illegal.
- **55%** of young people's parents/carers vape or smoke.
- **56%** of children and young people think social media and advertising promotes vaping.
- **45%** of children and young people use social media to find information relating to vaping.
- **52%** of children and young people would benefit from further education on vaping.

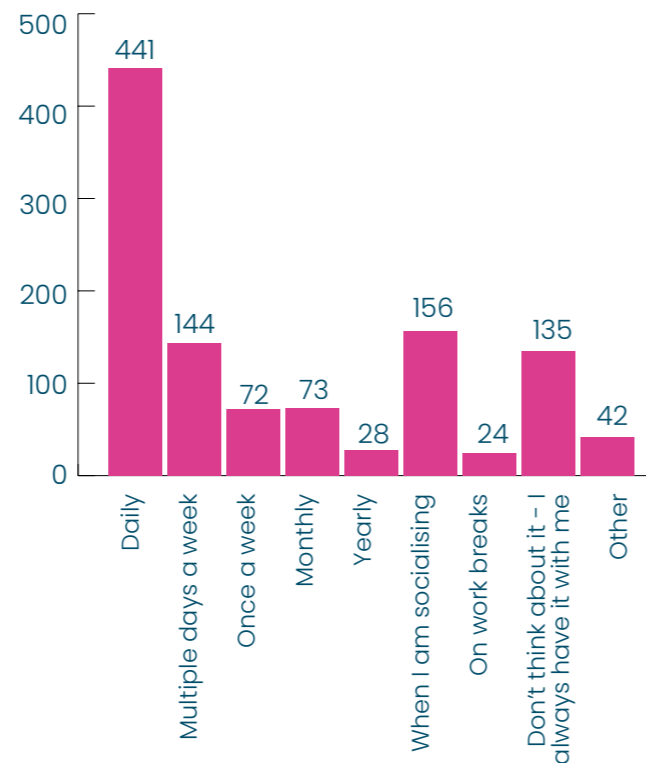


# Children and young people's survey feedback

## Do you vape or use e-cigarettes?

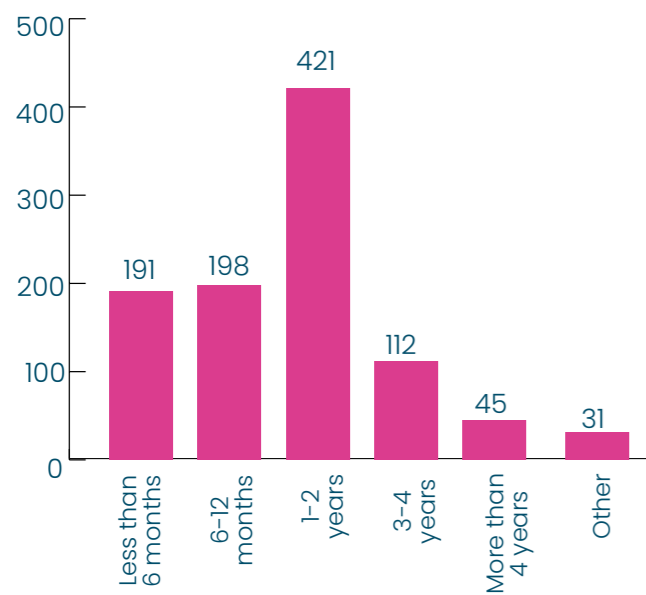


## How often do you vape?



42 young people selected "other" and further feedback included "Between classes I can't get enough", "depends when I have it", "every second of the day" and "if people offer me one."

## How long have you vaped for?



31 young people responded "other" and further comments included "tried it and then stopped", "never owned one", "9, nearly 10 years addicted to nicotine" and "I have been smoking since I was 13, started vaping when I was about 15ish to attempt to stop smoking."



## If you selected daily, how many times a day do you vape?

The most frequent response, given by 36% of young people, when asked how many times a day they vape was "a lot" and "all the time", with 18 of these young people stating they use "one vape a day" or "600+ puffs".

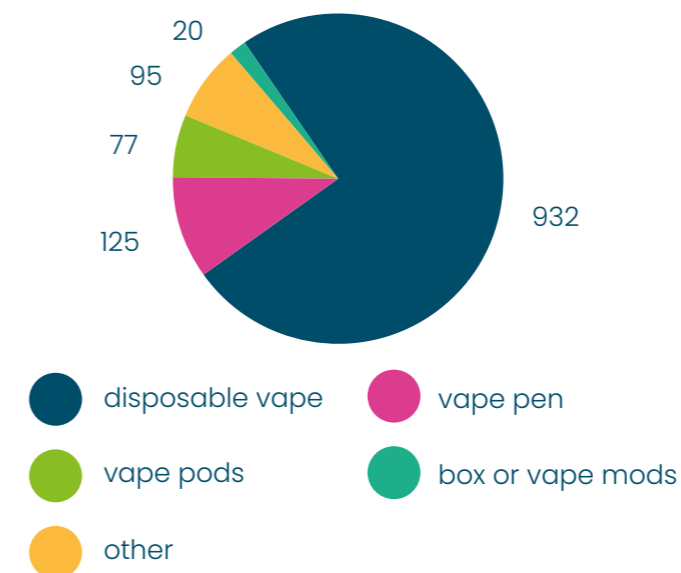
Furthermore, 24 young people stated that they vape as and when required. Specific reference was made to stress levels, social context and boredom.

56 young people believe that they vape between 0-20 times a day.

- "Very often, before and after sleeping and throughout the day."
- "Most free moments."
- "As often as I can."
- "All day everyday."
- "I go through a disposable vape with 600 puffs a day.. so all the time."
- The second most common response, put forward by 100 young people, when asked how many times a day they vape was "don't know" with an additional 33 young people stating "a bit".
- "Idk, no one counts that."
- "No idea, I don't pay attention."
- "Whenever I have the urge to or boredom."
- "When I'm with my mates."
- "When I'm stressed."
- Moreover, a further 62 young people stated they vape 21-500 times a day.
- "After school my mates have them so probably like 30-40 puffs."
- "70 maybe, if not more."
- "400-500 puffs a day."
- "100-400 drags a day."



## What type of vape do you use? Please select any that apply to you:



## Please tell us why you use this type of vape:

The primary motivation for young people's choice of vape, with **23% of responses**, was the taste and feeling of inhalation. There was a particular emphasis on the range of flavours and the sensation on the back of the throat.

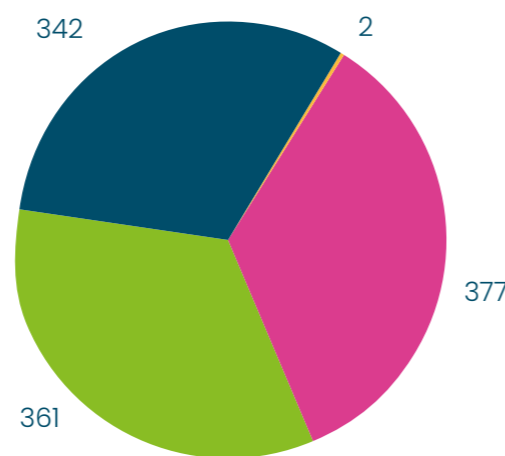
- "I like having a variety of flavours."
- "Less harsh tastes nicer."
- "I really use it for the flavour."
- "Tastes nicer than others and is smoother."

Another common reason put forward by young people was the convenience of buying, using and then discarding a disposable vape, with this being mentioned **189 times**. Young people stated that they find them easier to access in the first instance, as well as then finding this type of vape more straightforward to use. When the vape has no puffs remaining, young people find throwing away a disposable vape convenient.

- "They are the easiest to get hold of."
- "Easy and convenient, don't have to charge it."
- "Because you can throw them in the bin after."
- "Easiest to access/buy and easier to use."

- "Because it calms me down, I have anger issues."
- "Calms my nervousness and relaxes my muscles."
- "To take my mind off things that are annoying me."
- "To stop me stressing, it helps me stay calm."
- "To drown out the voices."

### Do you think it would be easy to stop vaping?



- yes
- no
- depends
- other

### If you answered no or depends, why is this?

The most frequent answer, given by **299 young people**, as to why they would struggle to stop vaping was addiction. Young people recognised a dependency for vapes due to these containing nicotine, with an emphasis on vaping being habitual over several years.

In addition, **117 young people** choose a vape based on cost, opting for the cheapest option that is affordable for them. Some young people acknowledge that re-usable vapes are cheaper in the long-term and so choose to use this type of vape, whereas other young people cannot afford the initial cost of a re-usable vape.

- "Box mod because the liquid is cheaper."
- "I can't afford a re-usable vape."
- "It is cheaper than the disposable vapes."
- "Less expensive to buy than an actual vape." If you use a proper vape you also have to buy the liquid to fill them."

**105 young people** believe their choice of vape helps to relieve stress, calm them down and cope with any mental health struggles they are experiencing.

In addition, **30 young people** stated they do not know why they would struggle to stop vaping.

- "I don't know you just can't."

**19 young people** believe they would struggle to stop vaping because they enjoy it and would not want to stop.

- "Because I enjoy it."
- "Because I like doing it and it helps me."
- "Because I like it."

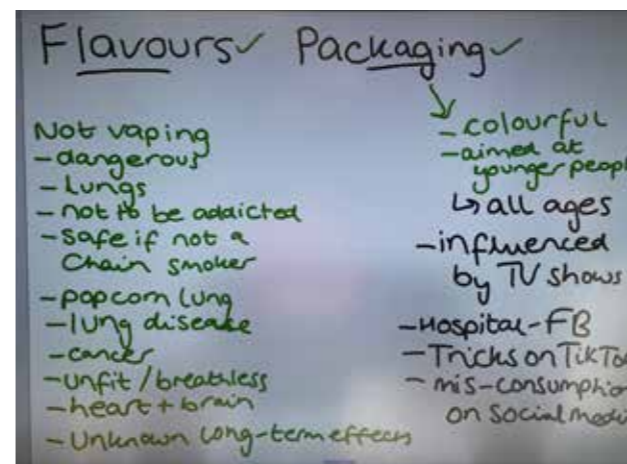
- "Because I have been doing it for so long. It is hard to stop (addictive)."
- "Because it is nicotine which is addictive."
- "I've become addicted I am trying but as days pass it feels stupid not having it in my pocket so I buy another one."
- "It's very easy to get addicted to, the feeling of it and the nicotine in them. Also the social aspect of vaping, wanting to be involved."
- "I've been doing it for so long, it's become a part of my routine."

The second most common response, put forward by **46 young people**, was the recognition that vaping acts as a stress release, helping to relieve anxiety. Young people stated that they find vaping calming and is often used as a coping mechanism.

- "Because it calms my nerves down."
- "It's helpful for sleep and mental health so I would struggle to stop."
- "It is a helpful stress relief, so I can go long without it but need it when I'm stressed."
- "Helps anxiety."
- "Helps to relieve stress and anger."

Furthermore, **18 young people** acknowledged it would be difficult to stop vaping due to the social element and popularity of this.

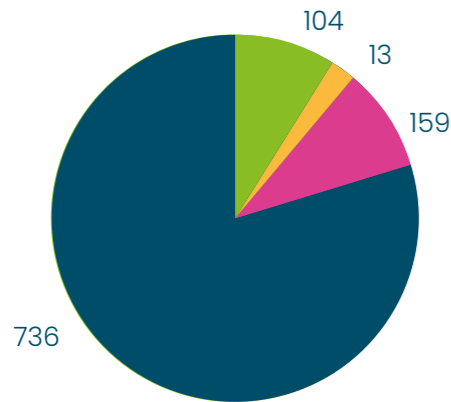
- "Because everyone else does it 'n that."
- "Because your friends still might vape and it can be hard to stop."
- "I think that it is incredibly normalised, you can hardly go anywhere without seeing someone vaping and so it would be hard to give up without having the urge around me."



Finally, **15 young people** stated they would struggle to stop vaping due to the taste and flavours.

- "Because it tastes nice and is easy to use."
- "Because it's yummy."
- "Because the flavours."

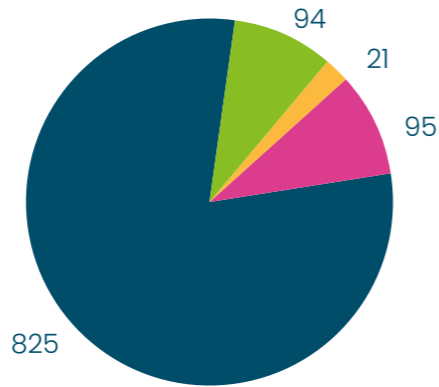
### Did you smoke cigarettes before you vaped?



yes  
no  
sometimes  
other

13 young people selected "other" with further comments including "like twice" and "I've tried them here and there".

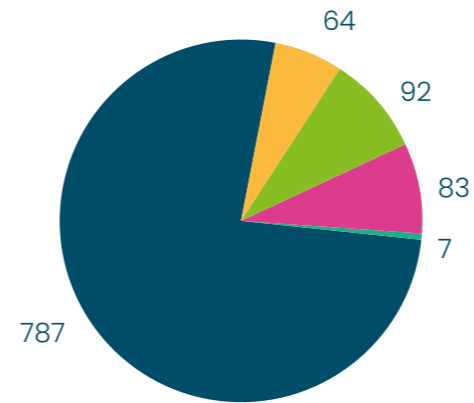
### Have you started smoking cigarettes since you started vaping?



yes  
no  
sometimes  
other

21 young people answered "other" with further comments such as "when stressed I will smoke both", "when drunk" and "odd occasions".

### Do you use vapes containing nicotine?

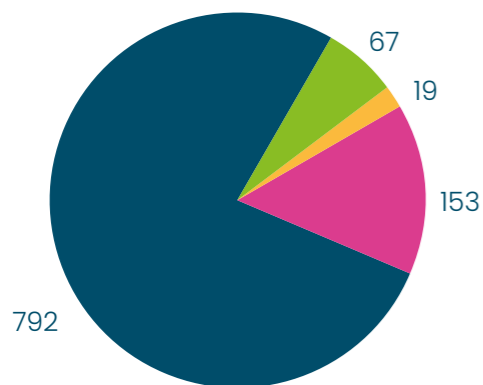


yes  
no  
sometimes  
other  
not sure if it contains nicotine or not



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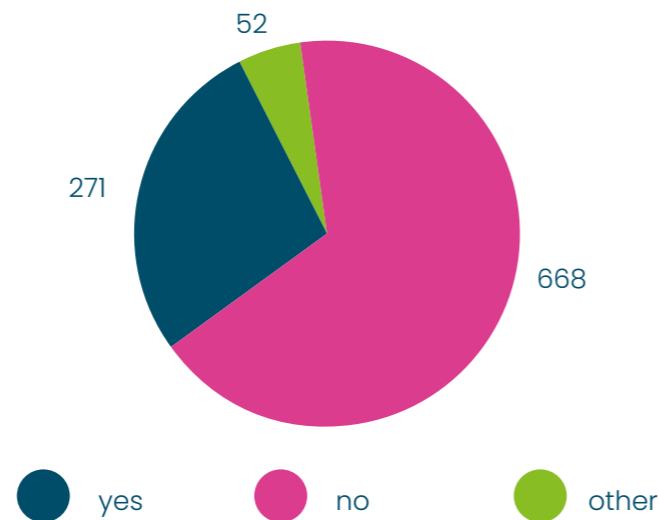
### Do you vape to stop yourself from smoking cigarettes?



yes  
no  
sometimes  
other

19 young people chose "other" and provided further feedback such as "I do both", "I gave one a go" and "smoke both".

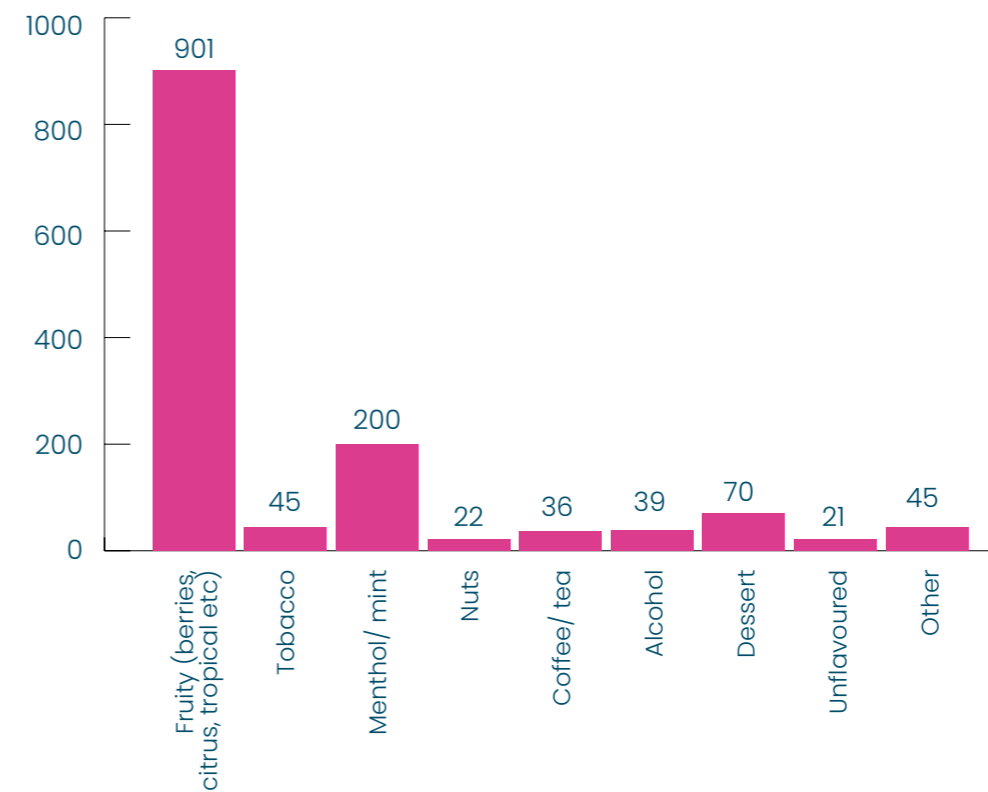
### Have you ever vaped tetrahydrocannabinol (THC) oil or believe you have?



yes  
no  
other

\* It is important to note that it is unclear whether young people are aware of the differences between THC and CBD, and which is contained within vapes they use.

### What flavour vape is preferential for you?



45 young people selected "other" and further comments revealed additional flavours including "Prime", "blue razz", "THC" and "apple cherry blast". Other comments included "any flavours" and "whatever my friends have".

## Where do you get your money from to pay for vapes?

The most common source of money to pay for vapes, with **32% of young people** citing this, is from employment, whether that be full-time or part-time, alongside education.

- "I have a job and pay for them myself."
- "My own earned money."
- "I babysit."

Following this, **161 young people** mentioned getting money from family members in order to pay for vapes. In some cases, the family members are unaware of what the young person is spending the money on, or believe this is going to be spent on other items, such as food. On other occasions, younger members of the family, such as siblings or cousins, are sharing their vapes or buying them for the young person.

**92 young people** receive vapes from their friends, or borrow the vape that their friend is using. Some people are given vapes by friends, whereas others pay for them.

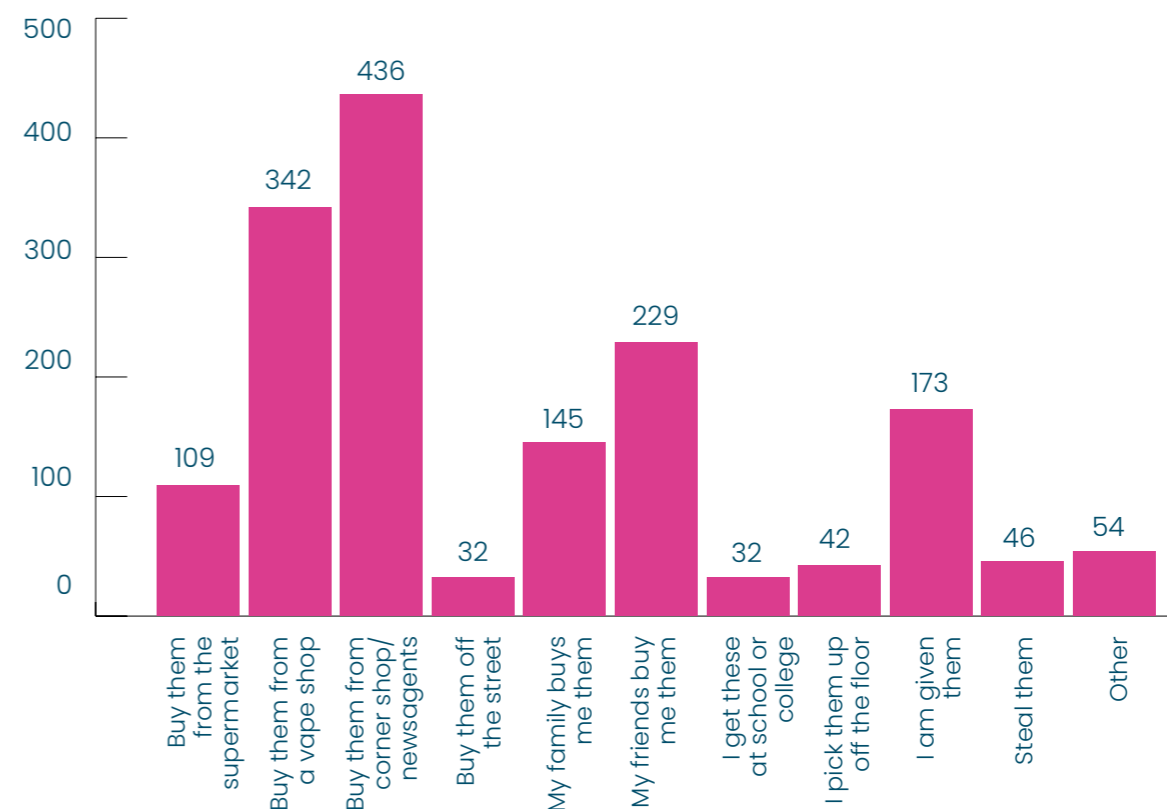
- "I don't buy my own I use my friends."
- "Get them off a friend for free."
- "I get them off my mates or puff off their vapes."
- "Friends let me buy theirs."

As well as the above themes, **33 responses from young people** related to means of accessing money for vapes that are either illegal, or would generally be perceived as unacceptable.

- "Drug dealing."
- "Selling myself to older men."
- "Steal money from Mum and Dad."
- "Find them on the floor."
- "Child benefit money."



## Where do you buy/receive vapes?



## If you are given vapes, who gives you these and why?

When asked who gives you vapes, **36% of young people** stated they are most frequently given vapes by their friends. When asked why, specific reference was made to young people being given vapes when their friends do not like the flavour, alongside these being given for social reasons or to support friend's mental health.

- "Before turning 18, my friends might give me them because they would buy them."
- "Friends when they don't like the flavour or just being nice."
- "Mates when socialising."
- "My friends because I'm addicted."
- "My mate because she did it and she pressured me to try it."
- "My mates because they understand my depression."

In addition, **78 young people** specified that they are given vapes by family members, with parents and siblings being mentioned frequently. When asked why, reasons included parental awareness that the young person is addicted, to help manage stress and a lenient attitude due to the family member smoking or vaping themselves.

- "Family buy me them as they would rather know and me not smoke cigarettes."
- "My mum because she knows that I do need them."
- "My sister buys them for me sometimes when she buys her own."
- "My mum to calm me down."
- "My mum so she will have me stop asking her."
- "My mum smokes, if she's buying cigarettes she will buy me a vape, this goes both ways."

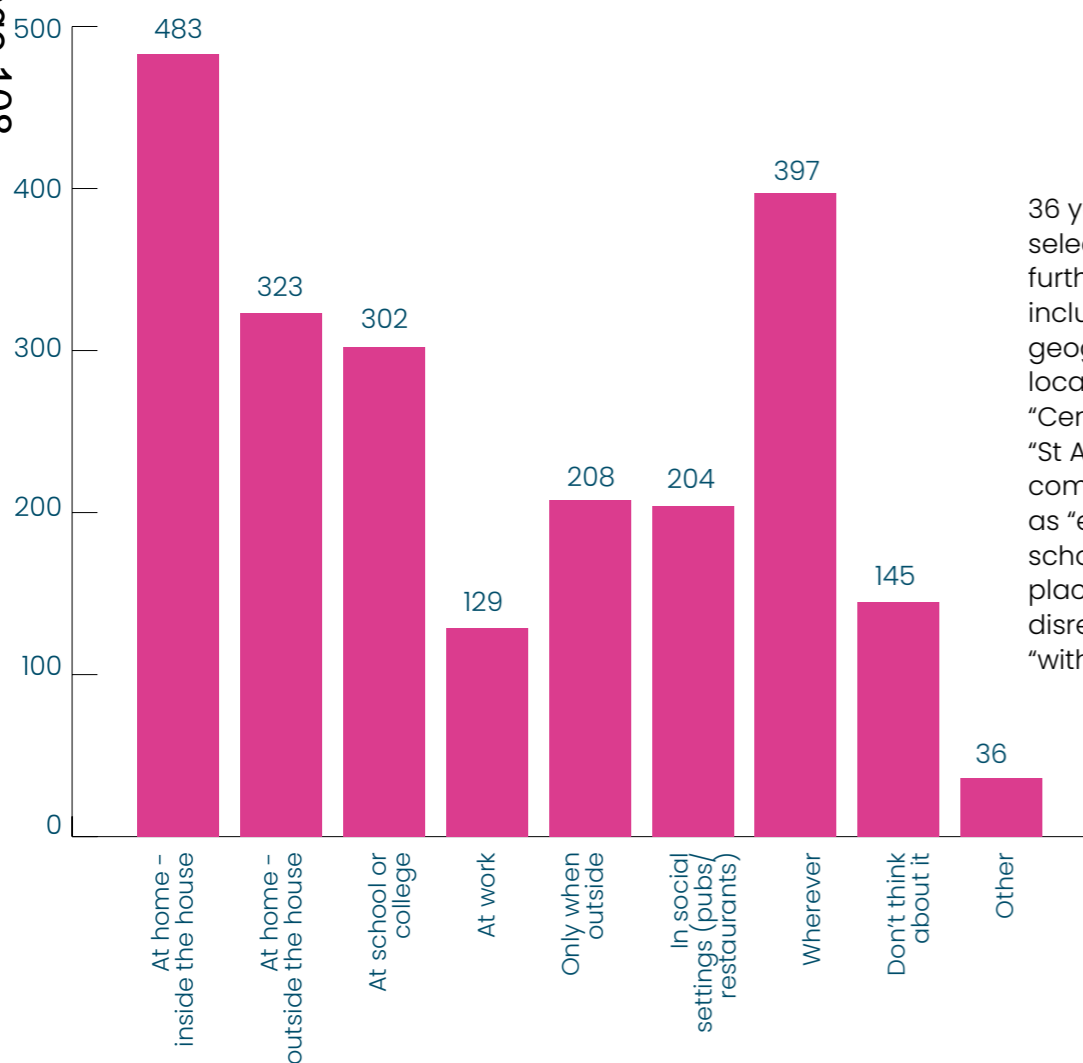
Although they have paid for the vape and not been given this, **54 young people** noted they receive vapes from the shop or their "bossman". Specific reference was made to shop keepers feeding their family and requiring regular business in order to do this.

- "A shop who sells them to kids/teens. They don't care."
- "The person in the shop."
- "The worker because he wants money."
- "Bossman needs to feed his family."



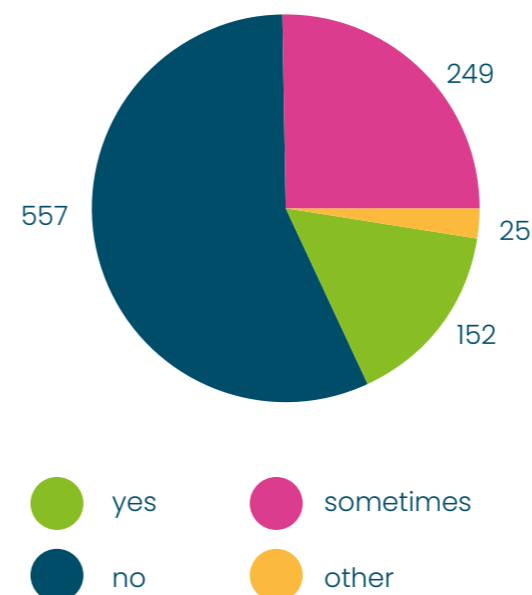
### Where do you vape?

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36 young people selected "other" and further feedback included specific geographical locations such as "Central Drive" and "St Annes", and other comments such as "everywhere but school/transport/ places where it's disrespectful" and "with my friends".

### Do you read the packaging when opening a vape?



In contrast to this, **291 young people** answered yes when asked if they worry about the long-term health consequences of vaping. Specific reference was given to the unknown health risks, with young people using this as motivation to try and quit.

- "Yes which is why I'm quitting."
- "Yes so I don't do it often and have learnt to say no."
- "We don't know what kind of chemicals are in this damn thing and I want to know what the effects on the body are."
- "It has been made aware that the consequences are unknown so due to that I have slowed down."
- "Yes that's why I barely ever do it."

### Do you ever worry about the long-term health consequences of vaping?

The most common answer, given by **430 young people**, when asked if they were worried about the long-term health consequences of vaping was no, with an additional 48 young people stating "not really". Of the 430 young people who answered no, **15 of these individuals** deemed this not to be an issue, as the frequency in which they vape was too low to contribute to health consequences. In addition, **5 of the 430 young people** felt vaping was not a detriment to their health as they did not feel addicted.

- "I don't vape enough to worry."
- "Nope and I don't care."
- "Not arsed."
- "No if I die I die, it's only my fault."
- "No don't really care but will probably bite me in the arse later."
- "Not really, I don't care what happens to me."

In addition, **127 young people** said they worry about the risks **"sometimes"**. There was an emphasis from young people for short term gain rather than considering long-term risk.

- "I think about them sometimes but honestly I'm past caring."
- "Sometimes but right now I'm more bothered if some peach lemonade is in my mouth."
- "When I get a sharp pain when I breathe in yes so I stop for a few mins then get on with my life as usual."
- "Sometimes yes but I think you need to live life."
- "Sometimes, that's why I don't do it ALL the time."

Finally, **8 young people** stated they do not know in response to this question.



