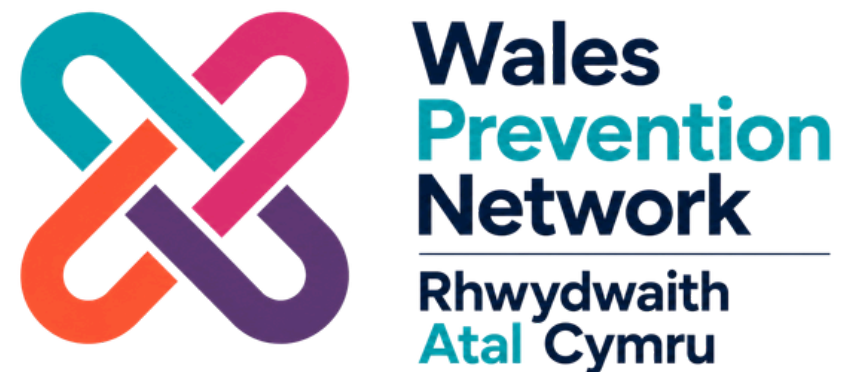




Putting Prevention into Practice

**Building Joined-Up Support
for Healthier Communities in Wales**



Agenda

10:00-10:30	Registration, refreshments & networking
10:30-10:40	Opening: Setting the vision
10:40-11:10	Healthy Homes, Healthy Communities Mary-Ann McKibben -Consultant, Public Health Wales
11:10-11:40	From Evidence to System Change Dr Gareth Morgan Bevan Commission Exemplar Project
11:40-11:50	Comfort break
11:50-12:15	Table discussion: What drives preventable harm?
12:15-13:00	Lunch & networking
13:00-13:50	Turning Everyday Contact into Prevention Brian Williams, Rhodri Thomas and Solitaire Pritchard Panellists
13:50-14:30	Table discussion: Building a prevention approach for Wales



Setting the Vision

Sara Elias

Policy advisor, Nesta Cymru



Healthy Homes, Healthy Communities

Mary-Ann McKibben

Consultant, Public Health Wales



The Public Health Case for Smokefree Homes

Mary-Ann McKibben, Consultant in Public Health

07 July 2026



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PHW Tobacco, Vapes and Nicotine Addiction Programme

- Support the **reduction of** smoking prevalence and smoking-related harms
- Contribute to the overall outcome of achieving Wales's smokefree ambition (of **<5% prevalence**) by 2030



Range of activities under 4 main pillars:

- **Prevent initiation** of smoking and vaping in children and young adults
- **Denormalise smoking** by creating environments free from tobacco smoke and shifting cultural attitudes to make smoking less socially acceptable
- **Maximise cessation** to increase the number of smokers or vapers who want to quit and the number of successful quit attempts
- **Support and develop the system** by understanding need, developing and co-ordinating responses where appropriate, and measuring impact



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The Big Picture: Smoking

- Biggest preventable cause of disease and death in Wales
 - Still 260k smokers in Wales, 10% of adult population
 - More than one in ten deaths amongst over-35s in Wales
 - More than 17k attributable hospital admissions annually
- Driver of health inequalities - those in most deprived areas
 - x2.9 more likely to smoke
 - x2.7 more likely to be admitted to hospital for a smoking-attributable condition
 - x3 more likely to die from a smoking-attributable condition

*“The one consumer product that if used exactly as the manufacturer recommends will kill more than half its users”**

What is Secondhand Smoke?

- Also known as **passive smoking** - breathed in from someone else's cigarette, cigar or pipe
- It is a mixture of the smoke exhaled by a smoker and the smoke from the burning end of a cigarette - **80% is invisible and odourless**
- Tobacco smoke contains **over 4,000 chemicals** in the form of particles and gases - more than **50 cancer-causing chemicals**
- The **particulates** in tobacco smoke include tar (itself composed of many chemicals), nicotine, benzene and benzo(a)pyrene
- The **gaseous** component includes carbon monoxide, ammonia, dimethylnitrosamine, formaldehyde, hydrogen cyanide and acrolein