## What are your/peers reasons for vaping?

**30% of young people** do not know the reason why themselves or their peers vape, or do not know anyone who vapes.



- "No one knows everyone just does it."
- "I don't interact with people who vape."
- "I don't know, why not I guess."
- "I don't know, I just started once because my sibling had one."
- "I've been walking home and seen year 9s/11s vaping but I'm not sure why."
- "Vaping for no reason."
- "I don't know because they want to."

- "At first to calm down from stress. Now it's kinda because if I don't I get more stressed."
- "Coping mechanisms instead of self harm."
- "Depression, anxiety... it makes you actually feel alive."
- "Only way to escape reality."
- "I do it as it feels like I can de-stress after a long day. I know someone who does it for diet so she vapes instead of eating more food."
- "I get really mad and use only when I'm mad."
- "I mainly use them when having a panic attack to calm down."
- "It stops me from feeling nervous or stressed out especially during exam times or other stressful things."
- "To stop me from hurting myself."

Following this, **395 young people** stated a reason for vaping is to appear cool or because they believe the vape itself is cool. Some people pointed out that their peers perform tricks when vaping to enhance their appearance.

- "Because they think it's cool and makes them look good."
- "Cool tricks."
- "I assume they do it to act hard and make them look older."
- "For them to look cool/show off."
- "I think my peers think it is cool and makes them look older."
- "Other adults do it, they think it's cool."

In addition, **351 young people** referred to peer pressure and wanting to conform to social norms, particularly as vaping appears to be a current trend. Some people believe vaping will increase their popularity, or will impress their peers. Others wish to fit in with those around them, and so choose to vape when in this social context.

- "Feels good to be like everyone else."
- "Social pressure - wanting to fit in and not be the odd one out."
- "To impress someone else. Peer pressure."
- "Being forced to do it."
- "I think it's because it's popular amongst other students."
- "Pressure to fit in with other people."
- "So they're not left out with their friends."
- "Peer pressure... get people to like them."

Another reason young people and their peers are vaping, mentioned in **295 responses**, was because they are addicted. The contributing factors to the addiction were suggested as the nicotine content in vapes, the habitual nature of the behaviour and starting to vape at a young age.

- "Because they get addicted and you want it so you don't stop."
- "Got into it young."
- "A difficult habit to break."
- "I started young and didn't realise that I was addicted."
- "Nicotine dependency."
- "The only reason it to run away from the uncomfortable feeling of not vaping (withdrawal), it's not that enjoyable anymore."
- "Wanted to try it and ended up addicted."

Furthermore, young people choose to vape as a result of seeking enjoyment and alleviating boredom. This was referenced on **237 occasions**, with the action and subsequent feeling being a source of pleasure and fun for young people.

- "Because I'm bored."
- "Cos it is fun and energising."
- "For the buzz."
- "We like it and it's something to do."
- "My sister says she doesn't care but it feels good."

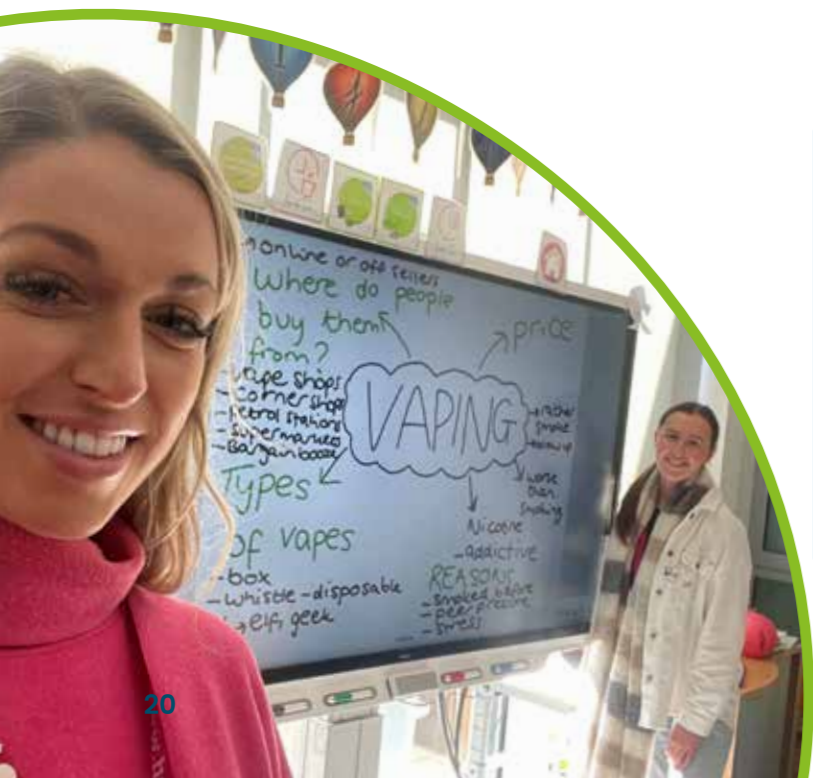
Similarly, **173 young people** specifically enjoy the taste and flavours of vapes.

- "Because they taste nice - flavoured air."
- "It tastes and feels nice it makes my heart beat faster."
- "Nice fruity appealing flavours."
- "They think it tastes nice and funky fresh."

Another motive for vaping, suggested by **102 young people**, was to quit smoking cigarettes, or as a healthier alternative. There is a clear distinction between some people transitioning from cigarettes to vapes, and others vaping as it is perceived as being better than smoking cigarettes.

- "Didn't like the idea of getting addicted to cigarettes, they know vaping isn't good for them but would rather that than cigarettes."
- "I originally started to stop smoking which worked."
- "My mum/dad do to quit cigarettes."
- "Stops us from smoking."
- "They think it is safer than smoking."

The leading reason for vaping, put forward by **547 young people**, was to relieve stress and improve mental health. It is clear from feedback that stress is a key influence on young people choosing to vape, and that vaping acts as a coping mechanism. Specific mental health conditions, such as anxiety and depression, were mentioned. Similarly, young people are aware of some people choosing to vape in order to suppress hunger or to reduce feelings of anger.



## What are your/peers reasons for not vaping?

The most frequent response, given by **59% of young people**, as to why they do not vape was due to this being perceived as being unhealthy and bad for you. Within this, 170 young people made direct reference to specific chronic illnesses, such as the risk of cancer increasing as a consequence of vaping, alongside the impact this could have upon young people who are asthmatic.

Furthermore, another reason for not vaping, stated by **153 young people**, was that they do not want to become addicted or they already are addicted.



- "I don't want to get addicted to nicotine."
- "I don't want to be addicted and waste money on vapes. Also I think they are gross and annoying."
- "It is very gross and an unhealthy addiction."
- "Some people don't wanna rely on something to keep em calm or not stressed."

In addition, **113 young people** noted that they do not wish to vape as they deem this to be dangerous and unsafe, specifically referencing unknown chemicals.

- "Because you don't know what's in it."
- "I know that it is very unsafe and could make you ill."
- "It's dangerous, unhealthy mentally and physically can lead to so many problems eg lung cancers/ infections/infertile. Addictive, breathless. They have not been tested like cigarettes have, they don't know what they are inhaling."
- "Bad unknown chemicals."
- "It's unsafe and we don't know the consequences."
- "You know it is dangerous, you don't know what's in the liquid."

Further to this, **110 young people** made reference to the cost of vaping, noting these are expensive and often deemed a waste of money.

- "Cause u can get cancer."
- "My reason for not vaping is I have asthma and it is bad for you."
- "It destroys your lungs and is very unhealthy."
- "Vaping kills your lungs and destroys your immune system."
- "Because of my health and I know it's not good for my health and I hate it."
- "I think it is an unhealthy habit with lots of unknown health implications."

Following this, **394 young people** stated they do not vape because they do not want to, do not like it and deem this unpleasant. In addition, **300 young people** answered I do not know when asked reasons for not vaping.

- "I don't see the point of it."
- "I don't vape because I have no interest in it or reason to do it."
- "It's disgusting, expensive and really bad for you."
- "It's dirty and don't see the point of it."
- "It is disgusting and affects your health."

**43 young people** noted that they choose not to vape because they are underage and acknowledge this is illegal.

- "Because it's illegal to buy them at our age."
- "It's unhealthy and I'm underage so it's illegal."
- "Cause it's literally illegal?"

In addition to this, **20 young people** stated they do not vape as they do not like the taste and the smell of this.

- "Because it tastes horrible and it's dangerous."
- "Don't like the taste."
- "I don't like the smell of it."
- "I don't like the smell, bad for health just the idea of it isn't appealing to me."

**12 young people** made reference to religion and culture when asked why they do not vape.

- "Because we are religious."
- "Culture, family disapproval."
- "I am Christian and I am not allowed."
- "I just don't want to because of my health and religion."

Finally, **6 young people** made reference to the impact vaping may have on the environment.

- "Because it's bad for the environment."
- "Bad for you/ waste of money. I also think they are bad for the environment as they go into landfill."
- "Because it is not good for you or the environment."

- "Because it's expensive and pointless."
- "I don't see the point in vaping, it's too expensive/waste of money."
- "It is bad for you and costs a lot of money in the long run."
- "Never had an urge and do not see any benefit with it. Costs a lot of money and is just pointless."
- "Unhealthy & expensive addiction."

Additionally, **58 young people** made reference to parental influence as a reason for not vaping. They noted the fear around being penalised if caught, alongside not being allowed.

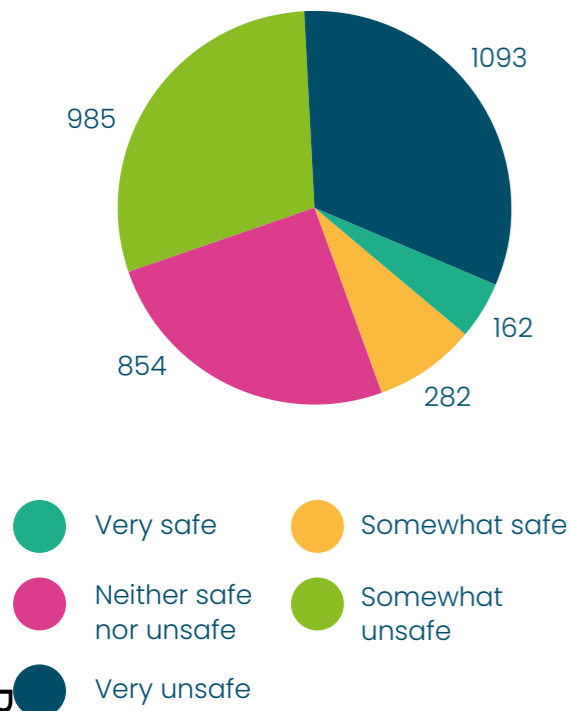
- "I'm a kid and my parents say I shouldn't."
- "Because of strict parents and not having enough money."
- "I'm still a kid and my mum won't let me."
- "Scared of parents finding out."
- "Don't want to get caught."

**56 young people** stated that they choose not to vape as they do not wish to impact their athletic performance negatively. Specific reference was made to individual sports and the risk vaping could have upon their ability to perform successfully.

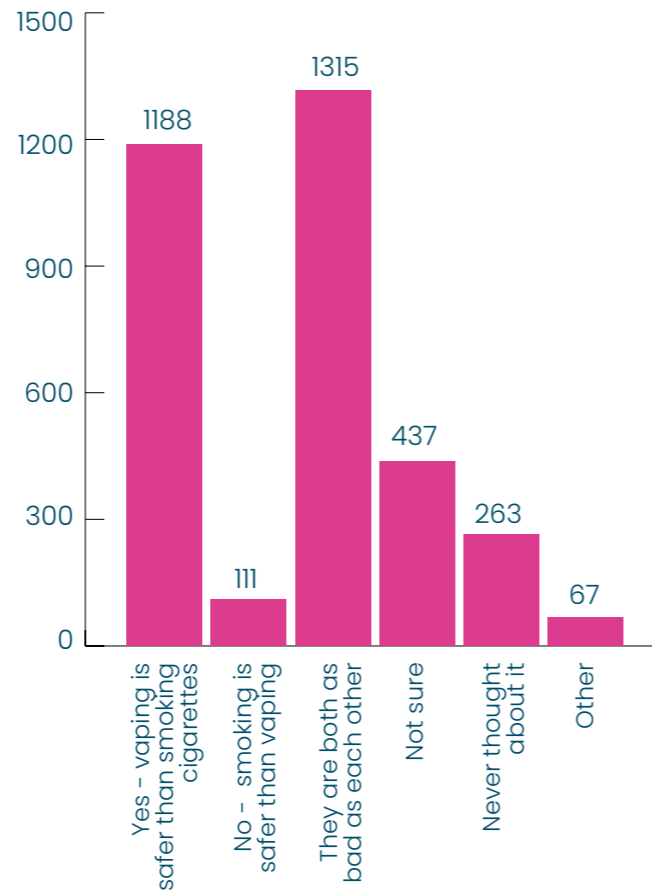
- "I do sports and I think it's disgusting."
- "I don't do it because it's bad and I don't get vaping as I'm an athlete. It's boring to me."
- "I'm a dancer so I don't."
- "I want to be a footballer so need my lungs."
- "To stay fit coz I have a boxing fight."



### How safe do you feel vaping is?



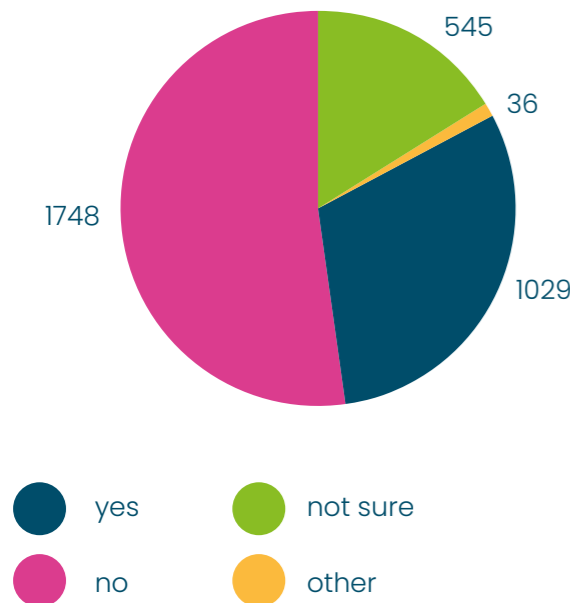
### Do you think vaping is safer than smoking cigarettes?



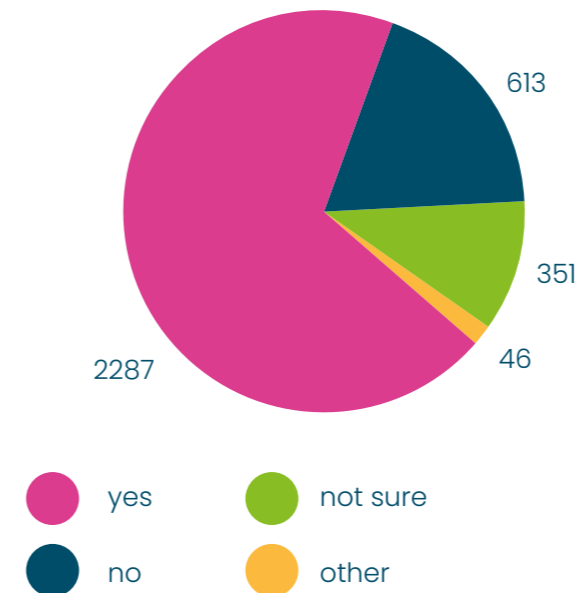
67 young people selected "other" with further comments including:

- "Both just as bad, but considering the fact that a vape is full of unknown chemicals mixed to make a certain flavour and sent from corrupt manufacturers in China to be sold at such a cheap price whilst still making profit, it's not surprising."
- "I think vaping is more addictive due to the faster time for nicotine to hit your system than cigarettes, I feel vaping is better physically but worse mentally."
- "Disposables are worse than cigarettes but normal vapes are better."

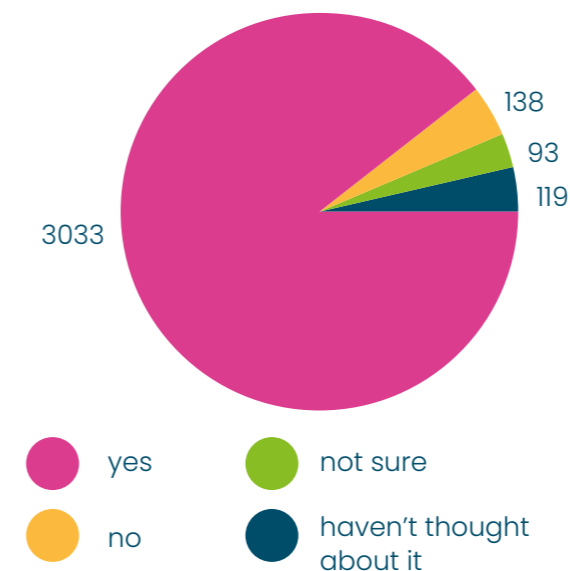
### Did you know that most vapes with over 600 puffs and e-cigarette tanks over 2ml are illegal?



### Did you know it is illegal for retailers to sell vapes to under 18's and that you can confidentially report underage sales to Blackpool Council trading standards on 01253 478375, or you can email tradingstandards@blackpool.gov.uk?



### Do you know some vapes contain nicotine?



### Do you understand what nicotine is and the effects it has? Please write what you believe this to be:

Overall, young people's understanding of nicotine and the effect it has on the body appears to be reasonable. There were **503 young people** who stated they do not know or are unsure. **284 responses** cited "yes", but no explanation was given as to what they believe nicotine to be.

The most popular explanation given, by **44% of young people**, is that nicotine is addictive and so makes you want more, which results in the formation of a habit that is difficult to stop.

- "Addictive substance that makes you crave it."
- "An addictive substance added to cigarettes/vaping products to make users keep buying them."
- "I know it's an addictive thing but don't know what else it can do."
- "It is a harmful addictive substance that gives you lung cancer."

Furthermore, **756 responses** described nicotine as having negative effects on health, with many young people stating it is "bad for you." Within this, possible health implications on specific organs were discussed, with **383 young people** noting nicotine having a negative effect on lungs, and **61** citing an impact on the brain/head.

- "Bad for your lungs - when you withdraw you have headaches, your diet and hunger cues get messed up."
- "Problems with reproductive organs, brain shrinkage, lung cancer and popcorn lung."

- "I know that nicotine can cause you to have higher blood pressure and increase your chances of having a heart attack."
- "Addiction, yellow nails and teeth, tar in lungs."
- When considering what nicotine is, 650 young people believe it to be a "drug", "chemical" or "substance."
- "Nicotine is a chemical which makes your body/mind want more of the nicotine even though it can be harmful, it relieves stress and if someone hadn't had it in a long time then a person can get snappy."
- "A legal substance which is addictive and has some positive effects to the body. However, due to nicotine being mixed with the toxins in cigarettes and vapes, this makes an uneducated person believe nicotine is the bad thing."
- "A drug which alters your brain to make you need more of it, and you get withdrawals when you try to quit it."

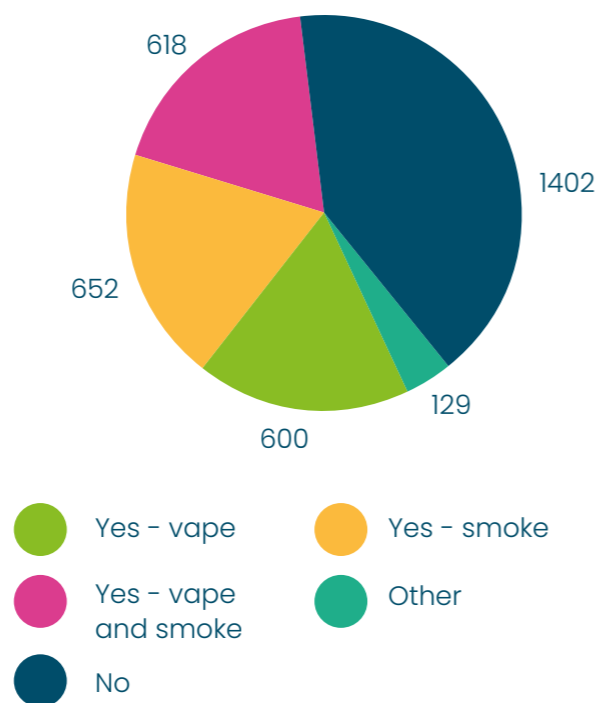
The effects of nicotine were described by **91 young people** as a rush that creates a pleasant feeling, with some referencing dopamine.

- "Rush of dopamine and niccy rush."
- "Nicotine rush. Get dizzy. Feel sick."
- "It stimulates your brain to feel nice."

Others feel nicotine provides a calming effect and helps to relieve stress, referenced in **66 responses**.

- "Makes me feel pleasure and relaxed."
- "It has a calming effect on the brain."
- "Nicotine helps block out the thoughts in my head for a few seconds this is why I do it."

## Do your parents/carers vape or smoke cigarettes?



## If you answered yes, where do your parents/carers smoke or vape? e.g. at home, when out socialising

For those young people who stated that their parents/carers vape or smoke cigarettes, the most frequent response given as to where they do this was at "home", cited by **43% of young people**.

- "At home always."
- "At home mostly when drunk."
- "At home mostly when they are stressed."
- "When socialising and in the bedroom."

Furthermore, **484 young people** noted that their parents/carers smoke or vape when "outside" generically. Specific reference was made to public places with parents/carers often doing this when socialising with friends.

- "My mum sometimes vapes when she goes on a nights out."
- "When out socialising."
- "Outside, when out socialising, with friends."
- "At home and in public."
- "In their house and outside in pubs."

In addition, **368 young people** stated that their parents/carers vape and smoke everywhere or all of the time.

- "Every legal place."
- "Everywhere, they're an adult can do what they want."
- "Everywhere, home, socialising, football games."
- "My dad vapes all the time anywhere."
- "Papa vapes all the time, whenever or wherever."
- "Practically anywhere where it's allowed."

In contrast, **304 young people** stated that their parents/carers vape "outside" within the home environment, choosing to do this either in the back garden, outside the back door or inside the house with ventilation. It is worth noting the discrepancy between smoking and vaping, with young people identifying that parent/carers who smoke tend to do this outside, whereas vaping takes place inside the house.

- "At home outside in the garden."
- "At the back door."
- "Outside for fags but inside for vaping."
- "At home in either a vented room and mostly outside."
- "Dad goes outside and has a ciggy or vape inside sometimes."

**81 young people** made direct reference to their parents/carers vaping or smoking away from themselves and younger siblings, often choosing to do this in a separate room.

- "Never around me if she does."
- "They don't do it in front of the kids."
- "When at home in the back garden because I have younger siblings."
- "At home but never in the house because they don't want me to breathe it in."
- "My dad smokes everywhere we go. However, he will step aside from the pathway, group of people, the house, etc. because he knows I have asthma."

**34 young people** stated that their parents/carers vape or smoke when at work.

- "Mum smokes outside/ break at work."
- "My dad does it in the backyard and my mum smokes in the kitchen at work."
- "Home, on breaks at work."
- "At home and work, as well as socialising events."

Finally, **28 young people** referenced their parents/carers vaping in the car.



- "In the house, in the car, at work, anywhere really."
- "Car (windows down) and in the garden."
- "Car and outside at home."
- "Outside and in the car."
- "In the house, car rides, technically everywhere."

## Do you think advertising and social media promotes vaping to young people? If so, how?

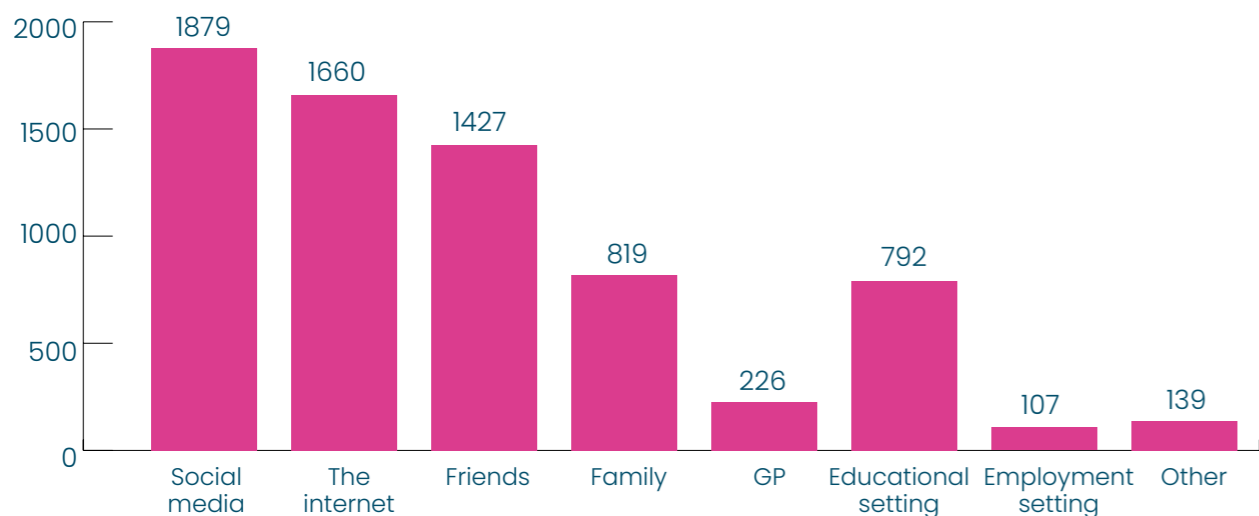
Of those who responded to this question, **56% of young people** highlighted that they believe that advertising and social media promotes vaping. There were direct references made to social media and comments relating to influencers. Themes such as colour, flavours and marketing were common throughout the overarching feedback given.

In contrast, **129 young people** stated no, with feedback that suggesting that peer pressure and school are a contributing factor to the uptake of vaping. In addition, **510 young people** stated the answer "no" without any supporting feedback, whilst **198 participants** stated they "didn't know".

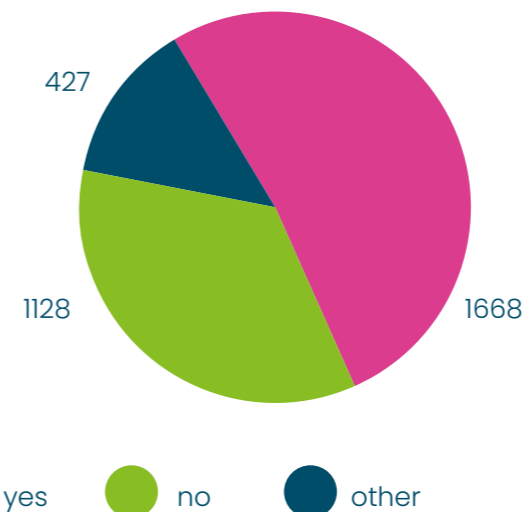


- "There are people on Instagram selling vapes."
- "Yes, tobacco companies pay influencers to show off new brands, flavours etc. as well as bright colours, young people smoking in adverts and also flavours similar to sweets."
- "Yes social media platforms such as Tik Tok is bad for it. Lots of young people have them in their hands and vape openly on the platforms. I have witnessed advertisements online advertising brightly coloured vapes which would come across enticing to teenagers/young adults."
- "Yes because people recommend flavours they show cool tricks and lots of people have them."
- "A lot of famous people vape. And it is in a lot of music videos, aimed at young people."
- "Yes, they're literally colourful sticks with flavours like "candyfloss" and "unicorn milkshake" they're not targeted at adults at all."
- "No I think it's all the other kids who vape."
- "No I only think school does."

## Where do you find information relating to vaping? Please select any that apply:



## Do you think children and young people would benefit from further education relating to vaping?



Further feedback provided included:

- "We have had loads in school - its the same boring information over and over again. They don't tell us anything just tell us not to do it."
- "Maybe. I think at this point it would be difficult to convince young people to stop."
- "You need to teach them how to quit."

## If you answered yes, what would you like this education to look like? e.g. who would you like to teach it, where would you like it to be...

This question received feedback from **1233 individuals**. Of that feedback, there were overarching themes that must be highlighted. **283 individuals** made direct comment about the need for people to understand the risks and consequences of vaping. There were comments about the need for research and information to persuade people to consider their health **Over 300 individuals** cited an educational setting would be the best place to deliver information with a further **108 individuals** identifying PHSE lessons.

**Over 100 individuals** stated that the information should be delivered by a health expert such as a nurse or the NHS whilst **27 individuals** cited that young people should be given information and resources to quit vaping. There were **58 comments** that described 'experts by experience' delivering hard hitting talks.

Safety and science are overarching themes, along with the need to educate primary school aged children of the consequences.



- "Doctors could come into school and show everyone the effects of it."
- "I'd want it to be a 'hurtful truth' type of learning opportunity. Showing smoker lungs, tracheostomys due to throat cancer and other things similar."
- "Teach them the consequences it's addictive but you have to stop. I heard that sometimes you can get popcorn lungs from it, it affects your teeth, gums and health problems."
- "Ex-smokers and ex-vapers should teach young children about the symptoms they faced when they were smoking. Some of the health risks that come with smoking or vaping. We should start teaching them in primary and high school since that is where the habit usually picks up."
- "Why it's bad, why people shouldn't do it, organizations to go to for support if wanting to stop."
- "A health specialist and how it's affects you long term."
- "I think more resources to helping quitting when people have motivation to quit, I feel unless someone wants to quit you can't change someone's behaviour."
- "I would like it to be taught in primary so more young people know it's bad."

### Is there any other feedback you would like to tell us regarding vaping?

When asked whether young people had any further feedback regarding vaping, **90 young people** shared their opinions regarding the negative aspects of vaping. The most popular opinion shared was that vaping is bad for your health, with young people concerned about the effect vaping will have on people's lungs. As well as this, other negative consequences of vaping were discussed, such as secondary smoke inhalation and the ease in which vapes can be accessed.

- "I strongly dislike people vaping, and I find it rude when people decided to do it in a confined space. I should not suffer because of someone else's bad choices."
- "It's bad and can damage the lungs."
- "No one is aware of the health risks and it is too easy to access"
- "I believe smoking and vaping laws should be stricter. It's shameful that people my age and younger can access this habit through their parents - it's literally child abuse. It's also shameful that people walk around while smoking and vaping without any regard to who is breathing in the smoke like young children and asthmatic people."
- "Yes, it is bad for health and teenagers shouldn't be doing it."

**35 young people** raised concerns around stopping young people from vaping, with the belief that this will not be possible as young people are now addicted and "it has been left too late." It was acknowledged that young people will not listen and will choose to vape anyway, despite knowing the risks.



- "Either way if you tell them about the dangers they will carry on. It's 2023, it's like a 'sick' trend."
- "Even if you try and stop it, there will still be kids vaping or smoking. More education still won't stop online influence."
- "I believe at this point, there is no stopping the current vaping epidemic. It has stretched too far and is growing as it has been suggested that it is almost a healthy habit with the promotion that it is better than smoking."
- "Left it too late now. There are people as young as 12 who have disposables. Left this obvious problem way too late."
- "If you do start to teach about vapes, some people will still do it because they are addicted."

In addition, **24 young people** highlighted a need for further education relating to vaping, specifically requiring information regarding the health consequences of this and the potential risks. There was a preference for this being provided within the school setting via teachers.

- "Don't just ban it, teach how to quit, the process and how to go about it."
- "Explaining the harmful effects of smoking has never changed anyone's minds, only further discouraging people who don't vape. Be more teaching of environmental causes of vaping and smoking. Explain how people such as me have started and the general effects on the world vaping/smoking has caused."
- "Just for it to be addressed more and the consequences and dangers of vaping to be made more aware of."
- "Education in schools because they should care about health."
- "Show more dangerous risks to vaping, maybe in school."
- "Start education at a younger age, as it is not a good habit."

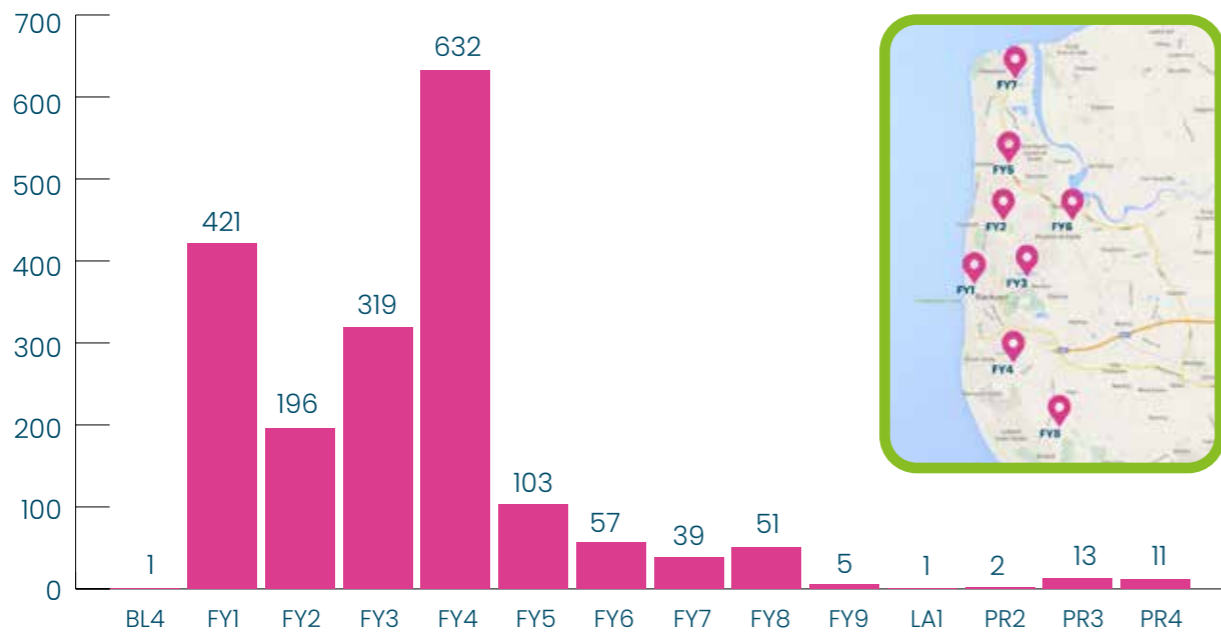
The belief that vaping needs to be made illegal was put forward by **29 young people**. Within this, 10 young people made particular mention of shops selling to underage children, with a need for enhanced enforcement of regulations being necessary to prevent this.

- "Ban it and make it illegal until we know everything about it."
- "More action took on shops selling to underage people."
- "Should be illegal as we don't know the side effects."
- "Ban vaping, what's the point. It is spoiling the community and health (Breathe fresh air it's free)."
- 11 young people acknowledged the issue of vaping within the school environment, and that this appears to be becoming more of a problem.
- "Becoming a problem around school outside of designated areas."
- "It's actually bizarre that so much goes on in school. Schools are aware and talk about students vaping yet don't seem to be proactive."
- "People are using the toilets to vape and it is not really comfortable to use the toilets knowing this."
- "Yes most people come out of school and start to vape with their friends and they are only in Year 8."



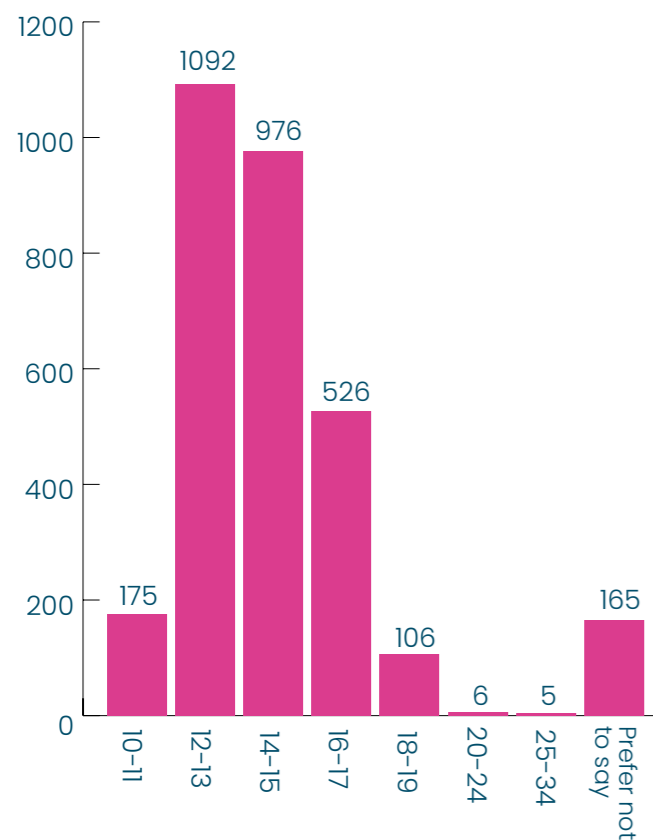
# Young person's demographics

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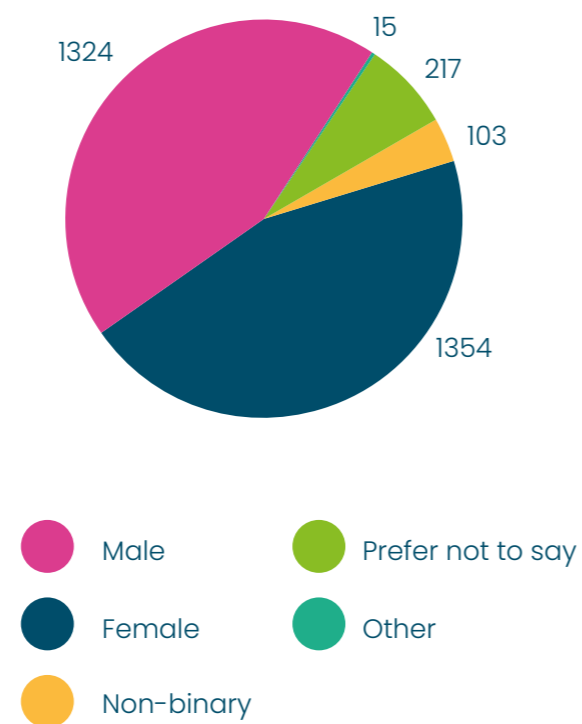


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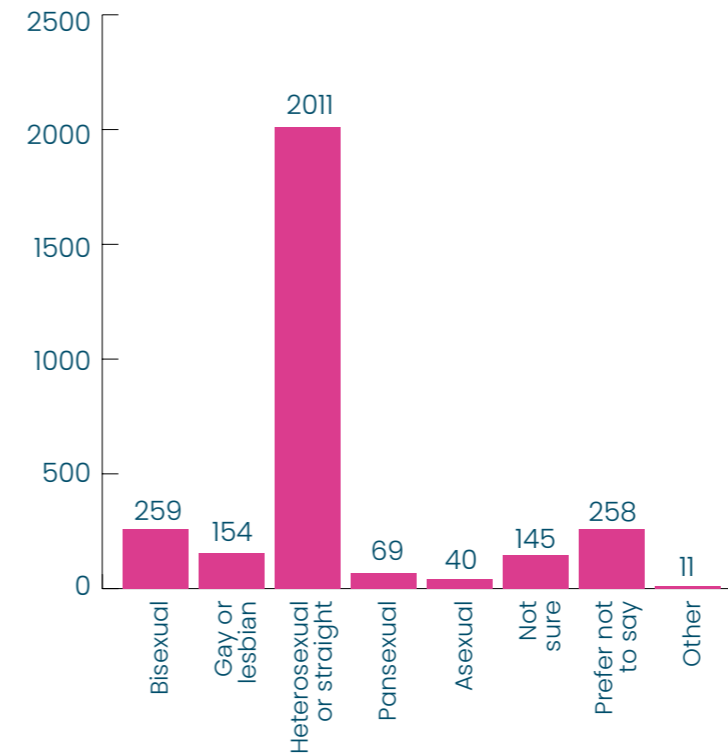
How old are you?



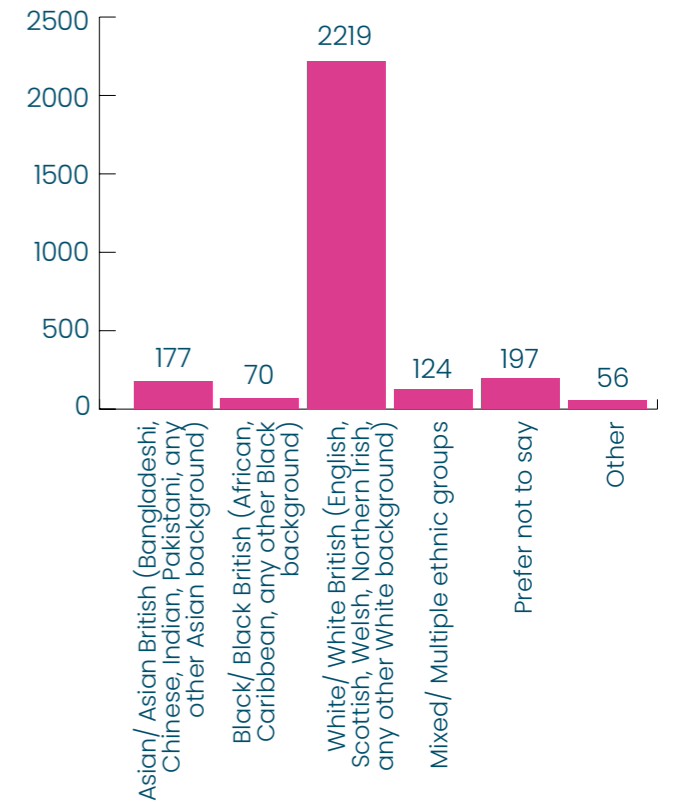
What gender do you identify as?



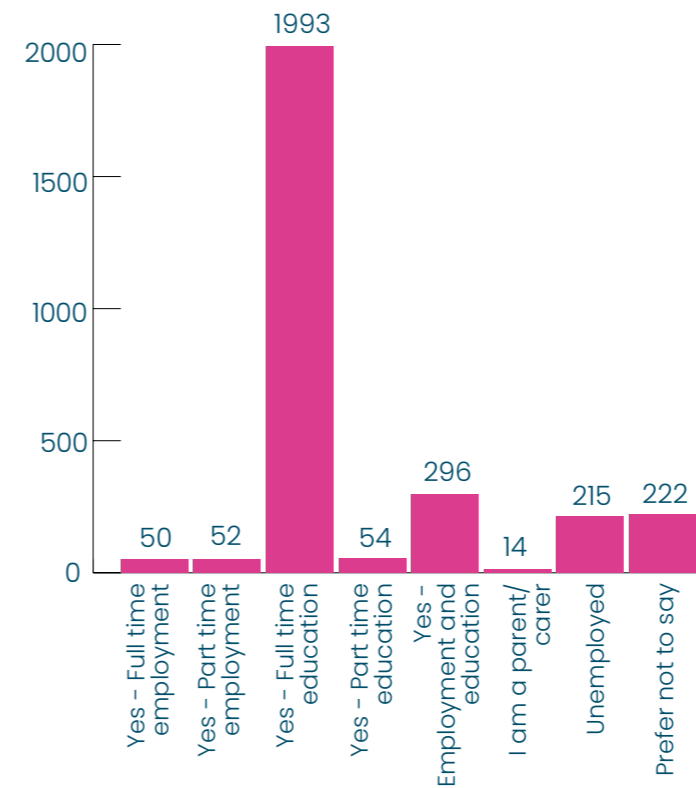
What is your sexual orientation?



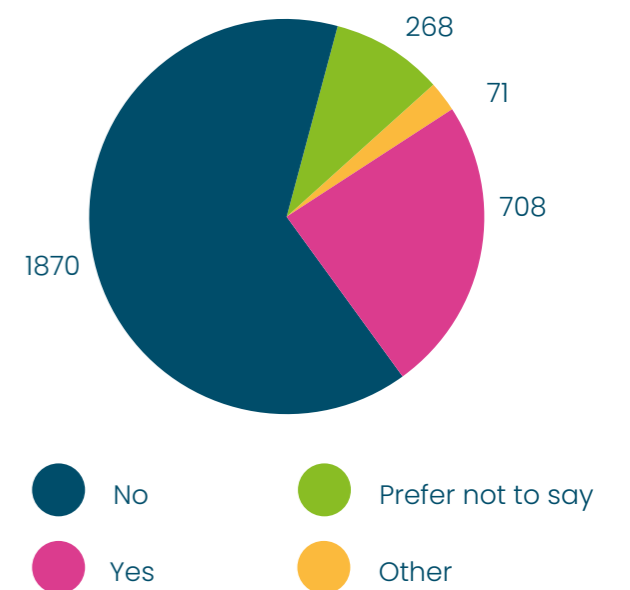
What is your ethnicity?



Are you in employment or education?



Do you have a long term health condition or disability?



Of those who stated that they have a long term condition, the most common were respiratory conditions (233 responses), mental health (121 responses), autism (106 responses) and ADHD (95 responses).

## Focus Group Spotlights

**638** children and young people engaged  
**25** focus groups

### We visited:

- SEND schools
- Supported accommodation
- Youth groups
- Primary schools
- Additional education provision
- Higher education
- Third sector organisations

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### Awareness and usage

- Young people vape daily.
- Children and young people's preference is disposable vapes.



### Attitudes and why

- Vapes are cheap and marketed at children, with flavours such as PRIME and branded vapes.
- Children and young people are seeing adverts and videos on TikTok.
- Most common reasons for vaping include peer pressure, flavours and stress relief.
- Many people have not tried cigarettes before vaping.
- Some young people choose not to vape due to fears surrounding health implications.

### Access, safety and availability

- Children and young people feel that vapes and e-cigarettes are easy to purchase and are rarely asked for ID.
- Most commonly bought from the corner shop.
- Not enough safety information.
- Not enough research.
- Fakes vapes are available locally.
- Parents buying young people vapes as a reward for behaviour or attendance at school.
- Nose bleeds, persistent coughing and coughing blood were some of the identified side effects noted by young people.



## Children and young people's focus group feedback

### Special Educational Needs and Disabilities (SEND) schools and colleges

- Park Community Academy Sixth Form (23/2/23) – 11 young people.
- Highfurlong School (10/3/23) – 25 young people.
- Participants were aged between 12–19 years old.

**36**  
participants

### What are yours/peers reasons for vaping?

There were a variety of reasons given for vaping, with the most frequent being **peer pressure, stress** and **as an alternative to cigarettes.**

- “Cos they smoked before.”
- “Because other people do it.”
- “I get stressed.”
- “Cos something is going on at home.”
- “Peer pressure. Mate they hand it to you and see if you wanna try, I was like no I'm good.”

- “Cos it could make you cough more often.”
- “Cancerous.”
- “It gives you cholesterol issues and digestive issues.”

**Due to the majority of the young people within the SEND schools and colleges stating they do not vape, we asked the question: what type of vapes are you aware of?**

The type of vape that most young people in the focus groups were aware of were disposables, with some mentioning specific flavours and brands. The most popular were fruity and fizzy drink flavours, and the brands of disposable vapes included elf bars, aroma king and geek bars. Rechargeable vapes were raised by two individuals, however, there was far greater knowledge of **disposable** vapes within the groups.

### What are yours/peers reasons for not vaping?

The majority of reasons given for choosing not to vape related to the health consequences. Additional reasons given by individual students include disliking the smell and vaping being **addictive.**

- "Rick and Morty vapes."
- "Prime vapes."
- "Some are rechargeable."
- "Ghost bars."
- "Cherry."
- "Irn-Bru."

### Are you aware of where people buy vapes and how much they cost?

Many suggestions were made in the focus groups with regards to where you can buy vapes, with the most common response being corner shops. Some people referenced specific places or shops, including supermarkets, vape shops and petrol stations. Other individuals shared that they get vapes from their friends or parents, whilst others get them off the floor. In general, the majority of young people were aware of the price of vapes.

- "A corner shop in St. Annes."
- "Some of their mates hand it to them."
- "You can buy vapes off Wish now."
- "You can buy them off people."
- "There's huts outside and they sell them to anyone. My sister gets them from there and she looks about 12. She never gets asked for ID."
- "Rechargeable are £15-£20. My sister gets vapes and smokes them every 2 mins."

### How safe do you feel vaping is?

Overall, the consensus was that vaping is not safe, with some people forming this opinion from a health perspective, and others viewing the device itself as being **unsafe**. However, some individuals believe vaping is safe for short-term use, or are not interested in its safety.

- "I worry about my friend's vaping and I tell them to stop but they don't listen."
- "Vapes hardly do anything other than popcorn lung. We learnt about it in science."
- "The vape exploded in someone's pocket in hospital. I've seen it on websites and on the news."
- "My sister went out for New Year and put her vape on her bag and it set on fire."
- "If you do it for a month it's ok."

### Do you think vaping is safer than smoking cigarettes?

There was an **equal divide** in young people's opinions on the safety of vaping in comparison to cigarettes, with most viewpoints being quite extreme one way or the other.

- "It's 100% definitely safer than smoking."
- "One month of smoking and your lungs are black, but one month of vaping and they're still pink. I've seen it on Youtube."
- "I would rather smoke! No idea what's in it."
- "Vaping is a lot worse than smoking."

### Do you worry about the long-term consequences of vaping?

As very few young people in SEND schools and colleges vape themselves, they reflected on what they perceive the long-term consequences to be for those who do vape. All of the comments raised by young people mentioned negative long-term effects on health, with reference being made to cancer. One individual stated that we do not know all of the consequences currently, and that it may follow a similar trajectory to smoking.

- "Toxins in the stomach."
- "You could end up brain dead."
- "Increase the chance of heart attack."

### Do you think advertising and social media promotes vaping to young people? If so, how?

The consensus was that young people were aware vaping was marketed at them, however they feel this did not have a direct impact on the number of young people who vape. Individual opinions varied with regards to social media content, as some see videos displaying the negative effects on TikTok, whereas others see attractive videos showing **"tricks"**.

A few young people believe Television programmes and branded vapes could encourage young people to start vaping. A further suggestion made by young people relating to the design of packaging and the vibrant colours.



- "Yes it's on TV, its everywhere."
- "You see people go live on Tiktok who are vaping. They're about ten years old. It usually gets taken down."
- "I see good and bad videos."
- "Colourful packaging that's aimed at us."
- "Rick and Morty might lead young people to vape."

### Do you think children and young people would benefit from further education relating to vaping?

Feedback regarding education was varied, with approximately half of the young people believing further education would not be beneficial. For those who do believe education on vaping is necessary, there was debate surrounding who would deliver this.

- "Yes it would be beneficial."
- "If you vape it is too late to go back."
- "A talk from a nurse would be better because they know more about it."
- "Someone like you. I wouldn't speak to a nurse."

### Did you know that most vapes with over 600 puffs and e-cigarette tanks over 2ml are illegal?

Most of the young people were unaware of the regulations surrounding vapes and the number of puffs that is deemed legal in the UK.

- "What's legal? It's on a rocky area. Some 3000 are illegal."
- "They pretend they are less puffs to sell it. They sell it on the packaging saying 200 so they can sell it."







- "I order them online and they leave them in the post box so don't have to show ID. There was just fields around."
- "My Mum bought me a vape on my 13th birthday."
- "My friend gave me one and through my fag in the river."

### What type of vape do you use and why?

The majority of young people are currently using **disposable vapes**, having previously used box vapes or mod kits.



- "You can re-charge disposables on a wireless charger. Just put more liquid in, put the top back on and re-use it."
- "At school people have one of 3 types. They either have mod kits because they think they're well hard blowing phat clouds. People with pens are just old ass c\*nts. Most have disposables cause can get 3 for £13 and get all the different flavours."
- "It's easy to hide disposables in school."
- "Some people used to have the massive vapes but disposables are popular among young people now. It's cos you can just bin them when you're done with them. If you throw it on the floor, sometimes it's not truly done and you can get ten more puffs out of it."
- "You can get illegal ones which have 30-40ml. That's killing your insides."

### How safe do you feel vaping is?

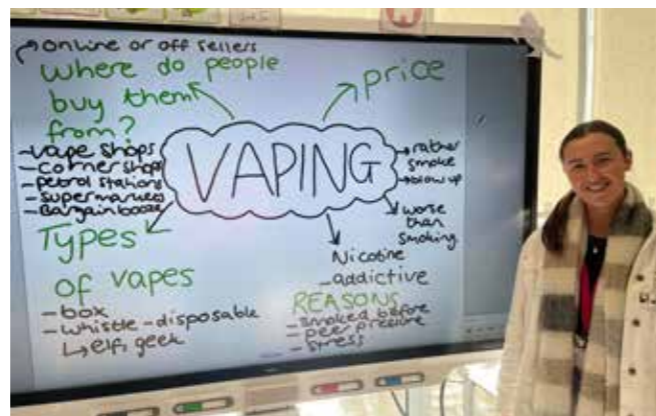
There were mixed views on the safety of vaping, however, the overall feeling from the group was that most people do not care if it is safe and do not consider the long-term consequences.

- "We're all gonna die eventually so we may as well enjoy ourselves whilst we're here."
- "My family have a history of breast cancer so I'm gonna die from that anyway."
- "They mustn't be that bad cos they have to test them out before they sell them."
- "If you don't smoke, it gives you a massive rush and you're not used to it. It sent my head dizzy. I used to vape but not anymore cos it made me feel crap."

### Do you think it would be easy to stop vaping?

The members of the group who informed us they vape did not feel it would be easy to stop, particularly for those who use vaping as a **coping mechanism**.

- "I stopped but then carried on again as someone set my anxiety off."



### Do you think vaping is safer than smoking cigarettes? Have you in the past or do you currently smoke cigarettes?

The group was generally in agreement that they feel cigarettes are safer than vapes, although they are not entirely sure on their reasons why.

A couple of individuals did not agree and believe vaping is safer. Some people stated that they vape and smoke, but their reasons for vaping were generally due to **affordability** and **accessibility**.



- "I think cigs are safer cos tobacco is more natural. Both have pros and cons."
- "There is not enough evidence to say either way."
- "Yeah we both vape and smoke."
- "I smoked before vaping. These are easier to get."

### Do you read the packaging when opening a vape?

The widespread opinion regarding vape packaging was that it isn't important to the young people and they do not pay much attention to it, particularly as the packaging is perceived as vague in comparison to cigarette packaging.

- "Vapes are not regulated the same as fags."
- "I actually did read the packaging last night cos I was bored. It just gives instructions and how to open it. Nothing about safety. It says a bit about pregnancy."

### Do you think children and young people would benefit from further education relating to vaping?

The consensus was that children and young people would not benefit from education as they would not take the information on board or change their behaviour.

- "Kids won't listen. They have to go through the physical side themselves."
- "They don't talk about vaping in school. Year 10 and 11 openly do it. If the teacher takes it off you, you can just snatch it back out their hand and they can't do anything about it. The more people tell you not to do it, the more they do it."
- "I think yes but they won't benefit much as kids don't listen."

### Do you think advertising and social media promotes vaping to young people? If so, how?

The group were of the opinion that the methods of advertisement, including the **packaging and flavours**, had more of an impact upon young people than social media. However, one individual acknowledged that the algorithm on social media channels has a big impact on what appears on your feed, therefore others may have a different experience.

- "Yes, it's the bright packaging and flavours. You can now get Skittle and Fanta flavoured vapes."
- "The packaging is colourful. It should be plain."
- "I don't think TikTok does as nothing comes up on mine. I don't see videos like this though as I don't like these vids. It's the algorithm."

## Youth groups

- Boathouse Youth Lytham Road site (WC 19/9/22) – 39 young people.
- UR Potential LGBTQ+ group (6/10/22) – 5 young people.
- UR Potential Blackpool Youth Council group (10/10/22) – 7 young people.
- Boathouse Youth Grange Park site (WC 31/10/22) – 66 young people.
- Magic Club (31/1/23) – 25 young people.
- REVOElution Youth Group (10/3/23) – 9 young people.
- Participants were aged between 11-17 years old.

**151**  
participants

## What are yours/peers reasons for vaping?

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There were a variety of reasons provided, with the most popular being due to **mental health issues**. Other reasons included peer pressure, to look cool, appealing flavours and how accessible vapes are. This included being able to access them from shops, family members and picking them up off the floor.

- "I've done it once. It found it on the floor. It tasted nice."
- "We didn't know what it was so we tried it. It tasted horrible. I'm eleven years old. We were offered it by our friends who are teenagers. They also smoke weed. Apparently it is good for you but I know it's not."
- "Everyone is peer pressured into doing it at my school. I heard someone being called a mug for not vaping when offered one in the toilet."
- "My brother has just gone into year 4, he had a bit of my dad's after finding it on the floor."
- "To deal with stress, I don't self-harm now I vape."

## What are yours/peers reasons for not vaping?

The most popular response to this question was due to **health** reasons. Additional reasons centred on the financial implications associated with vaping and safety.



- "I don't want popcorn lungs. I tried it before and told my Mum and she shouted and told me about popcorn lungs."
- "I don't vape because it's basically the same as smoking. It can damage your lungs."
- "They are overpriced lung cancer sticks."
- "I want to be in the RAF and to be able to breathe that's why I don't do it."
- "It burns your pocket."

## What type of vape do you use? E.g. disposable vape (elf bar), vape pen, pod mod, pod system.

The type of vape that young people either used or were aware of were **disposable vapes**, with many mentioning specific brands and flavours. The most popular brands mentioned were elf bars, geek bars and crystal bars. The second most popular type of vape mentioned was vape pens and again, specific brands were mentioned such as Cali pens, Eluxes and one person mentioned "weed pens".

- "Disposable because they have nicotine salt rather than a liquid. They're smoother on the throat and lighter and don't cause a chesty cough. They taste better."
- "Disposables are more popular among young people because corner shops have them and it's convenient. There's 50/50 chance of getting served disposables in a shop compared to vape pens etc."
- "Everyone bought Cali pens with their x-mas money."
- "My mates collect empty ones and keeps them."
- "There's crystal, eliquids, elf bars that are so much cheaper. Eluxs light up."



## Where do you buy vapes?

The most frequent response to this question was **corner shops**. Many young people also mentioned specific shops and geographical locations where they buy their vapes, including branded grocery shops and supermarkets. Other individuals stated that their friends or members of their family buy vapes for them.

- "You can get them by literally walking into corner shops. You have to act nice to the man then you don't get asked for ID."
- "There's a shop on my street that lets an eight year old buy vapes."
- "My friend buys me them or you can get randomers to go to the shop for you."
- "Year 6 kids get them from elders."
- "My mates Mum buys them for him."

## Do you get ID checked when buying vapes?

The most popular response to this answer was no, with young people further identifying reasons why, which included the type of shop and **"looking older"**. Other individuals stated that they do get ID'd while others said it depends on various reasons including "how old you look".

- "The corner shop don't ID you."
- "Barely anyone is asked for ID. They don't care."
- "When I try to get them yes as I look like a twelve year old."
- "One shop got caught now they always ask for ID."
- "With my friends, it depends if they're wearing glasses or not. My friend went in without glasses one day and didn't get served, then went in with glasses the next day and got served."

## Where do you/your peers vape?

When individuals were asked where they/their peers vape, the most popular response was **at school** with frequent reference to school toilets being the most popular location within schools. Other individuals stated they vape “anywhere” and others mentioned that they vape at home.

- “At school in the girls toilets, there’s about 12 girls in vaping. Now they have to guard the toilets because of it.”
- “Toilets at school aren’t even used for toilets anymore. They are just used to vape.”
- “In my bedroom, wherever I don’t even think about it.”
- “I know people that do it in the house because parents don’t view it as badly.”
- “Kids have them in their hands all of the time.”

## How safe do you feel vaping is?

The majority of individuals felt that vaping was **not safe**, with the main reason being due to the negative health consequences associated with vaping. Others mentioned that device itself is not safe, with some suggesting that it depends on other factors such as “concentration” and “percentage”. A small minority mentioned some of the positives of vaping, such as “it gives you energy” and “it’s just cool isn’t it”, and some were not interested in its safety.

- “I don’t think it’s safe. I know a 15 year old with popcorn lungs who has been in and out of hospital because of vaping. They are on an inhaler four times a day.”
- “People don’t even think about their health or even the plastic and environment.”
- “There are different percentages that do more damage.”
- “I had a disposable vape set on fire in my pocket (an Elux).”

- “It depends on how much you do. It’s classed as cool.”

## Do you think vaping is safer than smoking cigarettes?

The majority of individuals felt that vaping was **worse than smoking**, with the most popular reason being that people vape more frequently than they would smoke. A smaller minority felt that vaping was safer than smoking, with some stating that they were both as bad as each other.

- “People have them in their hands all of the time. They do it a lot more often than smoking.”
- “As far as I know, all of the disposable vapes are 2% nicotine which is 40 fags. People are going through vapes quicker than cigs so it’s worse.”
- “It’s not very good for you but it’s better than smoking. You can find them anywhere on the floor. That’s when people try them. It is useful if trying to stop smoking.”
- “It really depends. It depends which vape you’re using and its concentration.”

## Have you in the past or do you currently smoke cigarettes?

Responses to this question were fairly evenly split, with the slight majority stating that they had previous smoked before vaping. Some mentioned that they vaped to stop themselves from smoking, while others had never smoked before vaping. One individual stated that they both smoke and vape.

- “I smoked first and then I vaped.”
- “Never smoked but vape.”
- “I still do both, I’m just vibing.”
- “Yeah I started vaping six months ago when I started quitting smoking. I spend £60 a month on vapes.”
- “Everybody who vaped tried a cig.”

## Do you worry about the long-term consequences of vaping?

The majority of responses mentioned the long term health consequences of vaping, with a particular focus on the impact on the **heart and lungs**. Other individuals mentioned that they do not know the long-term consequences because they are not taught about them. Other responses suggested that young people “don’t care” or aware of the long-term consequences but continue to vape regardless.

- “No one really knows because it’s not been spoken about. We don’t know the health risks yet.”
- “A girl I know I go horse-riding with vapes. She has asthma and still vapes. She does it regardless.”
- “One of the big things when it first came out was popcorn lung. Also with it being vapour, it could drown me from the inside.”
- “They don’t teach about vaping consequences in schools because if they teach about it, they think that they’re encouraging it.”
- “It may not be as bad as smoking but it could end in heart failure, especially if you go from smoking to vaping. Tar mixing with vapour in your lungs.”

## Do you think advertising and social media promotes vaping to young people? If so, how?

All of the responses indicated that they believed advertising and social media promotes vaping to young people. Around half of the responses mentioned the prevalence of vaping on specific social media sites such as **TikTok, Instagram**, Snapchat and Facebook, as well as the impact influencers vaping has on young people. The other half of responses stated that vaping is targeted within advertising specifically towards young people, due to the flavours and packaging.

- “They are all over social media. There’s pictures of vapes and influencers with them.”
- “It doesn’t help when influencers that bring out a drink (referring to PRIME) bring out matching vape flavours too. The packaging and flavours, like cotton candy, make people want to try them. They make them look attractive for kids.”
- “They are attractive, different colours. Always at the tills and make you want to buy them.”
- “I saw on TikTok a three year old vaping.”

## Do you think children and young people would benefit from further education relating to vaping?

The responses to this question were fairly evenly split, with some individuals stating the need for **more education** on vaping. Others mentioned lessons they already have such as PSHE, where some suggested education on vaping already took place, while others suggested PSHE teaches them about other things such as drugs, but not vaping. A minority of individuals stated that it depends on other factors, such as who would be teaching it.

- “Yes, we think so as we don’t know the long term effects.”
- “We get taught about e-cigs in school assembly and PSHE lessons.”
- “There’s loads of education about other things like smoking, alcohol and drugs.”
- “At school, it depends what teacher it is.”
- “School don’t teach us about vapes.”

### Did you know that most vapes with over 600 puffs and e-cigarette tanks over 2ml are illegal?

The majority of young people were aware of the regulations surrounding vapes and the number of puffs that is deemed legal in the UK. A smaller minority were unaware of the regulations.

- "I didn't know over 600 puffs was illegal."

### Do you read the packaging when opening a vape?

Most individuals stated that they do not read the packaging on vapes, with most discussing the bright colours/ pictures relating to the brand rather than any health warnings.

- "No-one reads the packaging. All I see is a picture of the vape."
- "Cigarettes have scary pictures on the front. Vapes are really colourful."
- "There's no health pictures on the packets."
- "Should make the writing bigger."

### Do you think it would be easy to stop vaping?

Discussions around this question were fairly evenly split, with some stating they would not be able to stop, citing reasons such as **pressures at home**, due to the length of time they have been vaping and simply not wanting to stop. Others said it is easier to stop vaping due to there being less nicotine and they have stopped in the past.

- "I couldn't last a week without one."
- "I don't think so, everyone is doing it at school."
- "My friend can't stop because of pressure at home."
- "It's easier to stop than smoking - vaping has less nicotine in it."

### How could young people be encouraged to stop vaping?

The majority of responses called for further education on vaping, specifically around the **health implications** related to vaping. One individual suggested that young people need to be incentivised to stop through rewards like vouchers.



- "I want to stop, you need to tell people the effect on their health."
- "I don't think there's enough education on vapes like there is for alcohol and cigarettes."
- "If someone doesn't vape for a year they should get rewarded. With a voucher or money."
- "Show young people what happens with their lungs if you do it."



### Is there any information that you think young people are missing in relation to vaping?

One of the key themes that was identified in this question was that individuals felt there needed to be more awareness around the impact vaping has on teeth. Other individuals had not heard about "popcorn lung" until discussions within the focus group, and felt they wanted more information on this.

- "Well I didn't know about popcorn lung until you guys were saying tonight which is worrying."
- "They need to learn how it can affect your braces - it can affect how quickly your teeth move."
- "Your doctors and dentists can tell."

### Other feedback

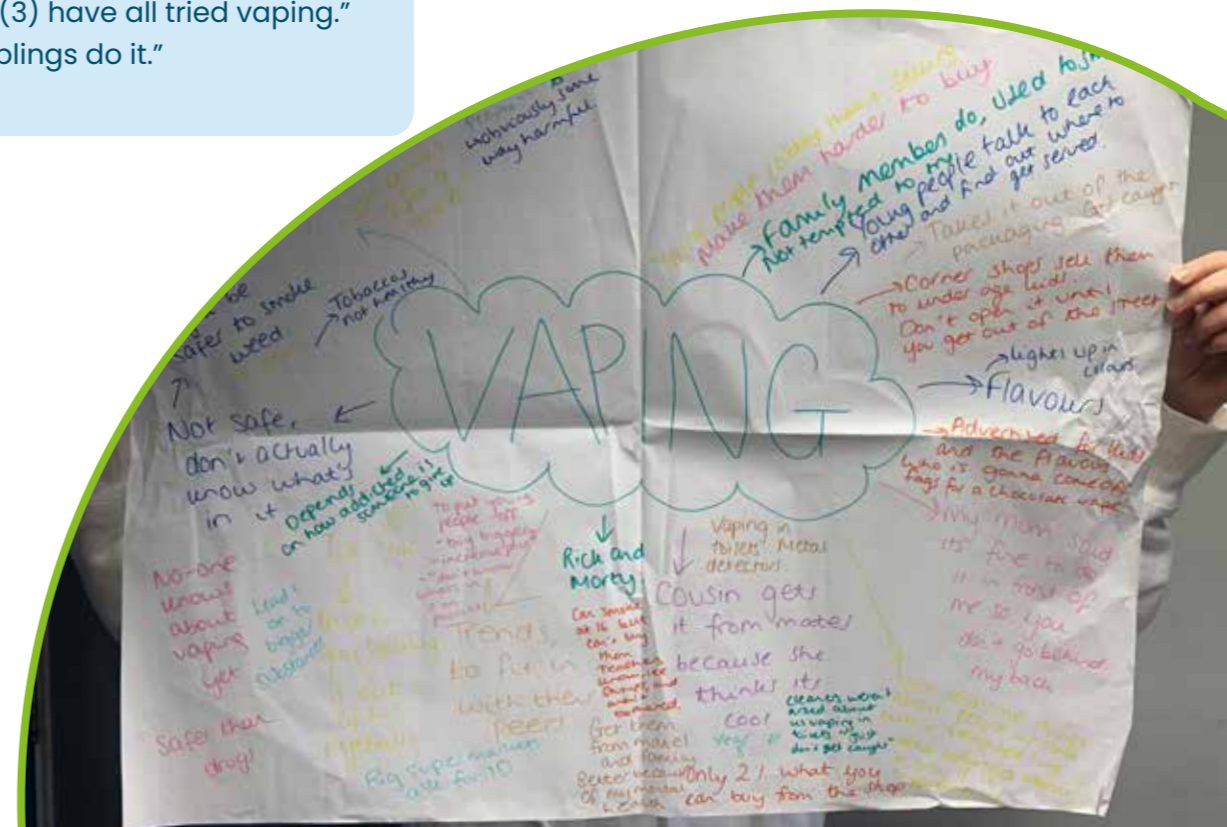
Other feedback from youth groups included:

- "We like to smoke the 'secret stuff'."
- "My sister (7), brother (10), sister (8) and sister (3) have all tried vaping."
- "I let my siblings do it."

### What are the consequences of vaping at school?

The most popular response to this question was that young people have their vapes **taken off them** if they are caught with them. The second most popular consequence was "detention" or "impact". A small minority stated that their school "search" individuals and some suggested that their school "do nothing" if people are found with vapes.

- "They take them off you and destroy them."
- "In our school, you will get a C5 and in some cases excluded."
- "Our school are not bothered about vaping. They only take them off you if they catch you. If you have them in your pockets they don't take them off you."
- "They search you at my school with a metal detector."
- "Our school have to give them back."



## Primary Schools

- Layton Primary School (4/1/23) – 89 young people.
- St Kentigern's Catholic Primary School (4/1/23) – 28 young people.
- St Nicholas Church of England Primary School (19/1/23) – 29 young people.
- Mereside Primary Academy (2/2/23) – 70 young people.
- Westminster Primary Academy (3/3/23) – 21 young people.
- Participants were aged between 10–11 years old (year 5 or 6).

237 participants

## Do you vape/ have you ever been tempted to vape? If yes, why?

The vast majority of individuals stated that they have **not vaped** and have never been tempted to vape, with the main reason being due to the negative health consequences of vaping. Some individuals admitted that they had been tempted to vape, with the most common reason being due to the **appealing smell** of vapes when someone else has been using them. A small number stated that they had tried it once but didn't like it, often encouraged by friends or family members and a smaller minority stated that they do vape.

- “I’ve been excluded for an afternoon for vaping, I know loads about it.”
- “I have been tempted, just to see what it’s like and I have vaped because someone peer pressured me to do it.”
- “I have done it once and I did it because my friend had one and I felt like if I didn’t do it they wouldn’t like me anymore.”
- “No because I know the consequences and know the risks of vaping.”
- “No because I was peer pressured once and I declined the offer I was given to vape.”
- “My mum and dad don’t like it so it makes me not want to try it.”



## What do young people know about vaping? E.g. types, price, where to buy...

The most popular response to this question centred on where young people are getting their vapes from, including various shops such as supermarkets, corner shops and vape shops. Several stated that young people **pick them up off the floor** and get them from friends or family members. Young people also gave information on what they knew a vape contained, with a strong focus on the knowledge that vapes contained nicotine and what this does. Others talked about how vapes contained a certain number of puffs, comparing this to the amount of cigarettes vapes are equal to. Other popular responses were around the cost of vapes, stating young people, family members and friends who they knew vaped and the various different types of vapes including disposables, vape pens and specific brand names like “Elf bar”, “Lost Mary” and “Crystal’s”.



- “Vapes can contain up to 50 cigarettes.”
- “I’ve seen friends of mine pick up vapes on the street.”
- “Some people ask older people to buy for them.”
- “You can buy them in sketchy or corner shops.”
- “Some places you can get 1 for £3.”
- “My Dad does to stop smoking.”
- “When someone vapes I like the smell of it, the last flavour I smelt was cherry it was so nice.”

## Why do you think young people or adults choose to vape?

There were a variety of reasons given as to why students felt that young people and adults chose to vape, with the most popular reason being **to look cool**, followed closely by **peer pressure**. Participants also stated that stress and mental health reasons are a contributing factor as to why both young people and adults choose to vape. Participants also felt that addiction played a significant part in people’s use of vapes as well as some suggesting that vaping is often used as a preferred alternative to smoking cigarettes.

- “People don’t know it’s dangerous and other people do it so they might copy them because they think it’s cool.”
- “Some people dare their friends to do it and get peer-pressured.”
- “They could be depressed, heart-broken or because of a dare by their friends.”
- “They think it will get rid of their problems like depression or problems at home.”



## What is peer pressure/influence?

When asked what peer pressure/ influence is, the majority of young participants shared their own definitions and understanding of peer pressure and influence.

Common phrases included **forced, pressured, encouraged** and **persuaded**. The second most common response centred on the impact social media, advertisements and celebrities has on influencing young people to vape. Young people cited specific social media sites such as "youtube" and "TikTok" as well as discussing how vapes are advertised towards children due to their appealing flavours and colours. Another common response was of young people's own experiences of peer pressure/ influence, where they disclosed instances where they were peer pressured/ influenced by friends and family members.

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- "Peer pressure if when you get pressured or do it because you get blackmailed."
- "Saw a video of guys going up to young people, like 14, and they forced them to try."
- "People might have a celebrity they look up to and they want to be like them when they're older so they see them and decide to copy them and do it."
- "I did it twice, my Uncle forced me he's 16."
- "When I've been peer pressured I felt like I couldn't do anything."
- "I saw a doctor on TikTok and he said it's safe. And he had a blue tick."
- "There was a TikTok of a calendar with vapes in it" (advent calendar).

## How safe do you think vaping is? What are the risks?

The overwhelming majority of responses from young people was that vaping was **not safe**, with many individuals listing the various negative health impacts it can have on the body. Many discussed the impact it can have on lungs, heart, the brain, mental health and teeth. A large number of participants also mentioned the fact that vapes contain nicotine and are therefore **addictive**, which they also associated with being unsafe. A small minority felt that vaping was safer than smoking cigarettes, with a smaller minority feeling cigarettes were safer.

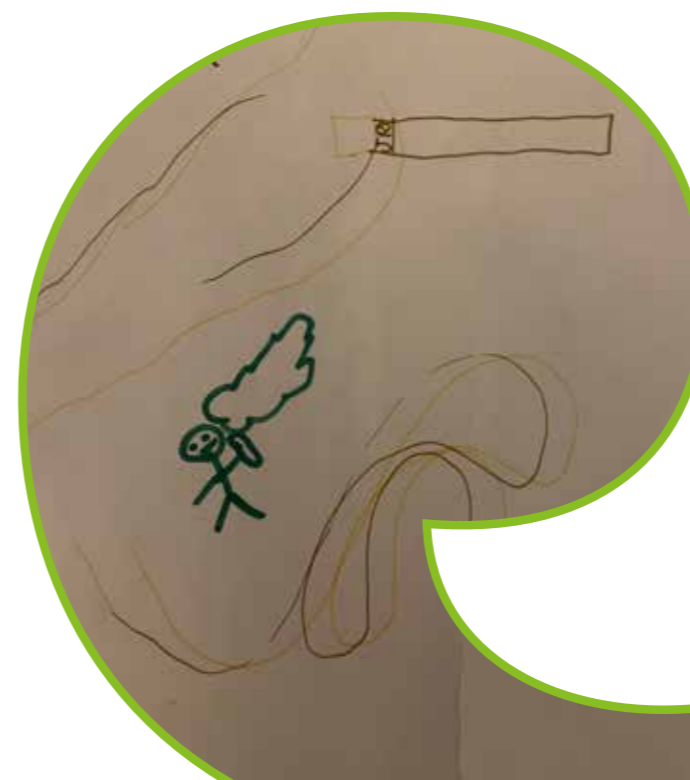
**3 young people** felt that vaping was safe, stating:

- "If you just vape a little every day you won't get addicted or have anything bad happen to you."
- "It's very addictive as it has nicotine and so it's dangerous."
- "It can turn your lungs black, but not as much as cigarettes."
- "Vaping can damage your lungs, it could possibly kill you."
- "If kid's vape, their brain will not develop properly."
- "It can cause cancer."
- "Vaping can lead to bleeding, teeth decaying and not being able to breathe properly."
- "If you find a vape on the ground don't pick it up because it might have drugs inside it and can kill you."
- "It can cause depression and even lead to the point where you can die."

## Would you like further education about vaping?

The general consensus was that individuals would like **further education** on vaping, in particular the health risks associated. Other participants wished to be educated more about vaping so they could pass this on to family members and friends who vaped to help them stop. A number of individuals stated who they would like to deliver this information, the most common being teachers, health professionals and parents. A small minority stated that they would not like further education on vaping.

- "Yes because I can tell my family and friends what the risks are."
- "Yes because it will teach me the right information instead of the wrong information."
- "I would like to learn more so we know the risks. I would like experts to come in and teach us. The more I know, the more I can avoid it and tell others about it so they don't end up in hospital."
- "I would want my teacher or someone I can trust."
- "Further education might not be the best idea as it might make other people want to do it more."



## How can vaping in young people be stopped?

There were several suggestions from individuals as to how vaping in young people can be stopped. Some suggested that vapes need to be **less accessible** to young people, while others suggested that there needs to be **more education** available to young people about the effects of vaping.

- "Stop selling at the corner shop."
- "Could ask for ID."
- "They are recommending not to vape, but it should be the law."
- "Videos showing what happens to your body when you vape, the harm."

## Have you ever heard of vape-hunting?

When participants were asked this question, the majority of young people had heard of vape hunting and were able to articulate what this was. Some had witnessed someone they know vape-hunting, while others raised their concerns regarding the health implications of picking vapes up off the floor. A small minority of young people had never heard of vape-hunting.

- "To see if any puffs in it and pick it up".
- "Someone picked one up, tried it and said it was really bad."
- "Dogs could have peed on it."
- "Could have Covid."
- "If you see a vape on the floor, don't pick it up. It could have had a rat on it."
- "I know someone who does it. He is only 8 and has diabetes. They find fresh ones off the street and clean it with the top of their clothes."

## Additional educational provisions

- Athena: Educational Diversity (12/9/22) – 12 young people.
- Athena: Educational Diversity (20/1/23) – 10 young people.
- The Willows: Educational Diversity (30/1/23) – 4 young people.
- Spen Brook School (31/1/23) – 6 young people.
- Pegasus: Educational Diversity (7/2/23) – 9 young people.
- Pegasus: Educational Diversity (9/2/23) – 8 young people.
- Lancashire Alternative Provision (23/2/23) – 6 young people.
- Unique training (1/3/23) – 12 young people.
- The Alternative School (2/3/23) – 9 young people.
- RossCon training (9/3/23) – 7 young people.
- Participants were aged between 11-30 years old.

83 participants

## What are yours/peers reasons for vaping?

The most popular reason suggested for young people vaping was that it is a **social norm**, in which young people perceive it to be **cool**. It was acknowledged that vaping is a current trend, therefore young people engage in this in order to **fit in** with their peers.



- "People see other people vaping and so they think it's okay."
- "Because everybody else does it."
- "Trends. To fit in with peers."
- "If you're close with someone you just share it with friends."

Another frequently mentioned reason for vaping was due to the array of **flavours** and **colours** that young people gain enjoyment from. As well as this, the **vaping tricks** that can be performed attract young people to vaping.

- "Sweet flavours, blue and pink lemonade."
- "Sometimes my mates vaping makes me want to when I smell the flavours."
- "I like it cause it lights up my room with the LED lights on the vape."
- "The flavours, you can tiger blood and prime vapes."
- "Because they want to do tricks they have seen online, like 00000."

In addition, using vaping as a method to **relieve stress or boredom** was also common within the focus groups, specifically for young people experiencing struggles.

- "Stress. It's a coping method. How much I vape depends on what happens in the day and how stressed I am."
- "There's nothing to do. If people found out that you're chilling at a youth club, they'd think what are you doing you absolute gimp."
- "Clears my head."
- "Makes me feel better."
- "My mates with ADHD, autism, anger management and all that, they vape to calm them down."

Further reasons given for vaping included **peer pressure**, and being **surrounded** by vaping or smoking from a young age.

- "Someone gave me one in year 5 and I didn't know what it was."
- "If you don't do it you get called a p\*ssy".
- "Everyone I know vapes, they try to get me to."
- "I started in year 6 cos of my dad's cigarettes."
- "Makes a difference if your parents vape. My Mum smoked and now she vapes. I wanted to try it and I've grown up around it. Because she vapes, I think it's alright."

## What are yours/peers reasons for not vaping?

When describing those that choose not to vape, young people highlighted **health** as the most common reason. This was closely followed by long term conditions such as **asthma**. **Religion** and **strict parents** was also cited within feedback gathered.

- "Some of my mates do sport so don't want to vape."
- "My best mate doesn't. She's got asthma."
- "Health benefits, I want to be an athlete."
- "Religious reasons."

## Where do you buy vapes?

Those that buy vapes typically choose independent **corner shops**, as they do **not have to provide proof of age**. Some of the young people mentioned the **'dodgy'** corner shops selling counterfeit vapes. Additionally, they recalled the shopkeepers removing the vape from the packaging or instructing children and young people to not open the vape until they are on a different street.

- "I get it from corner shops. They say don't get it out of the packet before you are out of the shop and down the street."
- "Corner shops, but some of them are selling fake vapes and they're shit." When asked how we know the vape is fake, "they're in different packaging than normal. The text is bolder. The battery dies quick and the coil burns."
- "You can get them from the corner shop. Year three's get them and everything."
- "Corner shops sell them to under age kids and they say don't open it until you get out of the street. The man says quick quick."
- "They wait for the shop to be empty then they'll serve you."
- "I know seven year olds getting served in a corner shop."
- "Corner shops. Some shops take them out of the box first so it doesn't look like you've just bought them."

Furthermore, **stealing** vapes from big stores or supermarkets was discussed on a number of occasions, with some young people doing this to **sell** the vapes and others using the vapes they have stolen.

- "To steal them from a supermarket, you take it to the toilet, then take it out the packaging and just put the vape in your pocket."
- "Food warehouse is dead easy to steal from."
- "Young people are robbing them and selling them, I've done it."
- "They're easy to rob from B&M."

Other young people order their vapes through **online** means, whether that be a website, social media or an app.

- "Got 8 vapes delivered to the house off vape shops online. They just post it through the letter box. If they knock I say Mum isn't in and it's for her."
- "On snapchat you can ask your mates."
- "I get mine from the dark web. You can get them imported from America to your house."
- "Can order vapes on UBER eats. Mum answers the door." After a short discussion, the individual noted that their Mum doesn't know the contents of the order. "I only do it for stuff I can't buy."
- "There's insta vape accounts, the Blackpool account advertises where you can get a vape with no ID. It's just a random person from Blackpool that runs the account."

Finally, some young people were **not aware** where their vape had been purchased, due to being given them by family members or acquaintances.

- "I tax it off my auntie."
- "My cousin buys them for me."
- "My mate is a girl. Someone asked her to do stuff for a vape."

### Do you get ID checked when buying vapes?

The general consensus was that young people are less likely to be asked for ID in corner shops as opposed to supermarkets. With this being said, young people identified that **girls** are more likely to be served a vape **without ID** than boys.

- "You can get served in any shop in town they will not ask for ID."
- "Definitely girls are more likely to get served, cos they are pervs".
- "It's harder for boys, all they have to do is wear a push up bra".
- "I don't get ID'd. I had a fake ID but I lost it."

In addition, those who are worried they will be asked for ID when buying a vape shared that they **ask other people** to go into the shop on their behalf. One individual also mentioned **wearing a mask** in the shop when buying a vape.



- "I get a mate to go in."
- "Bare little kids hanging around asking outside shops."
- "You can send friends in if needed."
- "It's better for the shops if you are wearing a mask so they don't get identified".

### How safe do you feel vaping is?

The most frequent response when asked if vaping was safe, centred on potential negative health implications as a result of vaping. Specific mention was given to long term conditions such as **cancer** and **respiratory difficulties**.

- "Can get popcorn lungs."
- "Restricts your breathing."
- "Can get lung cancer."
- "They can make people feel dizzy depending on how much they are used in a day."
- "I've developed a cough since vaping."

Similarly, several young people made reference to **coughing up blood** as a consequence of vaping and the implications surrounding certain types of vapes.

- "Crystal vapes have made people cough up blood. Some of them quit but some don't."
- "My mate Liam spits out blood."
- "Geek bars make you cough up blood."
- "Coughing up blood is a minor issue."
- "I started coughing up blood for a bit but it didn't scare me or make me want to stop."

In addition, multiple young people deemed vaping to be unsafe, questioning the ingredients. Specific mention was given to the safety surrounding vaping during **pregnancy**.

- "Don't know what's in vapes."
- "It's not safe."
- "Obviously it's in some way harmful if pregnant women can't use a vape."
- "Don't think it's safe at all."
- "Not safe if you're pregnant, can give the child disabilities."

In contrast, a minority of young people did not seem concerned in regards to the safety surrounding vaping, prioritising **short term gain**.

- "Not thinking far ahead about long-term effects."
- "No not worried."
- "Don't really care if it's safe or not."
- "Mum sends me things about people in a coma with a collapsed lung but I'm not bothered about it, I'll only be bothered if it happens to me."

Further to this, some young people made reference to **safety concerns** relating to the device itself and the **dangers** these can pose.

- "They can explode."
- "My mates were trying to charge a vape with an Apple charger and it blew up."
- "The rechargeable ones can blow up at any time."
- "Refillable ones are worse. Their liquid is stronger. They have more nicotine. They run the risk of burning out their coil which you cannot tell straight away. Disposable ones are more convenient."
- "It gets really hot if it gets wet."

Finally, a minority of young people highlighted the **lack of research** relating to vapes and their safety.

- "No-one knows about vaping yet."
- "No-one knows if it's safe, we don't know the long-term effects. Nothing you like to do is healthy."
- "We don't know, it took twenty years to find out what happens with cigs."



## Do you think vaping is safer than smoking cigarettes?

Most of the young people believed that vaping is safer than smoking cigarettes due to the ingredients within a vape being better for your health than those in a cigarette.

- "It's safer as it's got no carcinogens."
- "There is no tar in vapes so this is better for you."
- "I'd rather have a toother than smoke a fag."

In contrast, some young people believe that cigarettes are safer than vapes.

- "I think cigarettes are safer. There's like 42-50 cigarettes in a vape. That's scientifically proven my Dad has researched it to get my brother to stop. He was addicted to aroma king and it was just lasting him 3 days."
- "Tooters are worse than baccy."
- "Cigs are safer than vapes cos vapes can explode."

For others, they felt as though they are **both bad**, or it is dependent on the type of vape and how often this is being used.

- "You can change vape pens to alter how hard they hit you."
- "You can get vapes that don't have nicotine."
- "Safer in the fact that tar isn't left on lungs but I'd say they are the same apart from that."

## Have you in the past or do you currently smoke cigarettes?

The general consensus from young people was that many are now starting to vape before having smoked cigarettes. They acknowledged that this differs to previous generations, whereby smoking cigarettes was more popular.

- "More adults smoked first then vaped but more children are vaping first."
- "Not a lot have smoked before they vape."

With that being said, some young people described smoking **cigarettes** from a young age **prior to vaping**.

- "Yeah but I vape now. When I'm super stressed I have a cig but I'm not interested otherwise."
- "I started smoking at 11, I'd take my grandma's cigarettes but I've stopped smoking now and moved to a vape."
- "I smoked before, my cousin put a cigarette in my mouth when I was 9."

Additionally, some young people have **started smoking** cigarettes since vaping.

- "It's easier to get fags off strangers."
- "More common for people to go from vapes to cigs."

For those who currently smoke cigarettes and/or vape, it was discussed that this can vary dependent upon the situation. Examples given included when **socialising**, when **experiencing stress** and if people do not have a vape.

- "Occasionally smoke, if no vape."
- "I smoke cigarettes when I drink alcohol, but I don't vape."
- "I do both at the same time, just depends on the mood. I tend to vape more."
- "My Mum currently only buys horrible cigarettes so I stick to vaping at the moment. It's only when I'm really stressed that I smoke."

## Do you worry about the long-term consequences of vaping?

The overall consensus was that young people **do not worry** about the long-term consequences of vaping.

- "I'd have one last toot of a vape before I die."
- "Don't worry about it."
- "You only live once."
- "It only comes around once."
- "Not arsed."

In contrast, some young people highlighted the potential long term health consequences as a result of vaping. Young people made specific reference to health concerns, such as **persistent nosebleeds and popcorn lung**. It is important to note that despite the majority being aware of the long term risks, young people choose to vape regardless.

- "I do worry about popcorn lung and the consequences but go back for more anyway."
- "You can get water vapour on your lungs."
- "You can get something called popcorn lung that will eventually kill you."
- "They can cause health issues like headaches and nose bleeds."
- "Children have ended up in hospital due to constant nosebleeds from the stronger vapes."

Finally, a minority of young people believe vaping to be **unsafe**.

- "It is not thought to be safe."
- "I did, main reason I quit."

## Do you think advertising and social media promotes vaping to young people?

The majority of young people believe that **social media** and advertising promotes vaping, with specific mention being made to **TikTok** and **Instagram**. Young people stated how social media platforms such as these advertise tricks and endorse new flavours. It was noted that the majority of young people choose to actively avoid social media content displaying the negative consequences of vaping, or if this content is consumed, young people choose to continue vaping regardless with this content having very little impact.

- "TikTok does, there's a video of a guy blowing a vape out of his eyeballs."
- "All over TikTok. There's accounts that show vapes and new flavours when they come out."
- "I see people in hospital beds with breathing tubes on TikTok but it doesn't make me want to stop."
- "I just watch cool videos of people doing tricks and that."
- "Some post about coughing up sick, but I'll just avoid that one".
- "New flavours on TikTok, at the moment it's Mr Blue and bubblegum."

Similarly, some young people made reference to **Snapchat**, as a means to promote and sell vapes.

- "Sometimes you have naughty kids robbing from a shop and they put it on snap to sell to young ones."
- "You can post any on snap."
- "People use snapchat to sell vapes."

In addition, young people made reference to the **attractive exterior** to vapes, noting features such as flashing lights and bright colours. Some young people acknowledged that advertising and marketing is aimed at themselves, however choose to continue despite this being apparent.

- "Packaging has fruity pictures on and they're all in a display cabinet with lights."
- "Advertised for kids and the flavours. What adult is gonna come off fags for a chocolate flavour vape."
- "Why would a bright, light up vape and sparkly wrapper be targeted at adults? Course it isn't."
- "They have fidget spinner vapes now that light up."
- "They make them fluorescent."

- "The younger ones should have someone in uniform telling them about, because it would sh\*t them up and they wouldn't dare to try it."
- "Yeah, you could learn about it in year 6 maybe."
- "Teenagers who can speak on the same level, make it fun."
- "A police officer, they've got to have fear."

In addition, some young people suggested that sessions **showcasing the health consequences** of vaping would be the preferred way to educate young people.

- "They should listen to people who have got lung cancer or are really ill from vaping."
- "Someone who knows about the effects and can shock them."

Finally, a minority of young people felt that this would **not be beneficial** as they already vape.



- "No, it won't benefit anything cos we do it. You could tell young people though who are in primary school."
- "No I wouldn't be bothered."
- "I wouldn't bother. It's like when the police come in and talk to you about drugs. You're gonna do it anyway. When someone tells you not to do it, it makes you want to do it more."

Finally, some young people discussed various **flavours and brands**, highlighting their appeal to young people.

- "They look like sweet flavours."
- "Slush puppy - aimed at kids."
- "It looks good, you can get Rick and Morty. Some flash."
- "You can get Spongebob vapes mate."

### Do you think children and young people would benefit from further education relating to vaping?

The overall consensus was that young people would benefit from **further education** in relation to vaping, with a preference for this to take place with younger children in settings such as **primary schools**.

Other young people suggested educational sessions be facilitated by authoritative figures or someone relatable.

### Did you know that most vapes with over 600 puffs and e-cigarette tanks over 2ml are illegal?

Largely, feedback suggests that young people are aware that vapes **over 600 puffs are illegal**. That being said, young people are aware of shops having a wide range of 'under counter' vapes that are easily accessible.

- "Yes you can get Gluxes which are fake Eluxes."
- "Yes you can get 70k Aroma Kings."
- "Eluxes are always under counter."
- "The 600 puff ones, you can get them sometimes under the counter."

### Do you read the packaging when opening a vape?

Most young people stated that they **do not read** the packaging when opening a vape.

- "I just throw it on the floor."
- "The packaging is colourful, I never read it!"
- "I don't read the print on the back. Sometimes I do but I don't pay attention."

For those that do, the young people discussed some of the information they have previously seen on a vape packet.

- "Most are 2% nicotine, says it on the packet."
- "Sometimes it's in a different language."
- "It says on it it's bad for pregnant people. There's a small picture of a pregnant woman with a cross through it."

- "I did last night when I was bored led in bed. It just says 18+ and do not swallow the liquid."
- "Yeah sometimes if it's a new one like a crystal bar. It tells you to wait two mins before using it."

Despite this, it has been noted that there **isn't clear health warnings** on the packaging to deter people like there is on cigarette packaging.

- "They're not like cig packs. Just say don't vape if you're under 18 and if you're pregnant."
- "There is small to no health warning."
- "Cigarette packaging has graphic images of potential damage to health, but there is just text on vape packaging."

### Do you think it would be easy to stop vaping?

The young people's opinions on how easy it would be to stop vaping were relatively **mixed**. Some young people think they would find it difficult to quit due to the addictive nature of the vape.

- "If I don't have it, I feel like I'm going to die."
- "It's hard to quit."
- "No I'm addicted, I used it to stop smoking cigarettes."

Alongside this, some people have **tried to stop** vaping previously and have **struggled** with this.

- "I tried to stop cigs and vaping but I got really agitated."
- "I'm not bothered about it when I'm in school but crave it after school."
- "It's like I've trained my body and at half 2 I think where's my tooter."
- "I did try to stop but ended up not. If my mates would stop I would."
- "I quit for a few weeks and then started again."

On the other hand, others feel that it would be **easy** to stop vaping, with some having previous experience of this.

- "Personally it was very easy to stop."
- "I stopped for 2 weeks cause I didn't have one and I didn't need it."
- "I can just not have it."
- "I stopped cause I want to join the army."

### How could young people be encouraged to stop vaping?

In order to encourage young people to stop vaping, discussions took place surrounding the marketing and advertisement of vapes. Several young people suggested **health warnings** on packaging to deter young people, alongside increasing the cost of vapes in order to make these less accessible.

- "To put young people off, they need to make you buy more at once which will increase the price. At the moment, you can buy one for £5 or 3 for £12, sometimes it's two for a tenner. This is cheap so kids can just get them."
- "They need to put on the packet something like we don't know what's in it or we don't know whether it's safe."
- "Make them harder to buy."

In addition, some young people suggested that **increased knowledge** surrounding the long term health implications of vaping, alongside personally experiencing a health consequence themselves, would encourage them stop vaping.

- "I think about my lungs, it doesn't make me want to stop though."
- "If I coughed up blood I'd probably stop."
- "If I knew it would kill you."

Furthermore, a minority of young people made reference to **financial or material rewards** as an aid to stop vaping.



- "My mum encourages me to stop because she works for the NHS. She offers me money or a new pair of trainers but I get them anyway."
- "Money would make me stop."

Finally, a small proportion of young people did not know what could encourage young people to stop vaping. Other suggestions focused on **future implications on loved ones**, and areas in which vaping should be permitted.

- "Nothing would help young people to not vape, they just won't listen."
- "Think it needs to be treated like smoking and done outside or in a smoking area, then less people will wanna do it."
- "I don't want it to affect my kids."

### Is there any information that you think young people are missing in relation to vaping?

Health information was an overarching theme throughout conversations. Packaging and **clear information** was a suggestion in which to deter young people. Along with this, young people felt that health impacts are not discussed enough.

- "Health risks aren't mentioned enough."
- "The package for a vape states that it is bad for you but does not specify why. It is believed that it is for 18 and over only due to the nicotine. There are health issues but the package does not say what these are."

### If you are given vapes, who gives you these and why?

The consensus among young people was that **family members buy, share and give vapes** to young people.

- "Get money off my Nan, she knows I'm using it to buy vapes and she's not arsed."
- "Cousin gets it from mates because she thinks it's cool."
- "Get them from my mates and my family. It's better me doing this for my mental health than something worse."
- "Get them free off my brother, he got 3 boxes full worth £120, he has 80-90 e-luxes."
- "Yeah my dad buys them for me."

In addition, young people discussed **borrowing, buying and selling vapes** to their friends.

- "Lend them off the 15 year old over the road."
- "You open the tooter, take a load of drags out of it, put it back in the packet using hair straighteners and sell it to your friends."
- "Tax them off your friends."
- "My friend across the road."

Furthermore, a minority of young people discussed receiving vapes as an **incentive for good behaviour** and full attendance at school.

- "My Mum buys me them, she bought me 2 vapes on Friday cause I'd been good for a week."
- "Got to be good this week, due 2 vapes on Thursday."
- A teacher said, "some parents are saying if you come in every day, you'll get a vape on Friday. Kids are being bribed with vapes now."

Finally, the Healthwatch Blackpool team were informed about **vape hunting** through focus group discussions. Feedback was mixed, with some young people openly admitting to undertaking this, whereas other young people perceived this as unpleasant.

- "There's something called vape hunting. It's where people go out and try find vapes on the floor, then pick them up and see if they have any puffs left."
- "People pick them up off the floor, for people that can't afford it and say wonder if this has any drags left on it."
- "Vape hunting is dutty."
- "Isn't it when you pick them up off the floor? You don't know what's been put in it or where it's been."

## Fake and counterfeit vapes or e-cigarettes

There was a **clear understanding under the counter market** of fake and counterfeit vapes. It appears that some young people are choosing to purchase said vapes due to the number of puffs and value for money. Others are disappointed with the standard or feeling from a fake vape, and so would prefer to have a legitimate brand.



- "Fake vapes are stronger, they hit the back of your throat more."
- "I get two 7,000 puffs per week. They are £12 each."
- "You can tell cos the thing you took out of is bent."
- "Lost Mary's light is on the wrong place. Writing is dodgy as well."
- Young people described that fake vapes are identifiable through their QR codes, as well as the poor quality of the packaging or vape itself.
- "I've had one before, you know cos it's got bigger writing and a different QR code. If you can't scan the QR code on the back then you know it's fake."
- "You can rub off the logo on the front."
- "It doesn't taste like the flavour it's meant to be."

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## Higher Education

- Blackpool and the Fylde College Bispham Campus fresher's fair (20/9/22) – 24 young people.
- Blackpool and the Fylde College University Campus fresher's fair (22/9/22) – 11 young people.
- Blackpool Sixth Form College (13/10/22) – 11 young people.
- Blackpool and the Fylde College Bispham Campus Level one Early Years cohort (1/2/23) – 15 young people.
- Blackpool and the Fylde College Bispham Campus T Level Health and Social Care cohort (1/2/23) – 8 young people.
- Participants were aged between 16-19 years old.



## What are yours/peers reasons for vaping?

Multiple reasons were given as to why young people vape, with the most frequent response noting that vaping acts as a method of **relieving stress**, often used as a coping mechanism. Second to this, young people stated they vape in order to **stop smoking cigarettes**. Other reasons were given by young people, such as the attractive flavours of vapes, vaping because of boredom alongside the comfort this gives, feeling addicted and peer pressure.

- "Due to the stress of school."
- "Stress - I used to smoke cigs and switched."
- "Swaggy and stops me smoking."
- "Addicted to fags and switched to vapes."
- "Strawberry ice flavour's got me in a chokehold."
- "Whenever I want a fruity twist."
- "It's the holding it. I sit and roll it in my and when I'm not smoking it."
- "Friends will say 'try this flavour'."
- "Sometimes I match my outfit with my vape."

## What are yours/peers reasons for not vaping?

When asked why young people do not vape, the most frequent answer referenced unknown potential health implications, alongside exacerbating **pre-existing health conditions**. In addition, some young people noted the smell being unpleasant, alongside the **expense** of vaping.

- "Expensive."
- "We don't know enough about vaping."
- "I don't know what the long-term effects are."
- "If you have pre-existing health conditions, you don't want to vape to make it worse."
- "It smells."
- "I don't wanna die."
- "I hate it when people vape around me. I find it overwhelming."

## What type of vape do you use? E.g. disposable vape (elf bar), vape pen, pod mod, pod system.

The most frequent responses from young people were disposable vapes, referring regularly to Elf bars and the convenience of these. The importance of **fruity flavours** were noted, however the limitations of disposable vapes were also discussed. Some young people made reference to the longevity and advantages of Pod Mods, however the practicalities surrounding these make them unappealing to young people.

- "Disposable vapes are more practical."
- "The flavours are important."
- "Vimto flavour."
- "Elf bar – disposable."
- "I used to have a pod vape but it's too much faff and spilling."
- "I won't buy disposables. It is cheaper and easier to use these ones (mods)."
- "You can't choose the nicotine amount on disposables."

## Do you get ID checked when buying vapes?

The most frequent response put forward by young people was that they do not get asked for ID when buying vapes, even if presenting in **school uniform**.

Several factors were discussed which could influence this such as **gender**, with females more likely to be served.



- "Girls don't get ID'd, because we have boobs."
- "I used to get served with vaped when in my uniform."
- "Boys do, all the time!"
- "I've never been ID'd."
- "I used to get served in my school uniform for ages then the police had a word with him."

## How safe do you feel vaping is?

The consensus among young people was that vaping is deemed **unsafe**, with a lack of research and understanding regarding the long term impacts on health discussed among the group.

- "It's not safe, it's definitely bad."
- "There isn't enough research to know the negative effects."
- "I don't think it's safe, it's sent people to hospital."
- "We don't know enough about it."
- "It's deffo not safe."
- "It is the lesser evil of drug use."

## Where do you buy vapes?

When asked where young people buy vapes, responses were mixed, with young people discussing the **easy accessibility** of these and the best locations in which to purchase vapes.

- "It is in every corner shop so it's just easy."
- "All the shops in Poulton/Blackpool sell them."
- "They are in every shop I walk past."
- "It is easy to get them, you don't need to steal or commit a crime."
- "It was easier in town centre 2 years ago to get served."

## Do you think vaping is safer than smoking cigarettes?

Responses for this question were mixed, with several members of the group believing this statement to be true. Despite this, a minority of young people felt that cigarettes were safer than vapes, with the strength of vapes, alongside a greater risk of increased addiction from vaping, being noted.

- "Vapes are stronger (than cigarettes) and you take it in faster."
- "One Elf Bar is the equivalent of 50 cigarettes."
- "Fags are worse, they have paint on them and all sorts."
- "Equally as bad."

## Do you worry about the long-term consequences of vaping?

Several young people discussed the potential health implications when asked if they worry about the long-term consequences of vaping, noting that these are still **unknown**. Some young people made reference to the long-term consequences on the environment, with the disposable of vapes and **pollution** being discussed.

- "Bothered about the environmental impact of throwing them away."
- "Yes, popcorn lungs is when you have too much water in your lungs from vaping."
- "I think about air pollution every time I take a toke, but everyone else does it."
- "We don't know enough about it. It can impact on brain development."
- "I do know about them (long term consequences) but I don't think about it much."

## Do you think advertising and social media promotes vaping to young people? If so, how?

When discussing advertising and the social media content surrounding vapes, several young people noted the **influence TikTok** has upon marketing, with the promotion of flavours, tricks and the algorithm promoting similar videos. In addition, some young people made reference to the appealing packaging and colours.

- "Yes. I saw a giant vape on a TikTok video."
- "There are videos of vape tricks called ghost, jellyfish and tornadoes."
- "When I like a post on social media, more stuff comes up, so I see it all the time."
- "You want to experiment with different flavours after seeing the ads."
- "They give you tips on TikTok, like how to charge a vape without a charger."
- "You can get ones that light up and are glittery and all the flavours so it is marketed towards children."
- "The packaging and the vapes look sleek."

## Do you think children and young people would benefit from further education relating to vaping?

When asked if children and young people would benefit from further education relating to vaping, the consensus from the group was yes, with one person noting a preference for information to be distributed via popular social media channels. In addition, young people voiced a preference for education within a school settings via someone with **lived experience**. Other suggestions included information being shared via the GP surgery.

- "I saw a post that told me to stop scrolling on Instagram, and this worked. Maybe social media, such as TikTok, could have posts like this, informing of the dangers of vaping, as that's where young people are listening."
- "GP to inform us of health impacts of vaping."
- "It would be best delivered through a lesson."
- "If it came from someone young who we can relate, that would be good."
- "I'd only stop if I was told by my Doctor to stop because I was going to die."
- "From young people who understand and have vaped."

### Do you think it would be easy to stop vaping?

The consensus among the group was that young people would **struggle** to stop vaping, acknowledging they feel **addicted**.

- "It wouldn't be easy to stop."
- "Can't come off the vape now, I'm addicted."
- "I've tried so many times to stop. I would only stop if they didn't exist."
- "Vaping doesn't make me feel good but I feel worse when I don't."
- "If I go without it for 6 hours, it's uncomfortable. I don't like the feeling."

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### Third sector organisations

- Prince's Trust Blackpool cohort one (7/10/22) – 7 young people.
- Prince's Trust Blackpool cohort two (25/1/23) – 11 young people.
- Blackpool Football Club Community Trust (13/2/23) – 13 young people.
- Streetlife (20/2/23 and 21/2/23) – 18 young people.
- Community Breathing Group (1/3/23) – 4 people.
- Ukraine Hub (3/3/23) – 3 young people.
- Young participants were aged between 16-25 years old.



### What are yours/peers reasons for vaping?

The most common reasons for vaping were described as **peer pressure, flavours, marketing and stress relief**. It must be noted that for some young people, they have been used as a quit aid from cigarettes and cannabis. The cost has also been noted along with the popularity amongst young people.

- "It's just flavoured air. It's like breathing but with flavour."
- "To help with anxiety."
- "Sometimes the smell and taste of cigarettes makes me sick. That's why I vape."
- "Cos of my mental health."
- "The flavours make it more tempting."
- "I got pressured into doing all of it at college."
- "It helps me to come off the weed to be fair."

### What are yours/peers reasons for not vaping?

Health was the most common response posed by young people, closely followed by the price of vapes. Some respondents described vaping as being a **detriment to their personal health** and that of their families, hence choosing not to vape.



- "I was vaping for a bit then both of my lungs collapsed and they were inflamed. Had a stabbing pain. I had 6 drags of it. I had to go to the hospital. Now I don't touch it and I've even stopped smoking weed."
- "Vapes make you cough up blood."
- "Too expensive."
- "I don't want to get addicted."

## What type of vape do you use? E.g. disposable vape (elf bar), vape pen, pod mod, pod system.

The most frequent vape used amongst young people was **disposables**. Young people described the different brands on the market alongside the prices. It must be noted that the young people are attracted by **'special offers'** and deals. They are accessing brands that are sold under the counter such as E-lux due to the price, strength and puff quantity.

- "Disposables, they last three days and don't have to be charged."
- "I use an Elf bar. They're small and cheap. You can get 2 for £10. They're easy to get."
- "With Elux, you get more puffs and a stronger liquid."
- "Cos they've got nice flavours."

## How safe do you feel vaping is?

Participants have acknowledged **severe** and **concerning** health conditions relating to vaping. With that being said, there is feedback to suggest that young people don't think about the long term consequences. Young people have suggested that where e-cigarettes and vapes have had negative press,

they **don't know what to believe** and if there is enough scientific research to know if it is safe. The overall consensus however suggests that vaping is worse than smoking cigarettes.



- "Not very, it can put liquid on your lungs. It contains liquid oil. I've got that in my mouth once by accident and it tastes disgusting. For example when a window condensates, how do I know that's not happening to my lungs. It's the same thing and drowning from the inside out. It's ruining people's lungs."
- "Can result in brain damage or nose bleeds."
- "You can get blood clots and everything."
- "Vapour goes back onto your lungs."
- "Not safe, I wish I never started."
- "You don't know what's in them."
- "A lad, 19, ended up with bad lungs in hospital after smoking fake vapes."
- "My throat feel like it's closed in the morning."

## Do you think vaping is safer than smoking cigarettes?

Feedback suggests that vaping is perceived to be worse than cigarettes. Young people have discussed the lack of research and information on ingredients. There is concern about the **'vapour'** from young people and an interest to find out more information on the health risks associated from a reliable source.

- "No, it's worse than cigarettes as you are inhaling vapour. The vapour is going onto your lungs."
- "I think vaping is worse than cigarettes, because there isn't any research on vaping."
- "Smoking is safer, all vapes are is toxins."

## Have you in the past or do you currently smoke cigarettes?

Approximately **half of the respondents** have smoked cigarettes before vaping. Interestingly, half of respondents have tried vaping, and as a result have begun smoking. Young people discussed **alcohol** being a contributing factor to smoking and also discussed a 'kick' that entices young people to smoke.

- "I tend to smoke a lot more when I drink."
- "I vaped then moved on to smoking cigarettes. I was pressured into doing all of it."
- "Loads of people vape who haven't smoked, they get the disposable ones which are high end nicotine, then they're addicted."
- "I quit smoking and started vaping."

## Do you worry about the long-term consequences of vaping?

Young people have provided feedback that suggests that they are not thinking about the long term health impacts of their habits. There is feedback to suggest that there is a **lack of research** and that young people use vapes to support their mental health and wellbeing. That being said, young people have described incidents and consequences surrounding the use of vapes on others health.

- "My mate used to get nose bleeds from the elf bars. He's switched brands now. Its cos the blood vessels popped in his nose. It's not made me want to stop, I like blood."
- "It's like having a phone - same with vapes. It is there next to you and you just pick it up."
- "There's no long term research done on it yet. It's new."
- "Yeah and I don't care. I just need something to relieve my stress."

## Where do you/your peers vape?

Young people described vaping anywhere due to the lack of aroma. There was feedback to suggest there is **no clear messages** around the usage of vapes, for example on public transport or across the town. Young people have described trying not to vape amongst young children.

- "Anywhere. If we are out and about mostly."
- "I vape inside. It makes my room smell nicer."
- "There are mixed messages where you can and can't vape."
- "Not in front of kids."

## Where do you buy vapes?

Most young people access vapes from small independent **corner shops** as they are sure that they can access them without identification. With that being said, there is mention of young people accessing them from high street stores and also asking parents, siblings or peers to **purchase them on their behalf**.

- "We just buy them from any corner shop."
- "I used to get my mates mum to buy them."
- "I get people to buy me them, anyone that will do it."
- "My sister, she has 1000's."
- "More likely to be asked for ID for buying alcohol rather than buying a vape."
- "I never get asked for ID in town."

## Do you think advertising and social media promotes vaping to young people? If so, how?

Young people's feedback suggests that vapes are **advertised** and **marketed** with young people in mind. Young people have described online videos on TikTok of tricks, flavours and trends. Young people have stated that vapes are too easily accessible. In addition, they believe the packaging and presentation of vapes is designed for young people's benefits.

- "Yes, change the packaging."
- "Yeah, all vapes are on show. Why hide fags but not vapes?"
- "I just think that it's all propaganda. They're trying to rip us off. First Covid, then this."
- "Yeah it's aimed at young people. You can get fidget spinner vapes and star wars."
- "On Tiktok, now and again you see people doing tricks and that like the dragon. That's when you inhale it and blow it out of your mouth and nose at the same time."
- "I've seen lots of stuff on vaping."

## Do you think children and young people would benefit from further education relating to vaping?

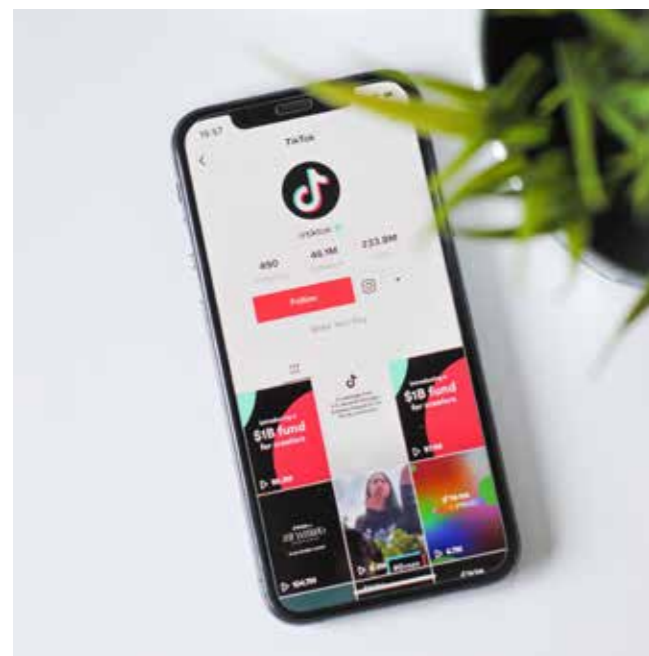
The consensus amongst young people is that education and information is important. That being said, young people have suggested targeting information at **primary school aged children** as a prevention method. It is believed that external providers would be more impactful as children and young people feel that they will be 'talked down to' if information was shared from a teacher.

- "If you're younger yes, maybe those for in primary school before they start. There's no point teaching it if people have already started vaping."
- "Yeah it would benefit young people before they start. Include it like sex education."
- "Education should be around the cycle of addiction."

## Did you know that most vapes with over 600 puffs and e-cigarette tanks over 2ml are illegal?

Feedback was mixed in relation to this question. Some young people were aware and some were not. Interestingly, some young people had **illegal vapes** on their person without being aware that they are illegal. Some young people were concerned that their local shops are selling illegal goods, therefore information was shared regarding trading standards.

- "No I didn't know."
- "So this means my corner shop is selling illegal vapes."
- "I can get ones 3500 puffs, Rick and Mortys."



## Do you think it would be easy to stop vaping?

The consensus was that young people would **struggle to quit** vaping due to factors such as mental health, addiction and habits. Young people believe that if they personally had a health issue as a result of vaping they would quit immediately. Along with this, some respondents have noted that quitting vaping is simple.

- "It's the habit of smoking and vaping."
- "I don't think so, we are addicted to nicotine."
- "Only if I had a medical issue like lung cancer."
- "Not thought about it before. I don't think I would be able to. I have PTSD and use it to help."
- "Vaping is the cocaine of drugs mate, it's the easiest one to get off."

## How could young people be encouraged to stop vaping?

Young people have suggested **tighter licencing, price increase** and no displays would support young people to stop vaping. Along with this, young people have suggested that changing the packets, adverts and marketing to include health risks would support. Lastly, young people would like to see **clear evidence** on the health risks associated with e cigarettes and vaping.

- "Vapes going through a licensed pathway."
- "Don't have them on display."
- "Make them more expensive."
- "Change the advertising like they did with fag packets, make them black."
- "Show them the evidence. Don't try to scare them, they just won't listen."

## Fake and counterfeit vapes and e-cigarettes

Young people have described counterfeit vapes being readily sold across the town. Young people have said that the vapes taste different and are **stronger** and **harsher**. There are concerns that they are being sold over the counter in corner shops. Young people have specified that if the QR code is unsuccessful, the vape is likely fake.

- "Vapes should have to go through a licenced pathway to be sold in shops, because you have no idea if they're fake."
- "You can scan the QR code on them to see if they're legit."
- "Some corner shops sell snide vapes (fake vapes)."
- "Yes I've had one, it dies quicker and it's harsher on my throat."





# Teacher & professionals feedback

Healthwatch Blackpool have collected feedback from 138 teachers and professionals on the topic of vaping in Blackpool. We are incredibly grateful to all of the people that chose to take part in conversations and support our survey.

The insight has been invaluable and has been used together to formulate our conclusions.

Feedback from **138** teachers and professionals

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## Survey Spotlight

### Awareness and usage



– “I also think they are easy to get now, so many young people are being served under age, by local corner shops and markets.”

– “I have witnessed this first hand both in school and with my own children. The increase in litter from vaping that is left in areas where youngsters congregate. Young people themselves have told me when they have begun vaping.”

### Attitudes and why



– “Due to social media trends it has become popular to collect a full range of vapes and people don’t want to fall behind on a trend.”

– “Fashionable, obviously targeted at young people due to flavours and use of USB tech appealing to young people.”

### Access, safety and availability



**33%** concerned by the lack of health research into the long term health consequences.



**44%** of teachers and professionals believe that vaping is as bad as smoking.



**73%** of teachers and professionals were not aware that vapes with over 600 puffs and e-cigarette tanks over 2ml are illegal.



**74%** of teachers and professionals would benefit from further education relating to vaping.

# Teacher/professional feedback

## In your opinion, do you think that vaping has increased in young people?

**127 teachers/professionals** think that vaping has increased in young people, with one stating that this is due to vaping being a new commodity. **3 teachers/professionals** stating it depends on the timescale, as they believe it has increased since 10 years ago due to its availability.

**4 teachers/professionals** were unsure, and **1** did not believe vaping has increased in young people.

## If you answered yes or depends, why do you think this?

**47 teachers/professionals** stated that they had directly witnessed an **increase** in vaping in young people themselves, either in their place of work, their own family or within the community.

- "I have witnessed this first hand both in school and with my own children. The increase in litter from vaping that is left in areas where youngsters congregate. Young people themselves have told me when they have begun vaping."
- "I have noticed more young people of lower ages vaping."
- "I work in a college and in the 3 years I have been there the volume of vapours has increased greatly to the point we have provided them with a larger vaping area."
- "I have worked with several young people and they have either entered the home vaping or started vaping after making friendships."

In addition, **31 teachers/professionals** believed that **peer pressure** was a contributing factor towards the increase in young people vaping. The most popular responses included phrases like "trendy", "cool", "fitting in" and "fashionable."

- "Peer pressure, it has become one of the latest trends and if you don't vape, you aren't 'cool'."
- "Because people think it is cool and see it as a way to chill and relax."
- "Young people want to look grown up and think it will make them 'fit in' more with their peers."
- "Seen as a cool thing to do, bored kids, seen as harmless almost as a hobby."
- "The young people I volunteer with are always vaping. In my opinion it seems that they all want to be seen doing it as it is cool and what their peers are doing."

**Accessibility and availability** of vapes were mentioned by **8 teachers and professionals**, with them sharing the opinion that this has contributed to the increase in vaping in young people.

- "Easy access at home and seen as less of a health concern compared to smoking, reduced stigma. Advertising and increase in shops on the High Street and availability in convenience stores."
- "I also think they are easy to get now, so many young people are being served under age, by local corner shops and markets."

- "Not overly informed but it does seem that way - generally smoking is no longer as 'cool' as it used to be. Parents are choosing to vape over smoke so it's more readily available for them to access."

Furthermore, **16 teachers/professionals** felt that advertisement and social media has impacted on the increase in young people vaping. The most popular responses included **"social media trends"** and vaping being **"attractive to young people"** due to factors such as colours and flavours.

- "Due to social media trends it has become popular to collect a full range of vapes and people don't want to fall behind on a trend."
- "Fashionable, obviously targeted at young people due to flavours and use of USB tech appealing to young people."
- "I think that vaping has become a trend, not just for young people, with the designs and aesthetic more appealing than cigarettes, as well as the perception it is safer and healthier than smoking. I also feel there has been less stigma around vaping than smoking as the effect/smell of second hand smoke is not as off putting with vaping."
- "Vaping is advertised everywhere now-days, it's seen on tv, in shows, celebrities and influencers are vaping too. It's also viewed as less harmful than smoking."

**12 teachers/professionals** believed that vaping in young people has increased due to the **perception of reduced health risks**. As well as this, mental health reasons were cited as a contributing factor to increased vape usage.

- "Being advertised as safer than cigarettes, more socially acceptable."
- "I think it could potentially be linked to the mental health difficulties linked to Covid. Likewise, it's not seen as dangerous so more people are doing it for fun."
- "It is seen as a far less harmful 'pursuit' than smoking cigarettes - less addictive, less anti-social." "Increase in mental ill health, especially around anxiety."



## Have young people said, or have you heard anecdotally, why they vape?

**37 teachers/professionals** had not heard why young people vape, however others identified several consistent themes.

A key contributing factor towards the increase in young people vaping, identified by **43 teachers and professionals**, was **peer pressure** and **social influence**. Elements of marketing and social media, such as TikTok trends, were also mentioned.

- "Many have said it's a peer thing or because their mates do it. Parents haven't stopped them so it must be OK."
- "They have said because it is fun and enjoyable, they like the social side to it."
- "Young people that I care for tell me that they need it when I ask why they vape, personally I feel this is a copied behaviour due to peers using vapes but then also especially disposable vapes are easily addictive."
- "Because they think it is cool, because they see it on Tiktok tend to be the most commonly heard comments."

Using vaping as an alternative to smoking was raised by **21 teachers and professionals**, who stated that young people believe vaping is a **safer** and less harmful substitute to smoking.



- "It is 'cool' and is not harmful like smoking. I do remind them that when smoking was first started people believed it was good for them before the data came out 50+ years later."
- "It's safe is the common response. Which was the claim regarding smoking years ago."
- "They say it's better than smoking but open smoke as well as vape."

According to **16 teachers and professionals**, the key reason for young people vaping is due to its **appeal**, both visually and in terms of enjoying the taste.

- "A lot of people have said they really like the taste and that is why they do it."
- "The device is desirable."
- "They like the flavour and the look of the smoke."

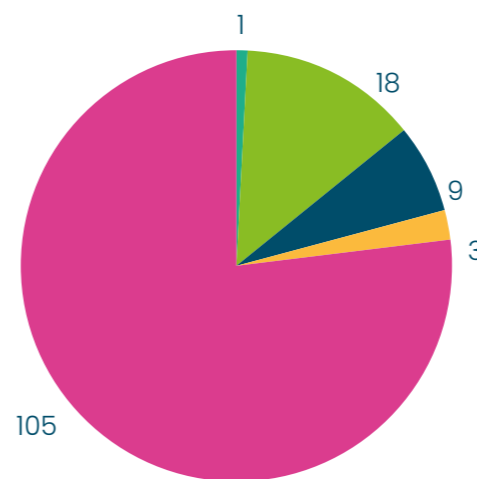
**13 teachers/professionals** stated that **stress** and **mental health** reasons had been mentioned by young people as to their reason for vaping.

- "Some young people have told me it's because they are stressed."
- "Some will relate to how they manage their mental health."
- "Yes, some claim to use it as an anxiety relief, others as a way of rebelling against parents."

**Accessibility of vapes** for young people, relating to both availability in shops, cost and lack of identification required to purchase, was also identified within the responses by **7 teachers and professionals**.

- "Vape shops don't ID anyone, so it's easier."
- "It's easier to get a vape than a packet of cigarettes."
- "Easier to obtain than cigarettes and cheaper."

## Do you vape or smoke cigarettes?



- Yes - vape
- Yes - smoke
- Yes - vape and smoke
- No
- Other

## What are your personal opinions regarding vaping?

**35 teachers/professionals** commented that they were concerned by the **lack of current health research** into the long term health implication of vaping. Common opinions included "unknown health risks", "lack of knowledge", "we don't know enough" and "lack of evidence."

- "Until data of long term effects is released then it is an unknown risk. Similar to smoking, it is seemed as safe in these early stages but time will tell."

- "Too early to be certain about long-term health problems associated with vaping - we should be strongly discouraging young people from vaping."
- "Supposedly safer than smoking, however there is not enough research yet to disprove or prove this. Inhaling a substance that is not 'natural' still has its risks. Personal choice at the end of the day, we can only educate young people as necessary."
- "There should be more government research and information available regarding the effects of vaping - possibly including TV adverts, info in doctors surgeries etc."

When viewing vaping as an aid to quitting smoking, **31 teachers and professionals** believe it to be a **useful tool**. However, many also acknowledged that young people who begin vaping have often never smoked before.

- "A good substitution for smoking. It still delivers nicotine without as many of the harmful chemicals typically found in cigarettes."
- "I think it is excellent for helping people to stop smoking but don't think people should take it up as a new hobby."
- "As an ex-smoker my understanding is it's to help people give up smoking but its being used as a replacement and in some cases, used more than people would actually smoke."
- "I gave up cigarettes' to improve my health and fitness and was informed they were safer than cigarettes'. I only vape on a very low tar but then I see reports on vaping in general and not convinced they are safer than cigarettes. But I am not ready to give up as yet. They are very addictive."

– “I think as an initial tool for smokers to quit then vaping is brilliant as a short term thing however I feel that the range of good tasting flavours makes it acceptable to simply place smoking in peoples’ lives and not be used as a tool to give up all together.”

– “HATE IT!!! Sick of walking into college and many students vaping outside the door. Hate the insipid smell of sweet chemicals as I walk past and hate the rudeness from students when you challenge them. Have caught student’s vaping in toilets and sat in chairs before going into lessons. Think it should be a no-vaping college!”

**22 teachers/professionals**

responded with their concerns around vaping being targeted at young people, through the **design and marketing**. Alongside this, many shared their worries surrounding the increased prevalence of vaping in young people. In particular, some teachers/professionals provided further comment on the impact of vaping on young people within educational establishments.

In addition, **21 people** shared their views regarding the **impact on health**, as many perceive there to be negative consequences in the future for those who are currently vaping.

– “It also seems a bit of waste of money and there is an environmental impact – lots of plastic litter and batteries which aren’t recyclable.”

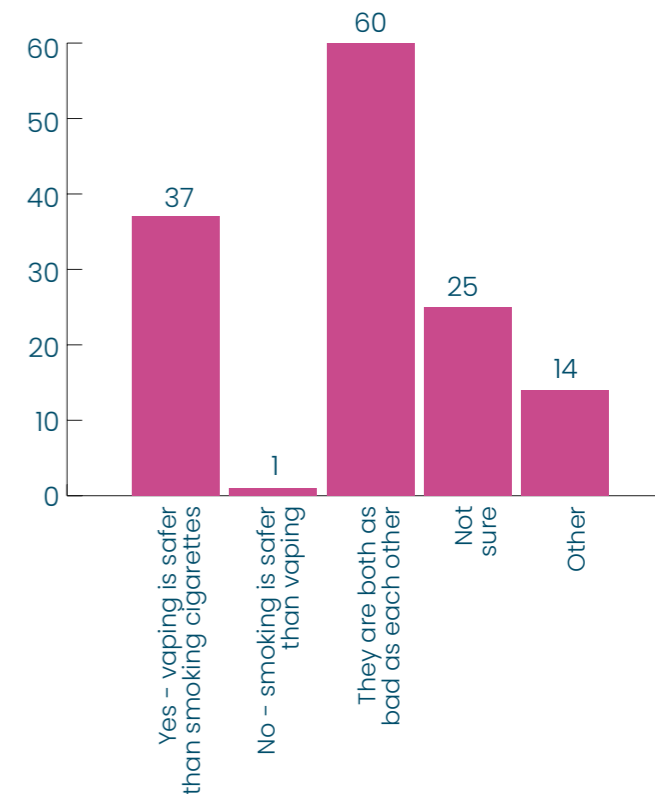
– “It seems people consider it fine to vape indoors which is rather annoying, despite the fact many establishments make it clear that it is not allowed.”

– “I think that it should be treated like smoking, too many venues tolerate it inside, and retailers need to be held accountable for selling them to children.”

– “The UK’s limits on a vapes strength are much higher than what is legally allowed in Spain. I think they are too readily available.”

– “A sign of deprivation.”

**Do you think vaping is safer than smoking cigarettes?**



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– “With regard to education establishments smoking and vaping should be banned. We have an opportunity to influence behaviours and remove peer pressure and temptation, habits formed before you turn 18 are often difficult to break as you get older. However difficult we should do what is best for our students and that may mean restricting what they can do at college.”

– “It has just become another ‘cool thing’ for teenagers to do.”

– “It’s made to look appealing to young people, by having all kinds of flavours.”

– “They are too available and advertised to young people as an enjoyment and not used for the purpose they are. Also they will be more appealing for children and young people due to having flavours such as popular sweets.”

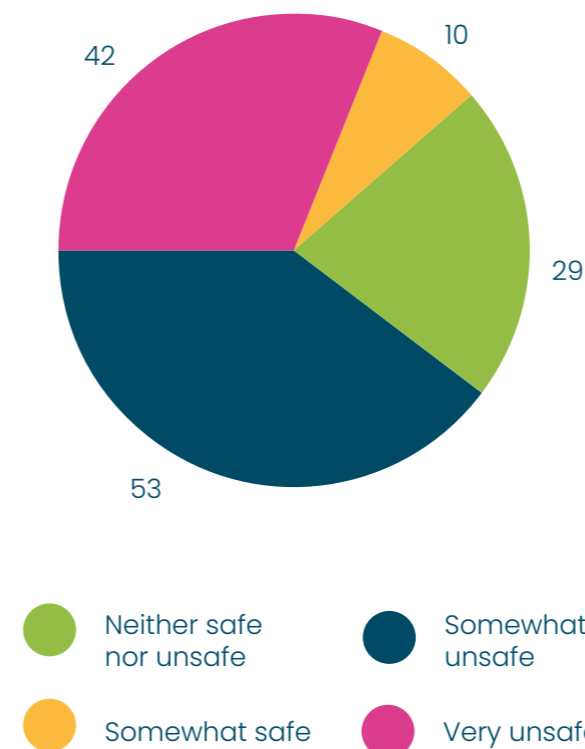
– “The long term health effects of vaping will bring the country to its knees. The NHS will suffer such a massive implosion in 20-30 years when it turns out vaping is just as dangerous for our health as smoking. Everyone will suffer for non-regulation.”

– “Lung popping filth, will be the death of the NHS, unregulated and dangerous. At least tobacco is regulated.”

– “It is very dangerous to have mist in the lungs and I think there will be long term consequences on those that started young – many chest infections and pneumonia when they are older.”

– “It looks awful and I think there is a storm brewing with public health.”

**How safe do you feel vaping is?**



**13 teachers/professionals** provided further opinions around the wider **social and environmental issues** associated with vaping. Several participants mentioned the impact on the environment due to plastic waste, as well as anti-social behaviour and lack of control measures in public establishments.

Other responses included:

– “I think some vapes have little or no nicotine so are less damaging. Some products are almost the same, I believe.”

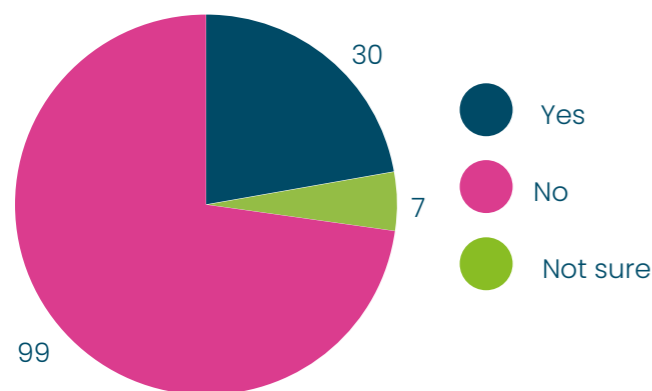
– “I would say it is still dangerous, but reports are saying it is safer due to chemicals not being there? However I don’t feel there is enough research really as I am sure dangers are still present.”

– “If there is nicotine added to then it is just as bad as smoking a cigarette. If there is no nicotine then I would say it is safer than smoking.”

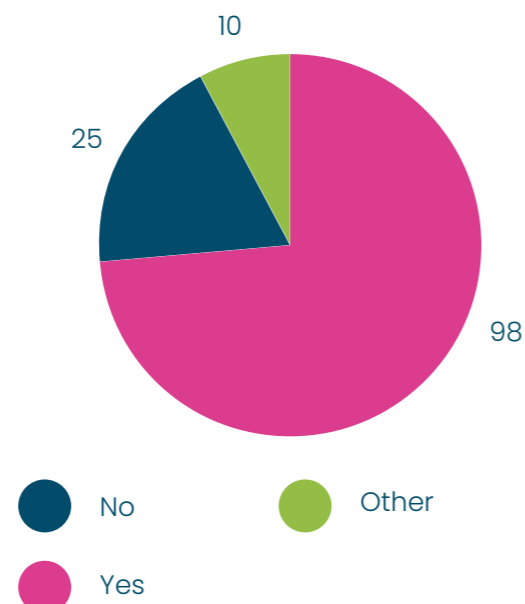
– “More discussion and understanding needs to be done first. Initial studies are showing oral and tongue problems.”

### Did you know that most vapes with over 600 puffs and e-cigarette tanks over 2ml are illegal?

**73% of teachers and professionals** were not aware that vapes with over 600 puffs and e-cigarette tanks over 2ml are illegal.



### Do you think teachers/professionals would benefit from further education relating to vaping?

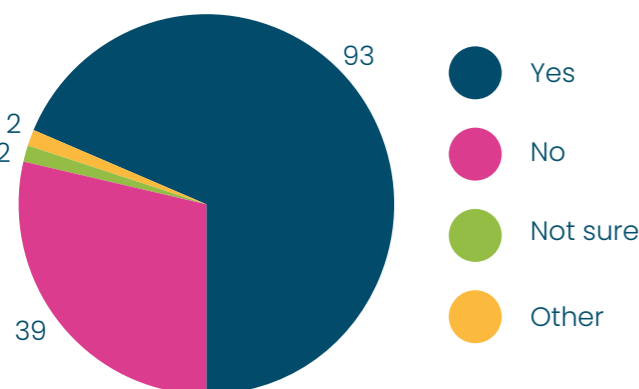


Some examples of other responses included:

- "A short training may be appropriate but an hour might be excessive."
- "I don't see what the point would be - policy changes would have the most impact."
- "Unless it was relevant to curriculum."
- "I don't think it would make a difference."
- "The general public would benefit from more information related to vaping in a similar way to smoking cigarettes."



### Did you know it is illegal for retailers to sell vapes to under 18's and that you can confidentially report underage sales to Blackpool Council trading standards on 01253 478375, or you can email tradingstandards@blackpool.gov.uk?



Both other responses were aware of the age restriction, but did not know about the reporting option.

### If you answered yes, what would you like this education to look like? e.g. who would you like to teach it, where would you like it to be...

The most popular suggestion, put forward by **26 teachers** and professionals, was to receive delivered sessions for both young people and teachers/professionals. Key phrases included **"lessons", "PSHE", "staff training"** and **"CPD."**

- "Maybe in science lessons/PHSE lessons when talking about the bad effects of smoking to also talk about vaping being just as bad for your health."
- "Training for nominated staff. Cascaded to other staff and written into PHSE/ science as part of the National Curriculum."
- "This education needs to be at a national level (via the government) and then taught through the curriculum. This needs to be in key stage 2 (or 3 at the very latest) as this is where poor habits/behaviour/misunderstanding starts."
- "Training around the legal side of it would be beneficial and training to understand how to explain to young people the negatives and side effects of vaping."

**26 teachers and professionals** stated that they would like the education to be **"accessible"** or **"online"** resources that can be easily used and incorporated into their work with young people.

- "Education and information that will enable youth workers to challenge some of the myths and provide facts to young people would be beneficial." "I feel that this information could be easily passed on to those who want it in the form of a video or online learning page (similar to the ones found on TES). I feel that any in person training/information would be unnecessary and not time efficient."
- "It could be info packs which we could use with staff and/or students."
- "Online would be fine. Guidance on the stats in terms of % of age groups vaping, health stats related to it, legal requirements, details on what is influencing younger children/teens to try vaping, ways we can support people who do and provide information to help them consider different choices."
- "There should be more government research and information available regarding the effects of vaping - possibly including TV adverts, info in doctor's surgeries, etc."



In contrast, **17 teachers and professionals** suggested that this education should be delivered by a health professional, or someone external to the educational environment. Popular phrases included **“medical professionals”**, **“NHS”** and **“expert speakers.”**

- “Health professionals and addiction specialists who can show the cost and effects on health. In schools and families. The effects on dental health.”
- “Possibility of medical professionals or outside agencies to provide workshops etc. This way it is not just seen as teachers nagging about it.”
- “Professional who was worked with someone who has experienced negative consequences of vaping.”
- “Support through police explaining the law and health professionals visiting.”

**Lived experience** was most important to **5 people** when providing education on vaping.

- “I think the teachers would be people from organisations and people who previously vaped but have now stopped due to effects of it.”
- “People who can relate to PRU students.”
- “Someone with experience in smoking or vaping.”



When think about the messaging, **17 teachers and professionals** felt that the education needed to focus on the **negative impact** vaping has on young people, in order for them to understand the dangers or potential damage.

- “I would be happy to teach it. I think it needs to be quite shocking e.g. photos of lung cancer.”
- “National coverage, have the advertisements showing death, crippled lungs (bit like tobacco).”
- “The effects/impact of vaping and how we can encourage students to quit or not try it. Who we can refer them to in order to help them with their vaping addictions. This would be suitable for staff and students.”

### Is there any other feedback you would like to tell us regarding vaping, e.g. where young people purchase these, what influences this...

The most prominent feedback received from teachers and professionals was around how young people are **accessing vapes**, based on their own professional experiences.

- “I have seen young people buying these devices all over the town. I have reported it to council when I see it but it still happens. Challenge 21 or 25 is not effective in most small retailers in the town.”
- “I have overheard students saying their friends who are over 18 buy them for them.”
- “Majority of the kids, get their supplies from their friends, parents or older friend/sibling. Or nick from others.”
- “Vapes can be purchased in nearly every local high street shop, post office, and the vape shops are spreading throughout the UK due to the demand being so high.”
- “Young people can pick them up anywhere now. Garages are worse as they frequently sell to underage young people. Cheap vapes are also an influence as it is now cheaper to buy vapes than most cigarette products.”

As well as this, **21 teachers and professionals** provided further comments around the influence of peer pressure, branding and social media on young people vaping.

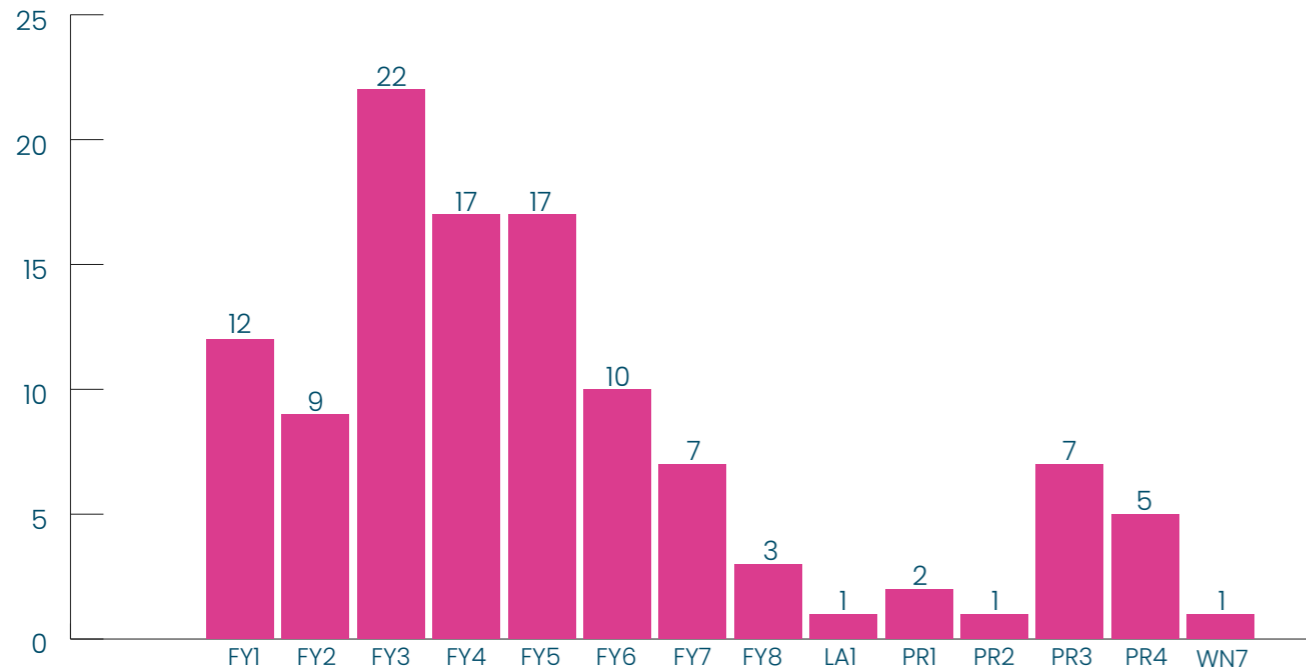


- “Friends and older siblings can influence younger people on what they perceive they should be doing, following suit and being ‘trendy’.”
- “I must stress I believe a significant percentage of college vapers will have started after joining the college and being swayed by peer pressure. We should remove this and allow students to make their own decisions outside of college.”
- “Most of the social media personalities they follow are vapers.”
- “Peers, social scene eg. nightclubs, they vape inside so not having to go outside like normal cigarettes.”
- “Things you’re seeing on social media such as prime and cold candy- I think these are all used to allure people.”



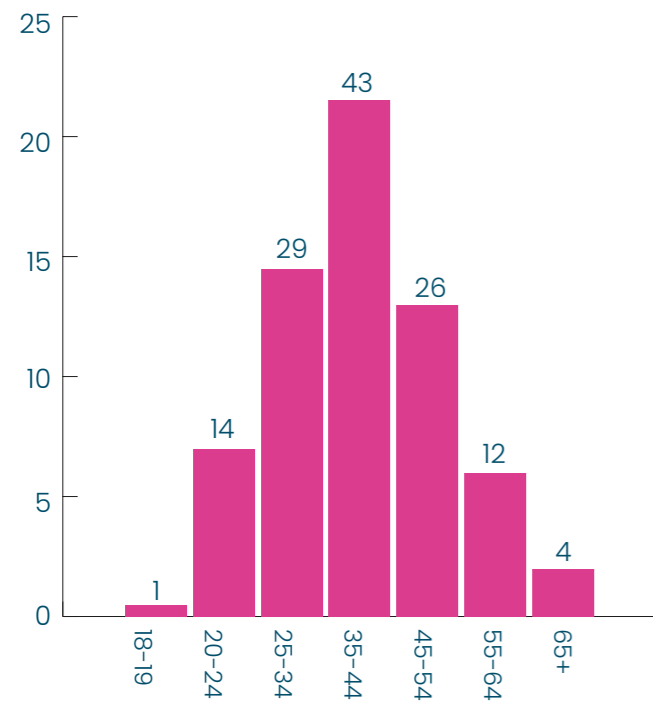
# Teacher/professional demographics

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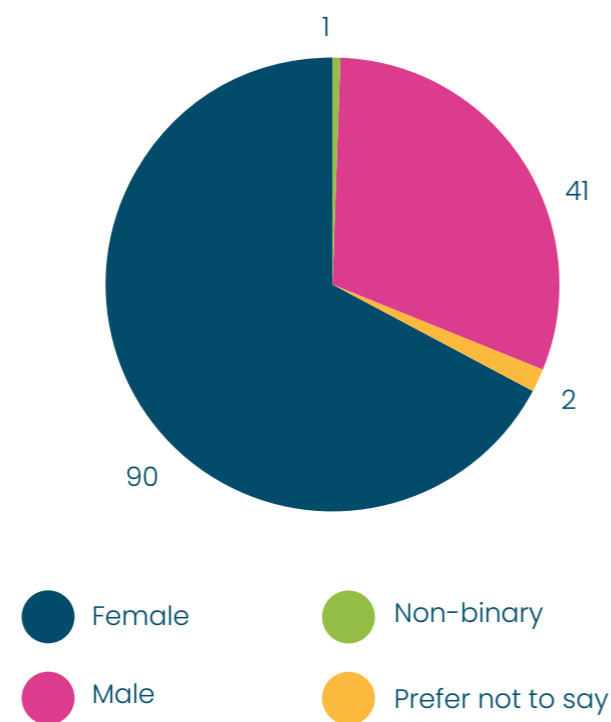


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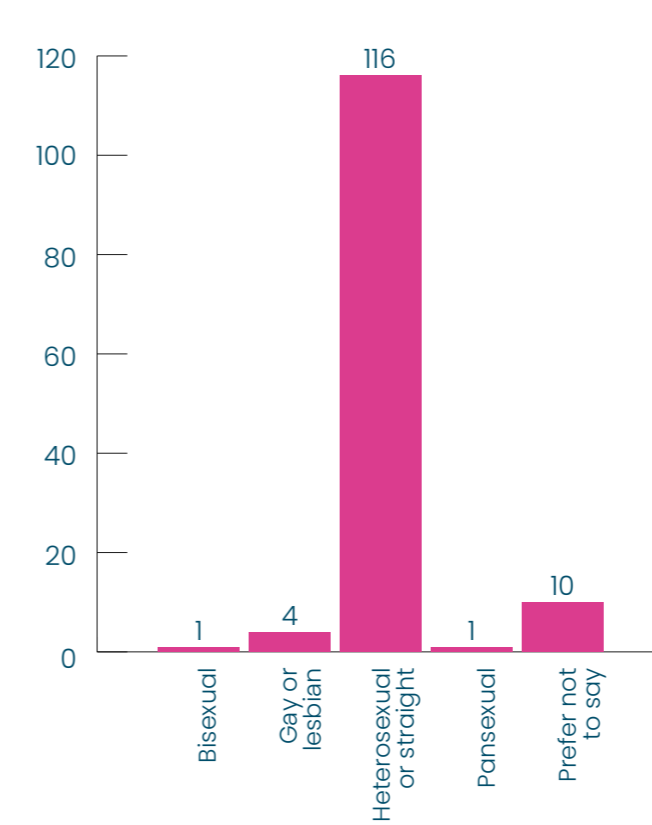
How old are you?



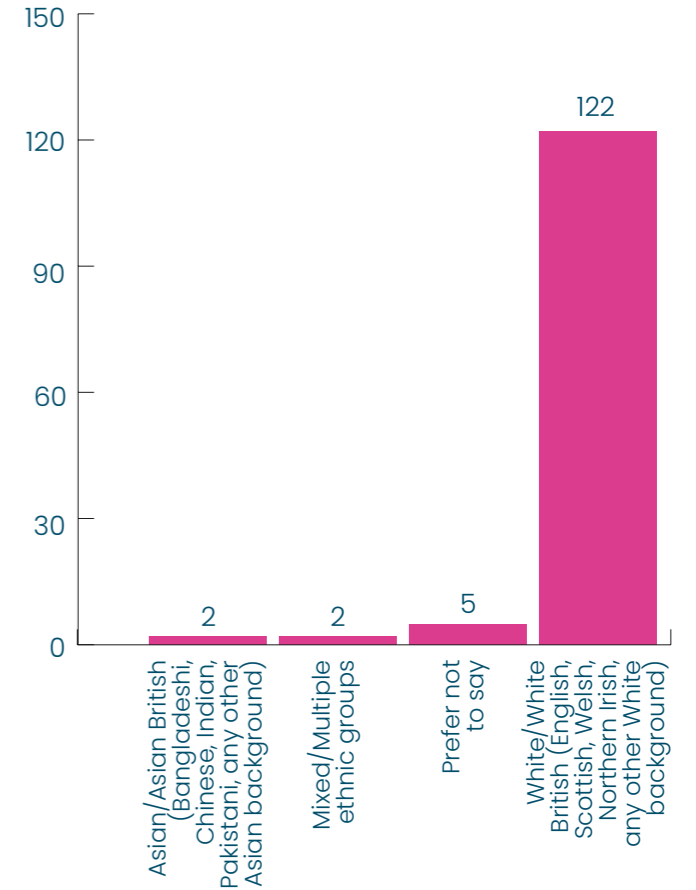
What gender do you identify as?



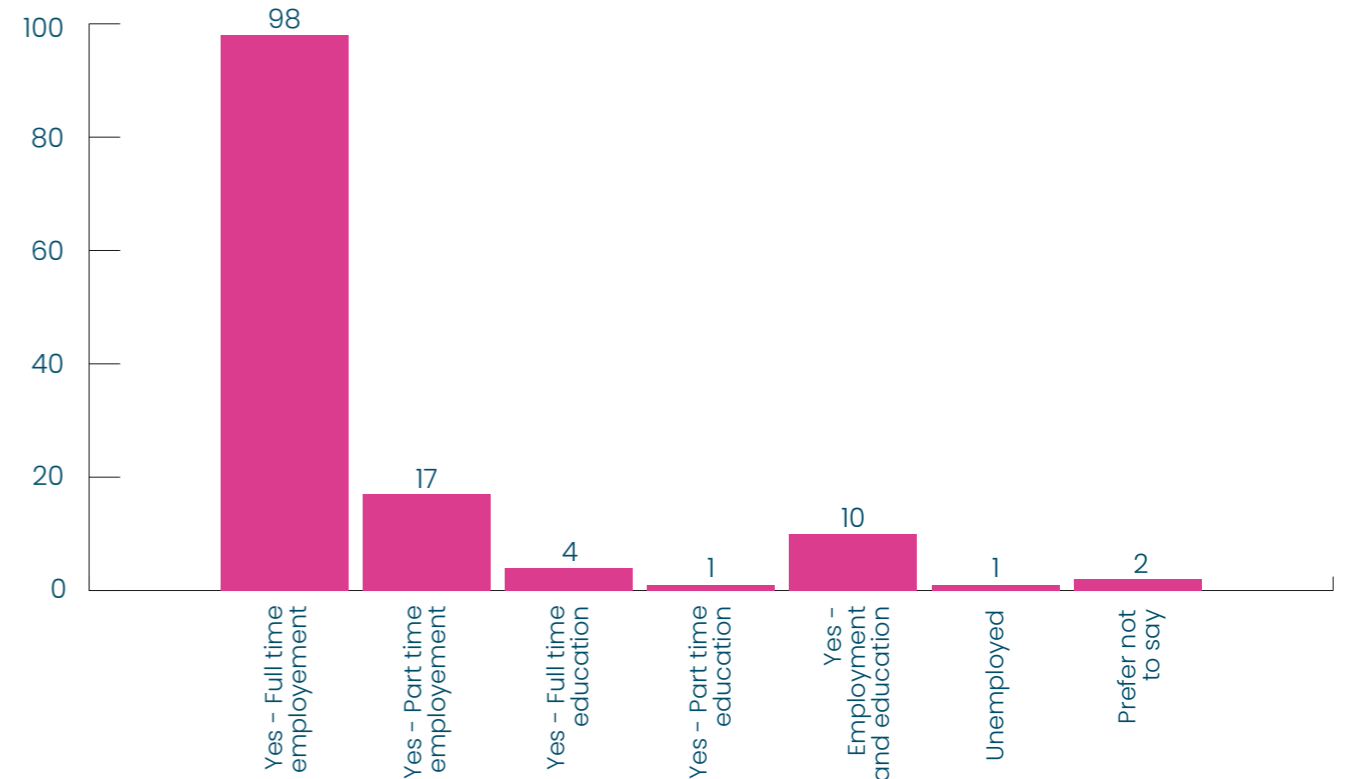
What is your sexual orientation?



What is your ethnicity?



Are you in employment or education?



# Parent & carer feedback

Healthwatch Blackpool have collected feedback from 297 local parents and carers on the topic of e-cigarettes and vaping in Blackpool. We are incredibly grateful to all of the people that chose to take part in conversations and support our survey.

Feedback from **297** local parents and carers.

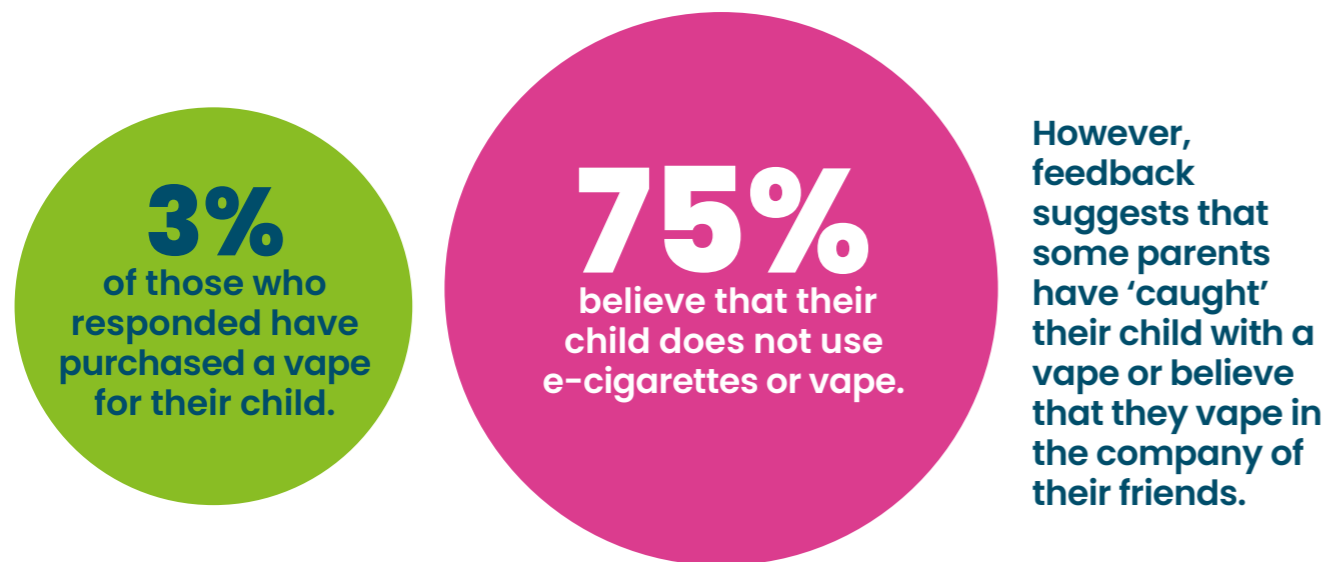
The insight has been invaluable and has been used together to formulate our conclusions.





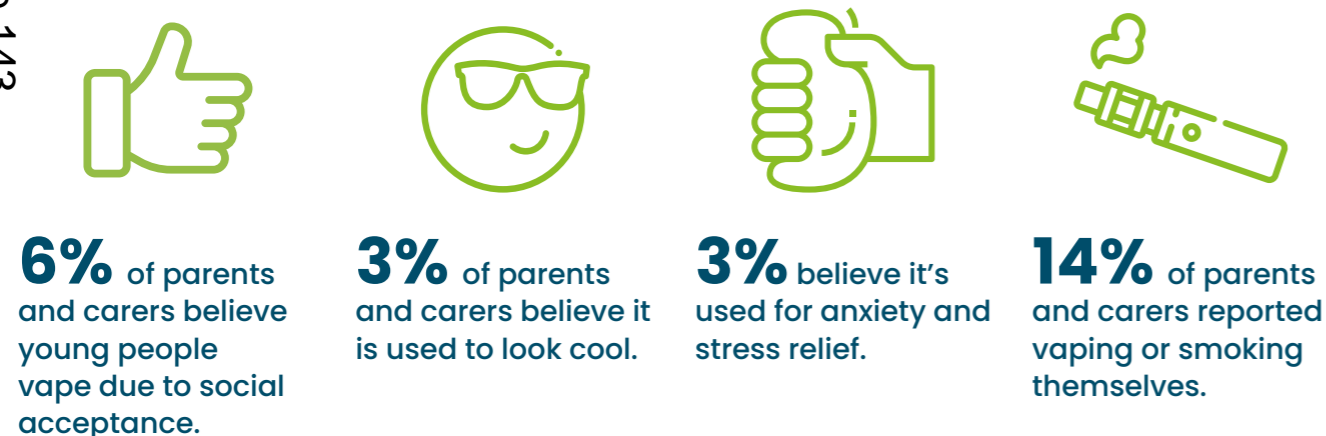
# Survey Spotlight

## Awareness and usage




## Attitudes and why

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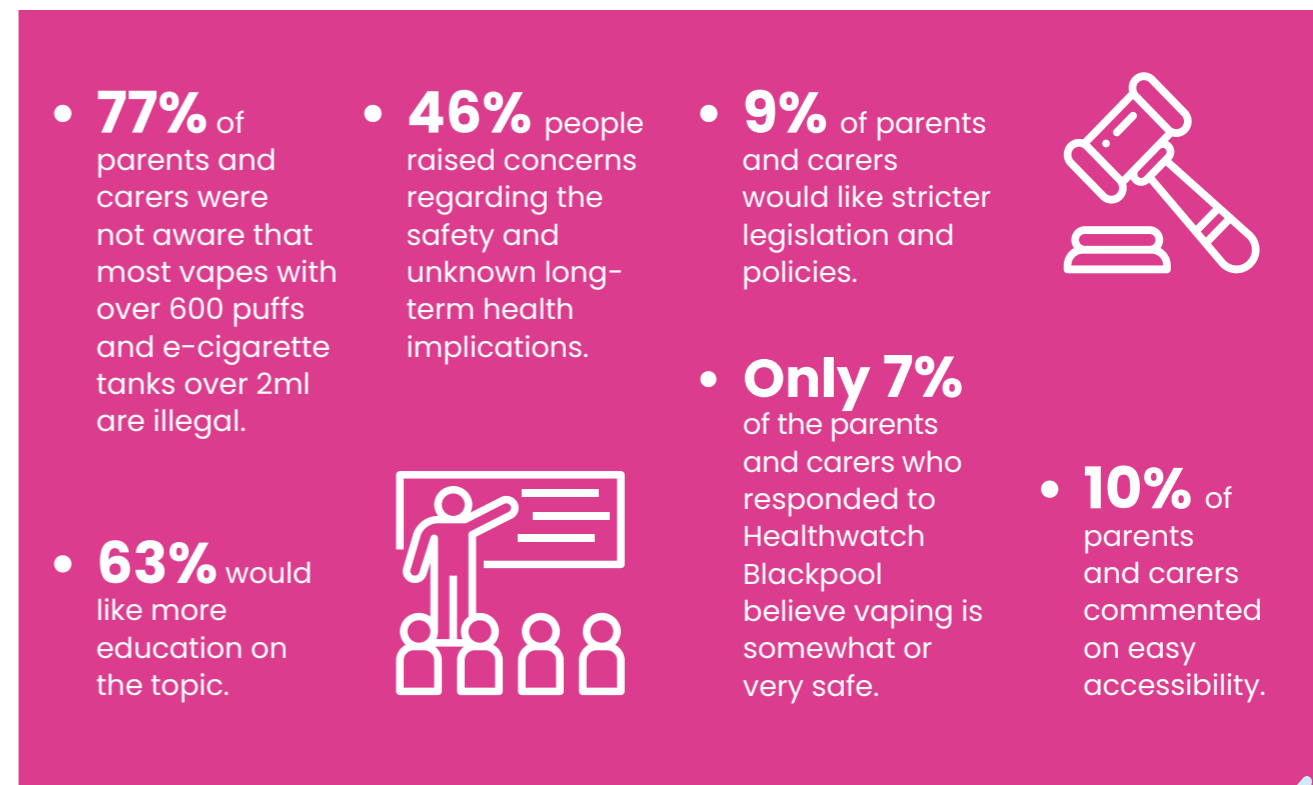


- "It's a good tool to train people away from smoking, but the science is relatively new and the dangers are not fully known yet. What we do know is that some liquids can cause "Popcorn Lung" and the units themselves can combust. I suspect that there will be more harmful effects that come to light in the future."

- "I have a son who used to vape and ended up having a heart operation, we still think this was due to vaping."



## Access, safety and availability



- "I've reported the shop where my child buys vapes from, both to trading standards and to the police. Nothing's happened, they still sell vapes to children in their school uniform. How do you battle that as a parent?"

- "Vapes should be regulated like cigarettes behind the counters not on display."

- "There should be more stringent sanctions for those who do not follow legal guidelines."

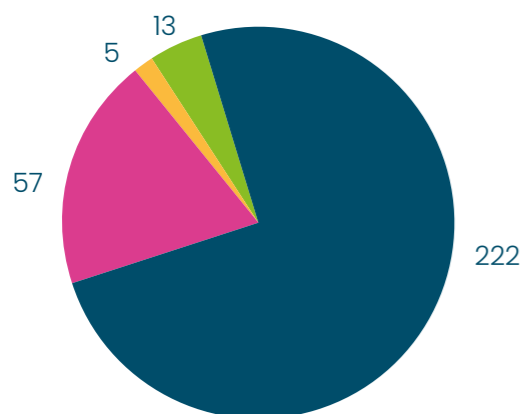
- "My son was sold vapes at age 11, my husband reported it to the police nothing was done, it's been difficult to prevent him getting vapes due to the child friendly products and easy access. My child claims they no longer vape but I found one today under his pillow - he coughs constantly."

- "There isn't enough safeguarding in place to prove your age. The products have not yet been taxed by government like cigarettes are, so the price will need to increase at some point when this is introduced by government. Sellers of vaping products should also be licensed such as it is with those that sell alcohol."

# Parent/Carer Feedback

## Does your child vape?

**75% of parents** and carers who responded to the survey believe their child does not vape.



Tying in with this theme, **10 individuals** stated that young people and children want to **“look cool”** and mentioned the social aspect of vaping.

- “They do it around their friends to look cool.”
- “No it’s ridiculous they have no idea what is in the vape they just do it at parties because everyone else is.”

**8 people** pointed to **anxiety** and stress relief as a reason for the child or young person vaping.

- “Yes, she has had a distressing 3 years and suffers from anxiety.”
- “If you asked her she would say it helps her when feeling nervous or anxious.”

**Peer pressure** was another common response, with **7 of the respondents** citing this as a reason. A few parents and carers raised concerns around the accessibility and appeal of vaping products to young people.

- “Peer pressure amongst friends, from what I’ve seen there seems to be a lot of young people vaping. Disposable vape pens with wild flavour names and bright and bold colours that appeal to younger people. I’m not sure a purple grape flavour with a bright purple colour is aimed at middle aged smoker.”
- “My son was sold vapes at age 11, my husband reported it to the police nothing was done, it’s been difficult to prevent him getting vapes due to the child friendly products and easy access. My child claims they no longer vape but I found one today under his pillow - he coughs constantly.”

Other: 2 respondents stated that their children had tried vaping. Further responses include:

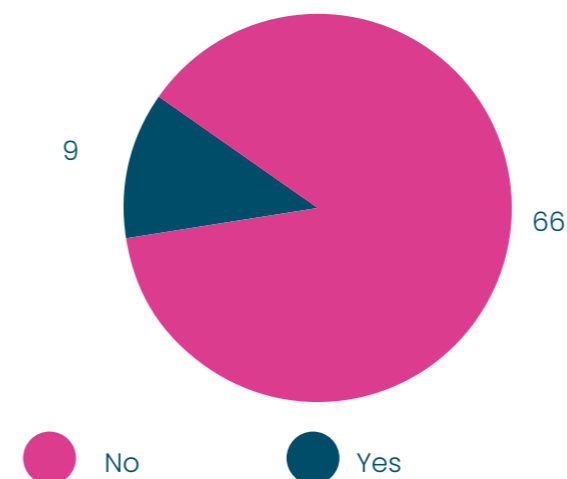
- “Has done but I have caught him doing it so hopefully he doesn’t anymore”
- “With friends only.”

## If you answered yes, do you know what their reasons are for this?

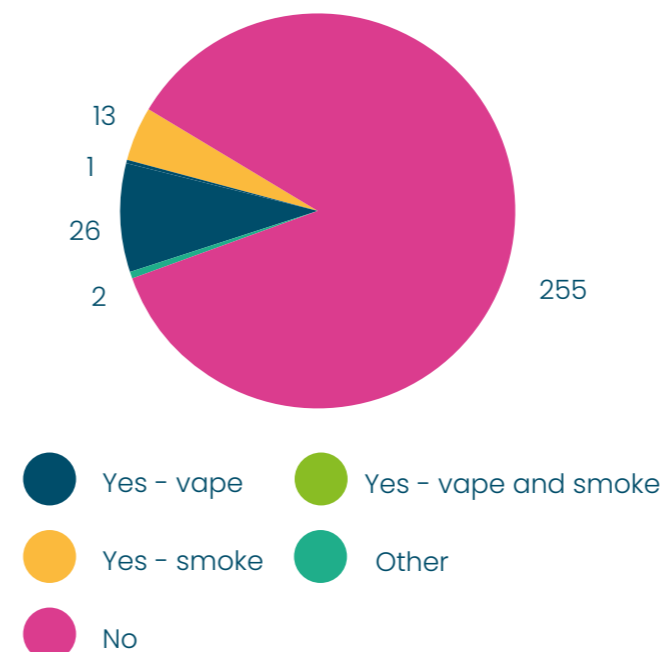
The most common theme within responses was social acceptance. **To fit in** was referred to by **17 people** in their responses.

- “Because it’s a trend and pretty much everyone of her age are.”
- “Because everyone else does it apparently.”

## Have you ever bought your child a vape?



## Do you vape or smoke cigarettes?



Other: One person confirmed recently quitting, and one voiced:

- “Used to, which is why I know how addictive they are. I used vapes to stop smoking. Five years later I used nicotine patches to stop vaping e-cigs! Now I’ve not vaped or smoked for 5 years!!!!”

## If you answered yes, where do you smoke or vape? e.g. at home, when out socialising

The most frequent response, from **27 respondents**, indicated that people vape or smoke when out in public places or when socialising, with a commonly used phrase being **“Out and about.”**

- “Whilst socialising but my daughter is unaware of this.”

**20 people** specified that they vape or smoke **at home**, although the majority did not specify whether this was inside or outside of the house.



- “My vape is non nicotine so I do it in the house.”
- “I smoke in my back garden.”

**8 people** stated that they have no preference where they vape or smoke, and do this **anywhere**.

- “Everywhere. I smoke at home and when I’m out and about. Even when I am driving or walking somewhere.”
- “Everywhere but at home smoke outside.”
- “Little bits all day at work and at home. Even when socialising as it CBD for pain I vape.”

## What are your personal opinions regarding vaping?

Of the 272 responses, **124 people** raised concerns regarding the safety and **unknown long-term health** implications. Within this, many are fearing the impact that vaping will have on the younger generation who are engaging in this behaviour from an early age.

- "It's a good tool to train people away from smoking, but the science is relatively new and the dangers are not fully known yet. What we do know is that some liquids can cause "Popcorn Lung" and the units themselves can combust. I suspect that there will be more harmful effects that come to light in the future."
- "I have a son who used to vape and ended up having a heart operation, we still think this was due to vaping."
- "Concerned as the long term implications of vaping and the passive impact for others has not been determined. Until such time as robust data is available as to the short and long term health impacts as well as safe disposal and environmental impacts it should not be openly encouraged/viewed as safe."
- "Should be discouraged as cigarettes are. It will take years before we know the full damage vaping can do to a person."
- "I believe years from now it will be proven that vaping is as bad if not worse as cigarettes (just how historically cigarettes were once touted as good for you). My father died of pulmonary fibrosis and his consultant discussed with us his fears for this generation being fed untruths about vaping. How lungs were only ever meant to take in air and how any foreign substance introduced to the lungs can damage them. I truly believe vaping in the future will be seen in a very different and dangerous light and this generation will pay the price for being ignorant about how bad it is."

- "No one really knows the long term effects. It isn't controlled by any safety standards during the manufacturing process. The products are not controlled during their import or resale as far as I know."

There was a view that vaping is beneficial for those who are using it as an **aid to stop smoking** cigarettes, with this being mentioned in **56 responses**. It is perceived as a healthier alternative to cigarettes, and so should be utilised for this purpose. Despite this, many are of the opinion that young people who have not smoked cigarettes, should not be vaping.

- "I do not agree with them at all, the purpose of these when first came out was to help smokers to come away from cigarettes or tobacco and now young children and teens are smoking e-cigarettes as a trend now, which I feel gives them the habit of an addiction to start smoking in future."
- "Crazy response to allow anyone who is not a long term smoker to access, they include nicotine and are themselves addictive."
- "Vaping to get off cigarettes I can understand but kids just starting to vape without ever smoking is ridiculous."
- "Very good if adults use to quit smoking. I worked in the industry and the problem is outlets selling illegal vape products which don't comply with UK regulations and also selling to under 18s. The problem isn't with vaping itself. It is safe if buying from established companies but at the correct strength. 99% safer than smoking as said by NHS and Public Health England. The disposable market has been taken over by those flouting trading standards and selling to under 18s, which like alcohol and cigarettes is illegal."

- "Should be a prescribed and regulated medicine. Should only be prescribed to a person who is addicted to nicotine from smoking as part of withdrawal."

**41 people** expressed their concern over the **accessibility** and apparent "targeting" of vape products towards young people, taking into account that young people are susceptible to the marketing and conform to social norms.



- "I feel they are widely promoted and far too many premises have popped up all over the place selling these product's, advertising all types of flavours they have in stock which in my opinion are aimed at young people."
- "I feel as though the Vaping market has been targeted towards children/young people with the colourful casing and sweet flavours."
- "It's like turning smoking into sweet treats for kids."
- "I think it's absolutely disgusting and would like to sue the company that attracted my young child with products designed to addict at an early age."
- "I am concerned that it is unregulated and marketed to make it more appealing to children."
- "Appears to be marketed at young people in the same way alcopops were, with their appealing 'flavours' and bright colours."

Some people shared their views on **vaping indoors** or in an enclosed spaced, with **23 comments** suggesting this is a negative aspect of vaping.

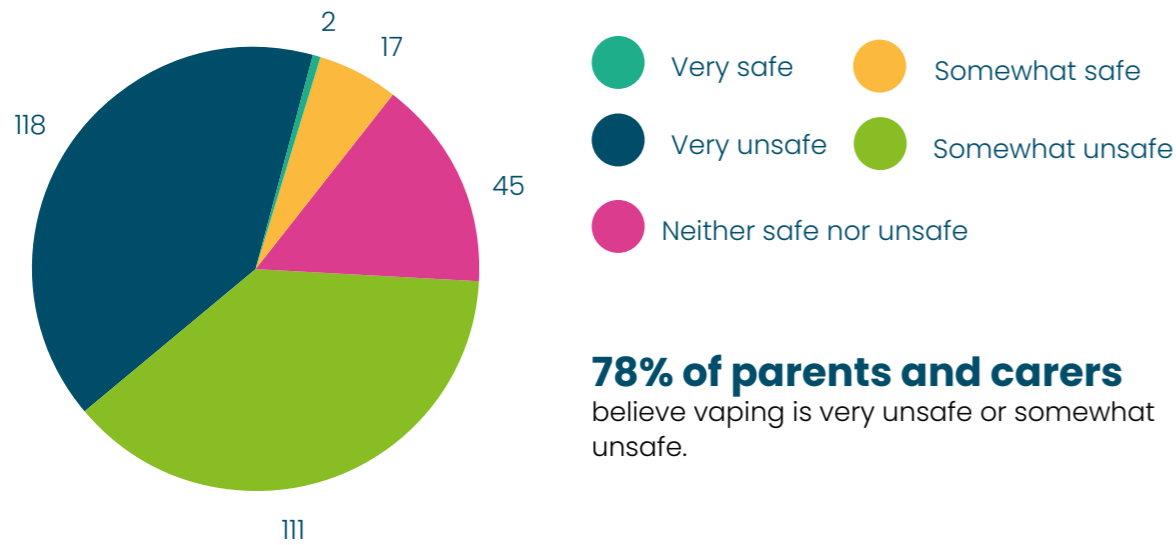
- "It's a nuisance, the clouds of smoke the smell, kids vape anywhere including in buildings where they shouldn't be."
- "Don't like that people will vape without asking where they would not smoke."
- "Should not be allowed in workplaces/schools/colleges/public indoor places etc. The vapour from other people using some vapes in public places triggers my asthma."
- "I do think it's an individual choice to vape but there should be allocated areas in society where people can smoke or vape so other people don't have to inhale the contents."
- "It's very antisocial and people feel they can vape indoors as it's not smoke."

There were **16 positive or neutral comments** made about vaping, which included:



- "It's a personal choice. It is much less harmful than tobacco and doesn't impact on those around you so I think on the whole it is positive."
- "I've only been vaping for a month after pain relief wasn't working. Vaping is not an issue in my eyes as long as not filling the room with vapour. Small tokes are fine inside."
- "I've vaped for 10 years. At first I mixed between smoking and vaping, now only vape. It's been fine for me and no issues."
- "My daughter only vapes very occasionally so I don't think it's an issue, if it were that she was using it more regularly I would be a bit more concerned."

### How safe do you feel vaping is?



**78% of parents and carers** believe vaping is very unsafe or somewhat unsafe.

### Do you think vaping is safer than smoking cigarettes?

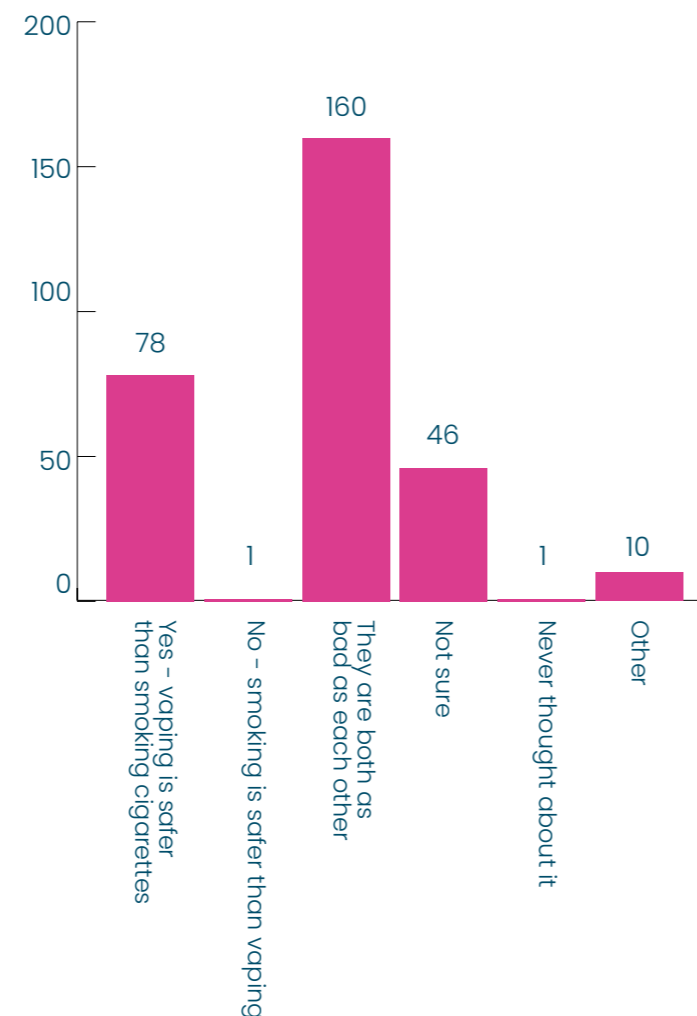
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Other: Three respondents agreed that, if used as a tool to quit smoking tobacco, vaping is safer, with one person further commenting, "However now vapes are getting nicotine into young children and has become a gateway drug." Four people voiced concerns about the lack of clear evidence available, due to vaping being new, with one person stating:

- "There is no scientific evidence yet presented to establish a reasoned decision on this question. Safer not to vape until this is available."

Other comments included:

- "Depends if it has nicotine in it"  
 - "I assume vaping is safer but not sure"  
 - "Depends on the reason for vaping."

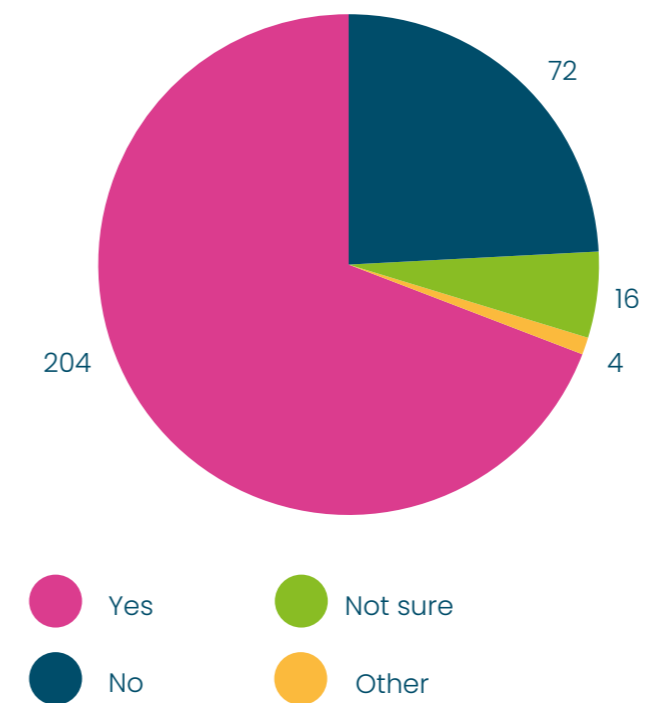


### Did you know that most vapes with over 600 puffs and e-cigarette tanks over 2ml are illegal?

**77% of parents and carers** were not aware that most vapes with over 600 puffs and e-cigarette tanks over 2ml are illegal.

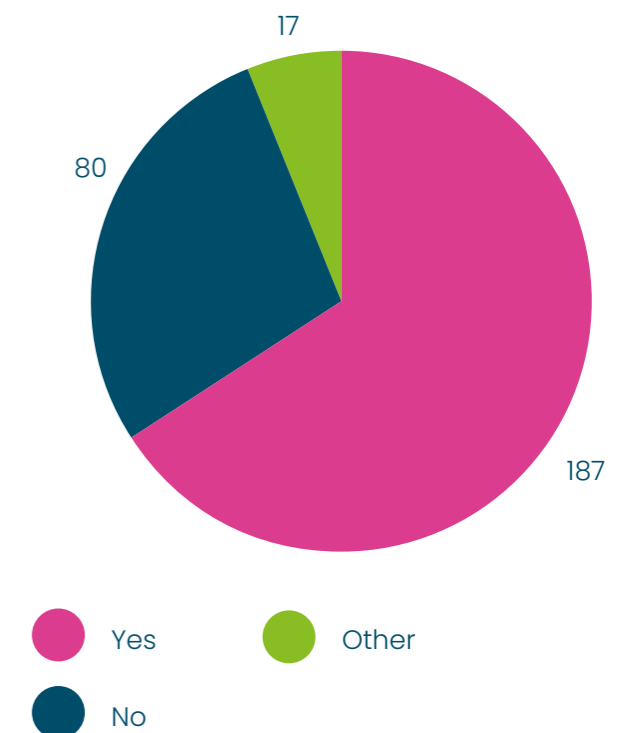


### Did you know it is illegal for retailers to sell vapes to under 18's and that you can confidentially report underage sales to Blackpool Council trading standards on 01253 478375, or you can email tradingstandards@blackpool.gov.uk?



Other: Two respondents stated that they were aware of the age limit, but not of the reporting. One person believed the age limit to be 16.

### Do you think parents/carers would benefit from further education relating to vaping?



Many of the 'other' responses acknowledged that some parents and carers may benefit from education if their child is vaping, but otherwise it may not be relevant. As well as this, the method of delivering this education would need to be sensitive in order to not "patronise" the parents.

## If you answered yes, what would you like this education to look like? e.g. who would you like to teach it, where would you like it to be...

Several distinct themes were identified by **150 parents and carers** as to how they would like education around vaping to be delivered and what it should look like. The most common theme was education taking place within **school**, often as part of the curriculum and taught by teachers within a variety of lessons. Some comments refer to the children receiving the education, whereas others are aimed towards parents and carers.

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- "Needs to be in the school where all parents are familiar."
- "They should teach it in primary schools Year 10/11 before they get to college."
- "It should be taught to all children and parents at a convenient time."
- "PSHE, at school."
- "It should be taught alongside alcohol and drugs awareness."
- "When you study science it could be incorporated into any lesson. This way you could teach from an earlier age."

**38 parents and carers** felt that education should focus on the potential negative impact of vaping, with common phrases including **"safety"**, **"long-term effects"**, **"dangers"** and **"risks"**. Many parents and carers felt that this education needed to be "shocking", with a focus on the health implications associated with vaping.

- "I think there should be talks of what vaping does to your body, and your mental health, and can cause addiction to not just vaping but to other things."

- "I would like some hard hitting education to the teenagers on what it does to their lungs."
- "I feel they need to show the popcorn lungs to children."
- "I think education needs to be shocking tell people the horror stories show them medical images, do they really want this to happen to their children?"
- "Health implications. Dangers of buying unlicensed product which have been found to be dangerous. I.e. unscrupulous individuals making vats that are unregulated."

Furthermore, **26 respondents** felt that general information on vaping needs to be more widely available to the public. Participants suggested **accessible information** in the waiting areas of colleges/schools and GP's which largely contained factual information, statistics and research to inform the general public.

- "I think there should be more information in schools and just overall more publicity about vaping."
- "More public awareness, it should not be left to schools to teach."
- "General advice etc. about how to support reduction of use."
- "Local displays, in bus shelters etc."
- "Absolutely due to some information in this survey that I wasn't aware of, so my conclusion would be we all need further info regarding this matter."

An additional **24 parents and carers** felt that **emails or information letters** sent home from educational establishments would improve knowledge of vaping. Several respondents highlighted the need for this information to be "clear and concise" and for them to have the opportunity to contact someone if they had any further questions.

- "Email drops from schools to parents at primary and secondary."

**17 parents and carers** felt that the platform of **social media**, or other media sources, should be utilised to educate young people and the general public on vaping. Popular social media sites such as "Facebook" and "TikTok" were suggested as potential places where this education could be distributed through adverts and informative videos.

- "Social media etc. would be a good way to spread knowledge, for parents and teenagers."
- "I don't know what this education should look like maybe a tiktok campaign would be reach the right demographic."
- "I think it should be government/nhs based education and taught through the media."
- "Public Health messages in the media etc."
- "It would need to hit main stream media for most people to listen sadly. But any effort is still worth it."

- "I think many parents do not understand the potential risks and see it as safe - clear concise information should be issued from independent & reliable trustworthy sources. Email tool box talk/online briefings etc. may help."
- "Probably information provided via parent portal would be easiest to distribute and potentially reaches more people."
- "A short informative fact based email."
- "An easy to read paper on it would be beneficial sent by email with a contact if have questions."

A further **24 people** felt that education should be delivered **online**, either through websites containing information related to vaping for parents and carers, or through online courses that can be attended flexibly.

- "An information link like the nhs provides for details on services or illnesses."
- "Online info. I don't think zooms or classes as poor attendance would be an issue."
- "Short online videos would be best format."
- "I think maybe online information/courses would be the best option."

Specifically, leaflets or booklets were suggested on **21 occasions** as the best way to educate them on vaping. The preference appears to be for these to be provided by **educational settings** so parents and carers can use as a tool for discussion with their children, or readily available within places such as GP surgeries.

- "Happy for this to be an information leaflet/infographic that is sent out to parents/carers."
- "A booklet to discuss with children."
- "General posters/leaflets in frequently visited places, e.g. doctor's surgeries."
- "Some kids don't listen to anything the listen to their friends - probably leaflets about the dangers."
- "Maybe a leaflet drop when the next voting papers go out."

Finally, **14 people** felt it was important that any education that is delivered should be done so by a **healthcare professional** who is educated on the topic of vaping. Common phrases included "NHS", "healthcare", "medical" and "clinical".

- "Delivered by health professions to a wide audience so probably at college."
- "A presentation by experts in lung conditions, to be done at College."
- "Health professionals in education centres, schools, colleges etc and health centres."
- "Maybe an evening of people-in-the-know educating parents/carers and most definitely the same for students. At least then the students can make a far more informed decision as to whether they should be giving them up and encouraging their friends/family to give them up."

## Is there any other feedback you would like to tell us regarding vaping, e.g. where young people purchase these, what influences this...

Of the 113 responses to this question, **29 parents and carers** wished to provide further feedback regarding the **accessibility** of vapes to young people. The majority of comments centred on where young people are getting vapes from, including "from friends", "vape shops", "corner shops" and "garages."

- "I believe there are far too many vape shops around Blackpool town centre."
- "Far too accessible for the youth of today."
- "Kids buy them in Poulton and online."
- Many raised further concerns about the prevalence of the sale of vapes to underage young people.
- "I know they purchase them from many shops like local phone shops (south shore) mini markets etc. they are not asked for id and certain sellers are known to sell to underage children so this encourages their friends to purchase more, especially the 600+ vapes."
- "I think the small independent corner shops don't care so much as bigger retailers as to who they sell to."
- "The main distributors in Manchester are responsible for selling these products to outlets. Most vaping only shops sell within the law. It's mainly independent convenience stores, petrol stations etc. who are selling to under 18. It is also too easy to purchase online."
- "I've reported the shop where my child buys vapes from, both to trading standards and to the police. Nothing's happened, they still sell vapes to children in their school uniform. How do you battle that as a parent?"

Similarly, **27 parents and carers** provided comment regarding the need for **stricter legislation** and policies, as well as clearer guidelines on both the sale of, and use of vapes.



- "Not sure what policy is on vaping in public spaces, but more should be done to deter people from vaping on buses, confined spaces etc. Encourage those who vape to be more considerate of others around them."
- "There isn't enough safeguarding in place to prove your age. The products have not yet been taxed by government like cigarettes are, so the price will need to increase at some point when this is introduced by government. Sellers of vaping products should also be licensed such as it is with those that sell alcohol."
- "There should be greater penalties for people selling to underage users."
- "Vapes should be regulated like cigarettes behind the counters not on display."
- "There should be more stringent sanctions for those who do not follow legal guidelines."

The impact **peer pressure** has on young people choosing to vape was raised within **22 responses**.

- "Peer pressure and trends are the influence in young people, ecigs have unfortunately become the latest trend."
- "Peer pressure or trying to fit in is always a problem for youths. Vaping is the new smoking and will be done to look good and fit in. Especially with kids who are easily influenced or get bullied for being different."

- "Peer pressure/boredom/not fitting in/everyone else is doing it! These are all reasons that youngsters will dwell on. I started smoking at age 18 because I was "bored" and all my mates were doing it."
- "Young people see it as being 'cool' or going hand in hand with a prominent influencer or celebrity. They feel more mature engaging in something which is not allowed."

## 15 parents and carers

shared concerns about the potential **health risks** of vaping in young people. Many comments displayed worry about the lack of knowledge of the risks, as well as the general belief that vaping is "harmless" or "better than cigarettes".



- "Some seem to think it's healthier than smoking but it was invented to get people off cigarettes so children doing it is beyond ridiculous!"
- "It is a concern for their health and mental state."
- "I don't think the potentially harmful or addictive effects are well enough understood and communicated."
- "I feel that a lot of people think "well, at least they're not smoking real cigarettes". However, vaping contains chemicals too & can contribute to bad habits/addiction etc."

Some parents and carers voiced their opinion that the **marketing and advertisement** of vaping appears to directly appeal to young people.

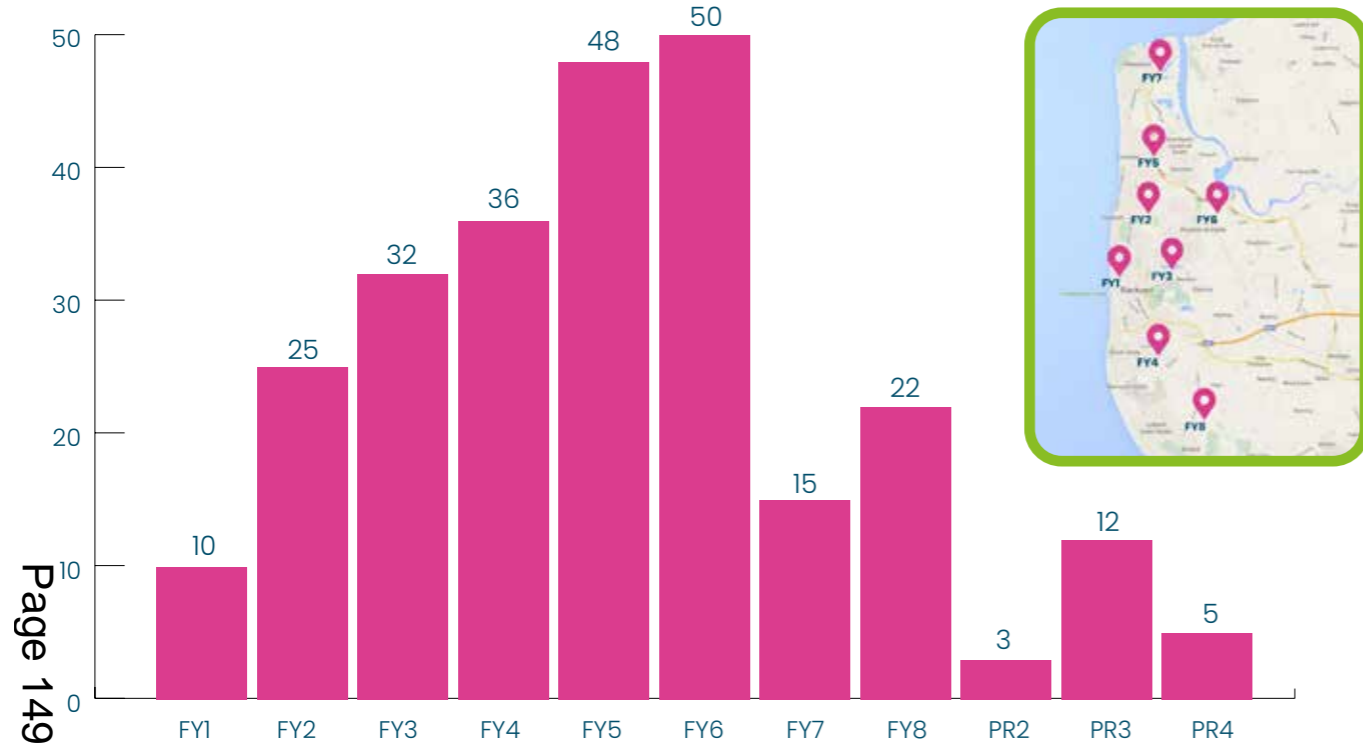
- "Vapes are being made to appeal to younger generations, all colours, all shapes and sizes, glittery, fancy etc."
- "I think Vaping has become popular amongst children and teenagers due to all the fancy designs and fruity flavours. Even non-smokers are attracted to vaping."
- "They should make it flavourless and not scented as this is an encouragement to young people."
- "My own children do not vape, but I have heard one if my children talking about how the flavours sound nice, which may tempt them to try."
- "Vaping appears to be more accepted in society, and due to the many different flavours, it's becoming even more tempting to young people. I often see many young people around Blackpool, some appearing as young as 10, smoking vapes."

Finally, **10 people** communicated unease regarding the prevalence of vape usage in young people within educational establishments.

- "Appalled that some colleges have smoking areas right by the main entrance where groups of students can be seen vaping and smoking traditional cigarettes that is often accompanied by some poor behaviour."
- "Far too much vaping happening in schools and the consequences appear to be less severe than when students are found smoking traditional cigarettes."
- "I think college plays an integral part. By providing smoking or vaping areas you, by default, support it."
- "Looks terrible as you drive into the college the smokers / vaping corner as it's the first thing you see - not the best first impression."
- "Please crack down on this in schools!"

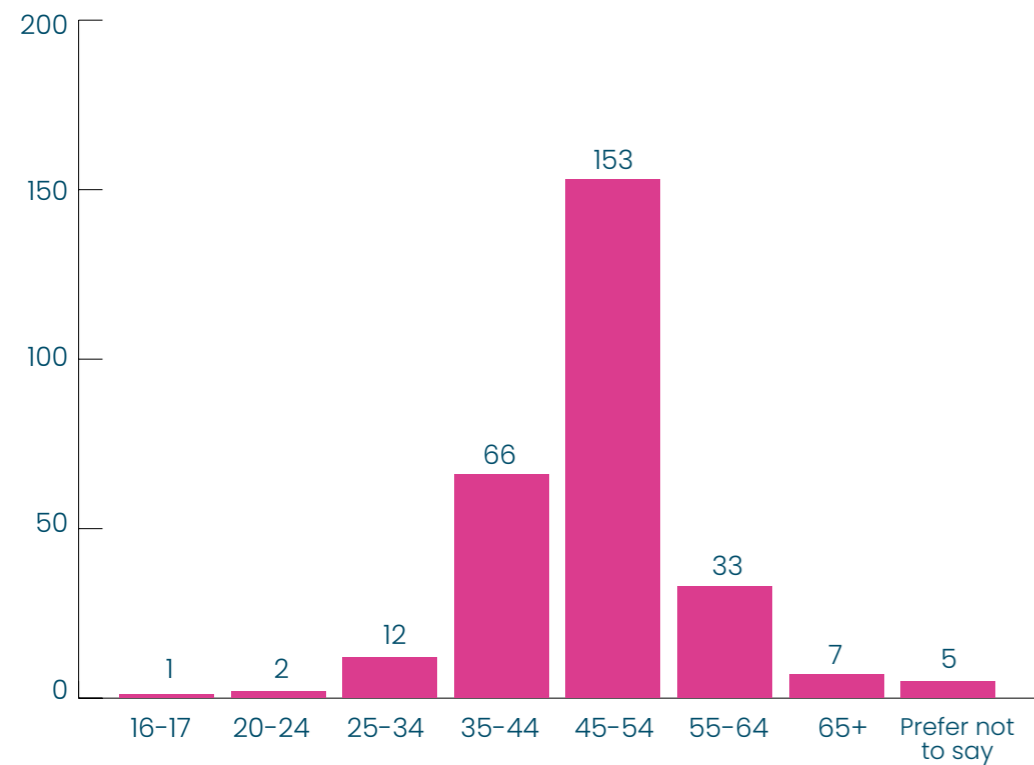
# Parent and carer demographics

Please enter the first half of your home postcode:

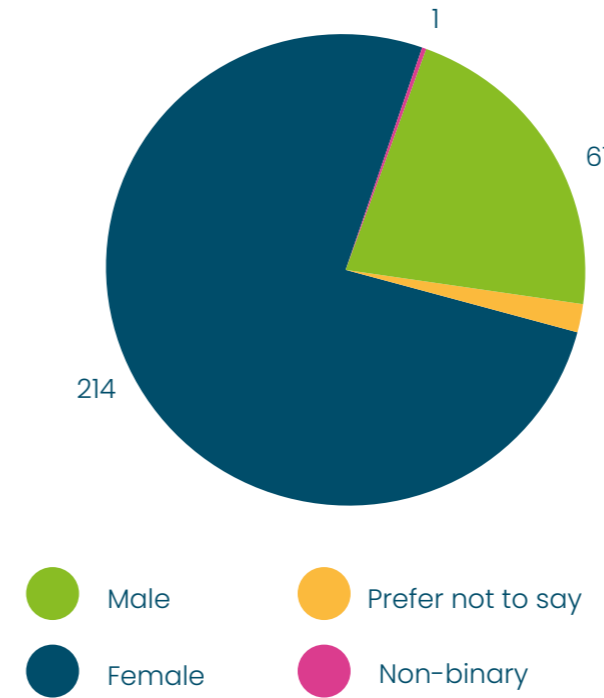


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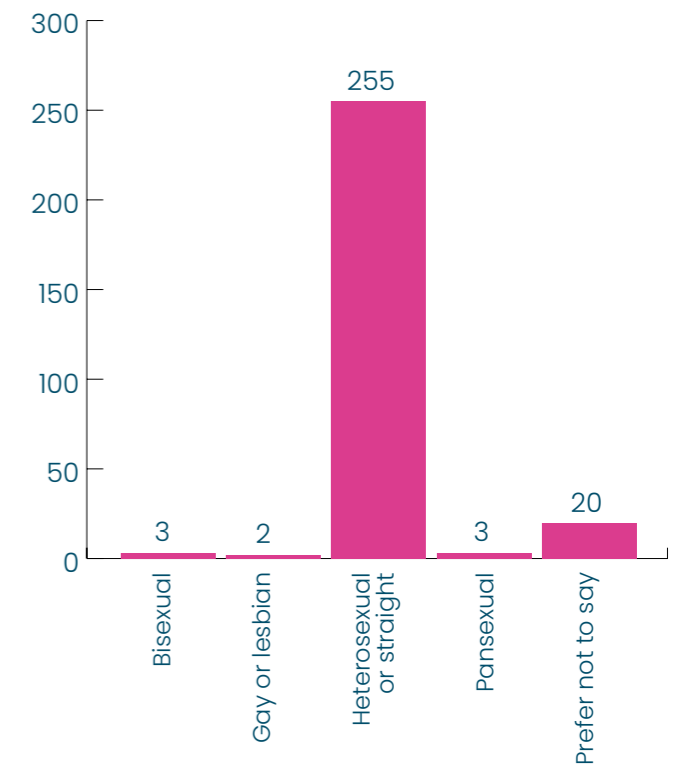
## How old are you?



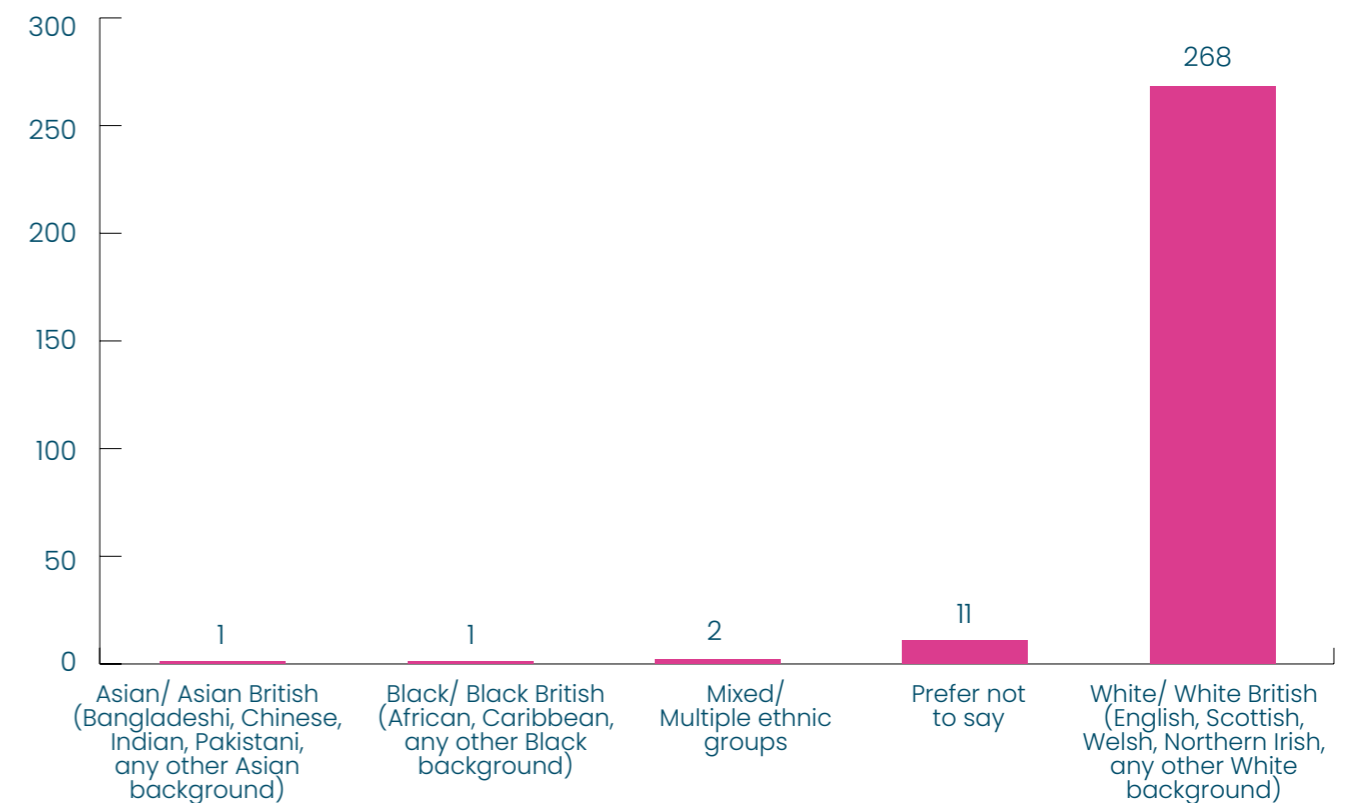
## What gender do you identify as?



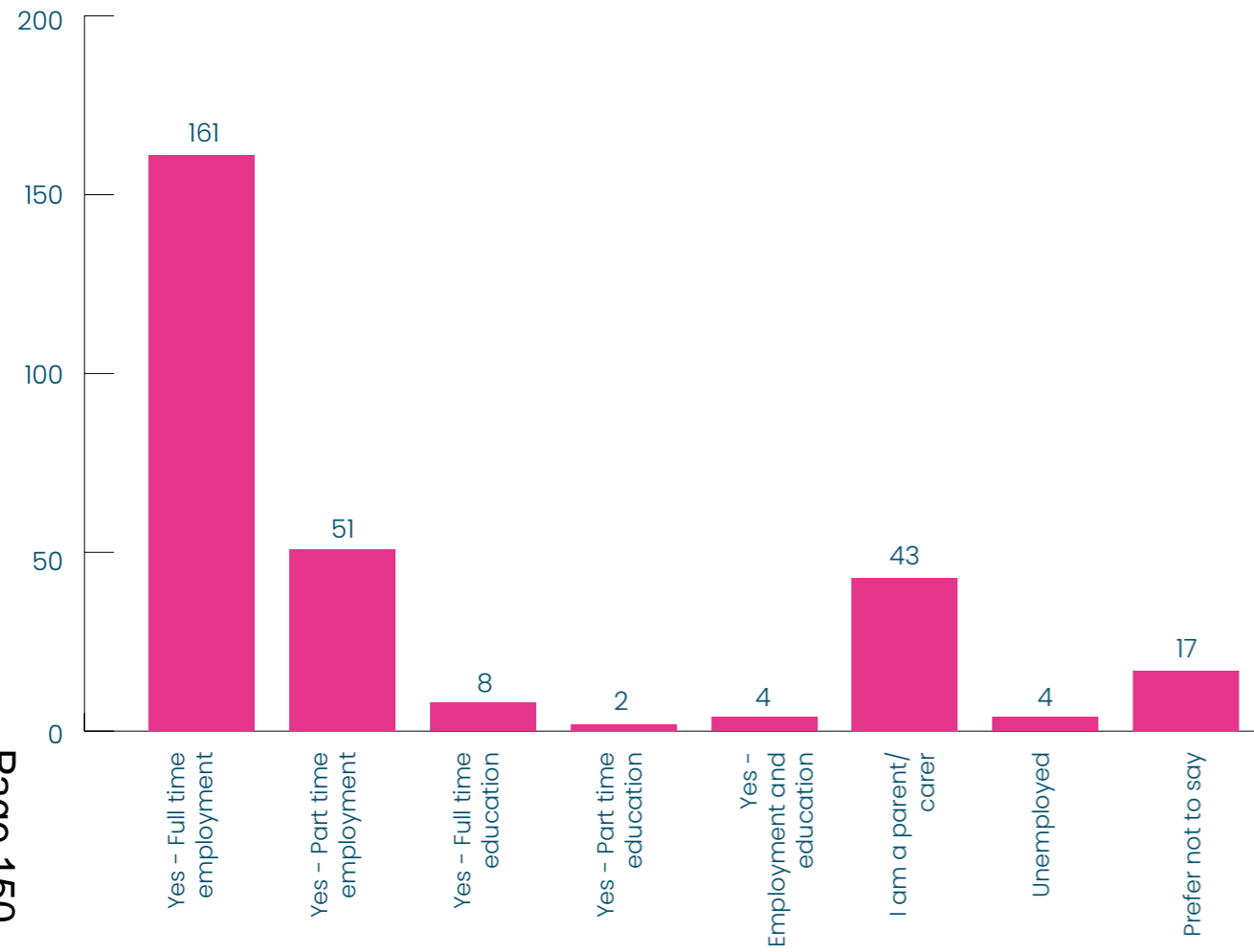
## What is your sexual orientation?



## What is your ethnicity?

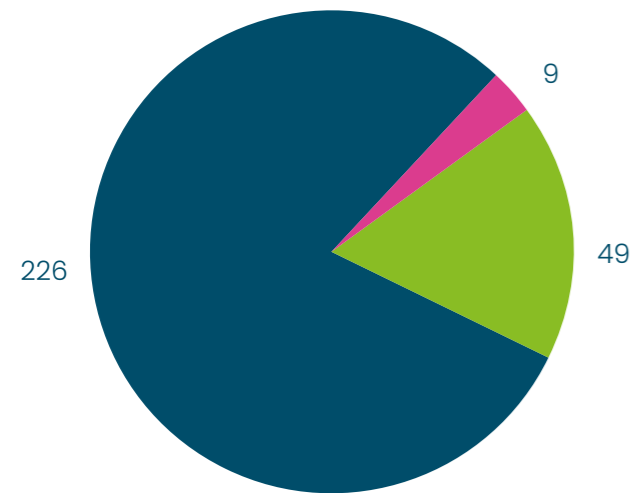


### Are you in employment or education?



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### Do you have a long term health condition or disability?



Yes  
No  
Prefer not to say





## Conclusion

Healthwatch Blackpool engaged with 4170 children and young people across Blackpool on the topic of e-cigarettes and vaping, through a survey and focus groups. Alongside this, 297 local parents and carers and 138 teachers and professionals shared their views via the online survey.

**4170** children and young people engaged  
**297** local parents and carers  
**138** teachers and professionals

## Awareness and usage

It is clear from feedback, both from young people and teachers/professionals that the **prevalence** of vaping has **increased** in young people, with the majority of young people having not smoked cigarettes prior to vaping. Since starting vaping, a large proportion of young people have not started smoking cigarettes, nor do the majority use vaping to prevent themselves from smoking cigarettes. Despite this, over a quarter of young people have diversified and believe they have tried THC vapes. In contrast, within SEND educational settings, there does not appear to have been an increase in student's vaping.

Of those that vape, young people typically vape **daily** and have done so for **1-2 years**.

The type of vape favoured by young people was **disposables**, due to the **taste, low cost** and **convenience** of purchasing. The preferable flavour of vape for young people is **fruity**, most often containing nicotine. Young people noted they choose to vape inside the house, or wherever they feel. Interestingly, when parents and carers were asked if their child vapes, the vast majority who took part in this survey believe they do not. More than half of young people have parents/carers who vape, smoke or vape and smoke, with their parents

and carers also choosing to do this **within the house**. Contrary to the above, almost all of the parents and carers who engaged with Healthwatch Blackpool via the survey indicated they do not vape or smoke cigarettes. Overall, young people's understanding of **nicotine** and the **effect** it has on the body appears to be reasonable. The most popular explanation given is that nicotine is **addictive** and so makes you want more, which results in the formation of a habit that is **difficult to stop**. When engaging with primary school aged children, the understanding of nicotine was lesser than that of older children and young people.

Most participants of all ages were unsure or were not aware that most vapes with over 600 puffs and e-cigarette tanks over 2ml are illegal. However, the majority are aware that it is **illegal** for retailers to sell vapes to under 18's and that you can confidentially report underage sales to Blackpool Council trading standards.



## Attitudes and why

A large proportion of young people said they do not know why they vape.

However, the lead reason given for vaping was to **relieve stress** and **improve mental health**, followed by vaping **to look cool** and peer pressure.



In contrast, the primary reason given for not vaping was due to this being perceived as being **unhealthy** and bad for you, with young people specifically worrying about **the risk of cancer**. Teachers and professionals perceive the increase in young people vaping being as a result of peer pressure, accessibility of vapes and the impact of social media and advertising. Of the teachers and professionals who completed the survey, the majority do not vape or smoke cigarettes. Similarly, parents and carers believe their child vapes to **'fit in'** and **'look cool'**. As well as this, some mentioned their child struggling with anxiety, and so they use a vape as a method of stress release to manage this.

When teachers/professionals and parents/carers were asked for their personal opinions regarding vaping, several shared their concerns for the safety of vapes and the long-term health implications, particularly as there is a lack of research. With that being said, some parents and carers highlighted the benefits of vaping for those who use it as an **aid to stop smoking cigarettes**.

Feedback surrounding stopping vaping was mixed. Young people who stated they would struggle to stop, cited reasons such as **addiction to nicotine** and a dependence on vapes for **stress relief**. Some young people shared that they are most frequently given vapes by their friends.

A large number of young people believe advertising and social media promotes vaping, with direct references made to TikTok and influencers. During focus group sessions, young people referenced specific vapes that derive

from popular TV shows and **influential trends**, for example PRIME and Rick & Morty vapes. In addition, aspects of marketing such as **colours and flavours** were frequently mentioned. Most young people find information relating to vaping on social media and the internet, as well as through friends.

Feedback from young people relating to **further education** on vaping was mixed, with just over half of young people feeling this would be beneficial. Young people would like the education to take place within a school or college setting, with some specifying within PSHE lessons. Furthermore, several young people suggested delivering this education to primary school aged children, as a preventative measure. In terms of the content, young people feel there is a need for **increased understanding** around the risks and consequences of vaping. There were comments about the need for **research and information** to persuade people to consider their health.

In addition, teachers and professionals felt they would benefit from further education relating to vaping. Suggestions were made to incorporate this into the **existing curriculum**, through accessible resources such as information packs, online materials and videos. Others shared a preference for external professionals, such as those working in the NHS, to deliver the education.



Furthermore, just over half of parents and carers see value in further education relating to vaping, with an emphasis again on this being taught within a school setting. Some parents and carers would like to receive the education themselves, whereas others feel it should be directed at children and young people. The suggested methods for this included **'shocking'** information surrounding the **dangers** and **risks** of vaping, alongside informative letters sent home to parents and carers. General promotional materials were suggested in public places, to increase knowledge and understanding across the whole community.

## Access, safety and availability

Most young people purchase vapes from **corner shops**, due to ease of access and not being asked for **proof of ID**. The most common source of money to pay for vapes was from employment, whether that be full or part time. In addition, young people mentioned receiving money from family members, who are sometimes unaware that this money is being used to fund vaping. During focus group discussions, some young people shared that they are bought vapes by parents as a **reward** or an **incentive** to attend school or exhibit good behaviour. As well as this, young people shared information about **'vape hunting'**, a social activity whereby young people search the streets for vapes discarded on the floor. However, the vast majority of parents and carers who completed the survey stated they do not purchase vapes for their child.

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Over half of young people choose not to read the packaging when opening a vape. In addition, some young people notice a difference in packaging when the vape is **'fake'**, with the vape itself feeling harsher on the back of the throat. Aside from this, others struggle to differentiate between a 'fake' vape and a legitimate vape, as discussed within focus group settings.

The majority of young people are **not concerned** about the **long-term health consequences** of vaping. For those who are concerned, specific reference was given to the unknown health risks. Of all participants who completed the survey, the vast majority perceive vaping to be very unsafe or somewhat unsafe, although many believe vaping to be safer than smoking. With that being said, a large proportion felt vaping and smoking cigarettes are both as bad as each other.



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