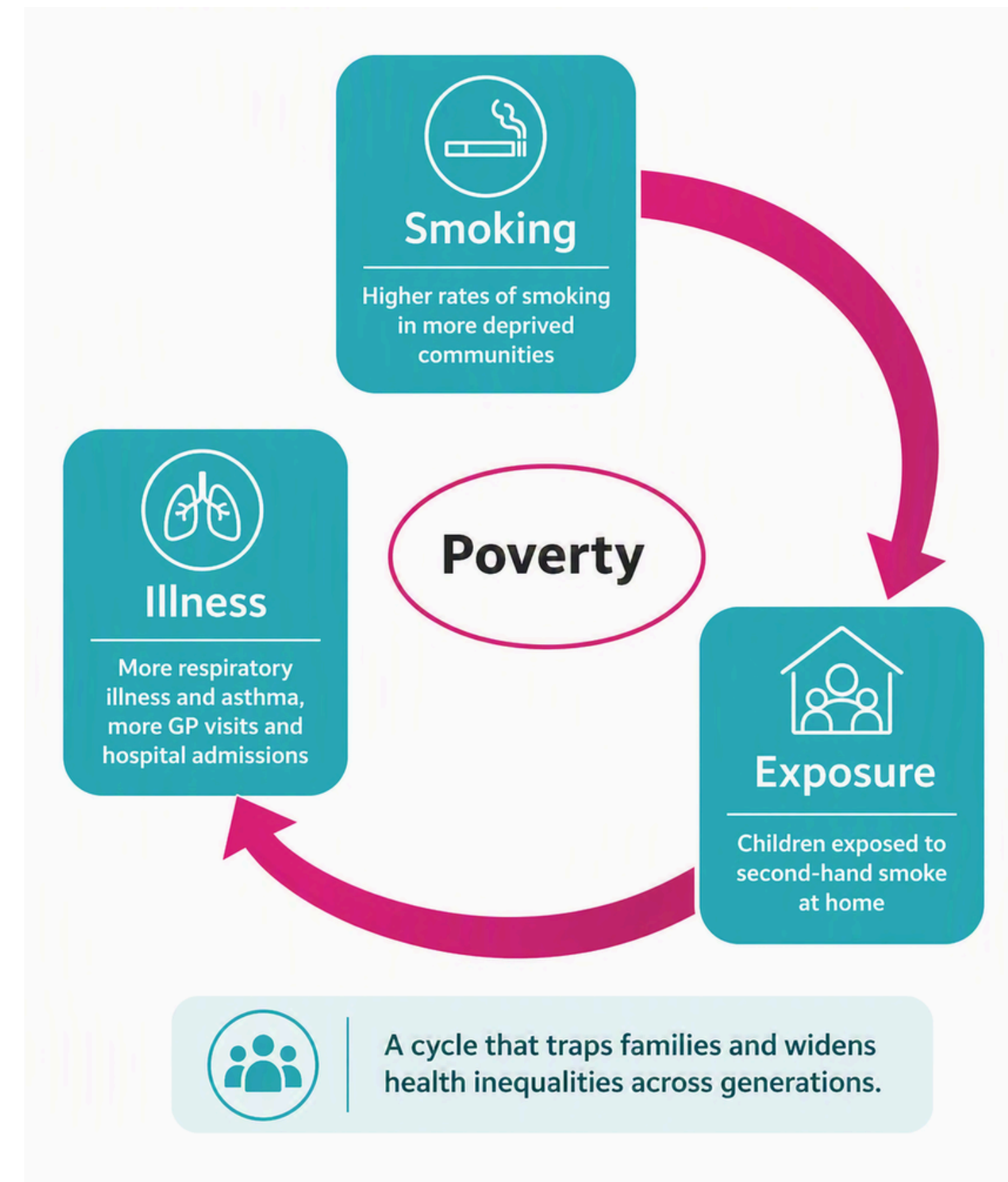
Secondhand Smoke: No Safe Level

- Secondhand smoke (SHS) in **any setting** poses significant risks to health
- Greatly **increased in small enclosed spaces** with limited ventilation and where exposure is concentrated, regular and sustained (over many years)
- Opening a window or restricting smoking to specific rooms **offers little protection** against exposure to SHS
- Indoor smoking also leads to ongoing **thirdhand exposure** via tobacco smoke in dust and on surfaces even when not directly inhaling tobacco smoke
- More than **8,000 deaths each year** in the UK are linked to SHS exposure
- Each year, someone dies from a cigarette-related fire **every three days**
- Short-term **health effects** - eye irritation, headaches, coughs, sore throat, dizziness and nausea
- Can impact the **heart in non-smokers** and induce new cases of **asthma** in children whose parents smoke
- Longer term, increased risk of range of smoking-related diseases - **coronary heart disease , lung cancer**, and a **conditions linked to regular smoking** e.g. lung function, stroke, dementia

A Child's Reality Living in Wales

A child in Wales:

- May be living in a household already facing financial hardship - nearly **1 in 3 children** in Wales live in poverty
- May be living in a more deprived community – smoking prevalence **three times higher**
- May be exposed to secondhand smoke at home – **1 in 4 children** in Wales live with someone who smokes
- Is at **greater risk of asthma and chest infections** – their health is affected but they have no choice or control
- Will grow up seeing smoking as normal - young people who live with a smoker are **four times more likely** to become smokers themselves



Early Exposure - Lifelong Consequences

- Harm can start before birth
 - 13.1% of pregnant women recorded as smokers at antenatal booking, higher than other UK nations (e.g. Scotland 8.2%, England 10.5%)
 - 12% are recorded as smokers at birth – higher than adult prevalence as a whole
- Exposure before birth and during childhood linked to
 - Stillbirth, low birthweight, birth complications, birth defects, brain and lung development
 - Sudden infant death
 - Asthma, respiratory and ear infections, hospital admissions
 - Poorer long-term respiratory and cardiovascular health
- Wider individual and family impacts – missed school days, lower educational attainment, quality of life, support needs, parental time, financial costs
- NHS impacts - GP visits, hospital admissions, emergency admissions

Association between active tobacco use during pregnancy and infant respiratory health: a systematic review and meta-analysis | BMJ Open

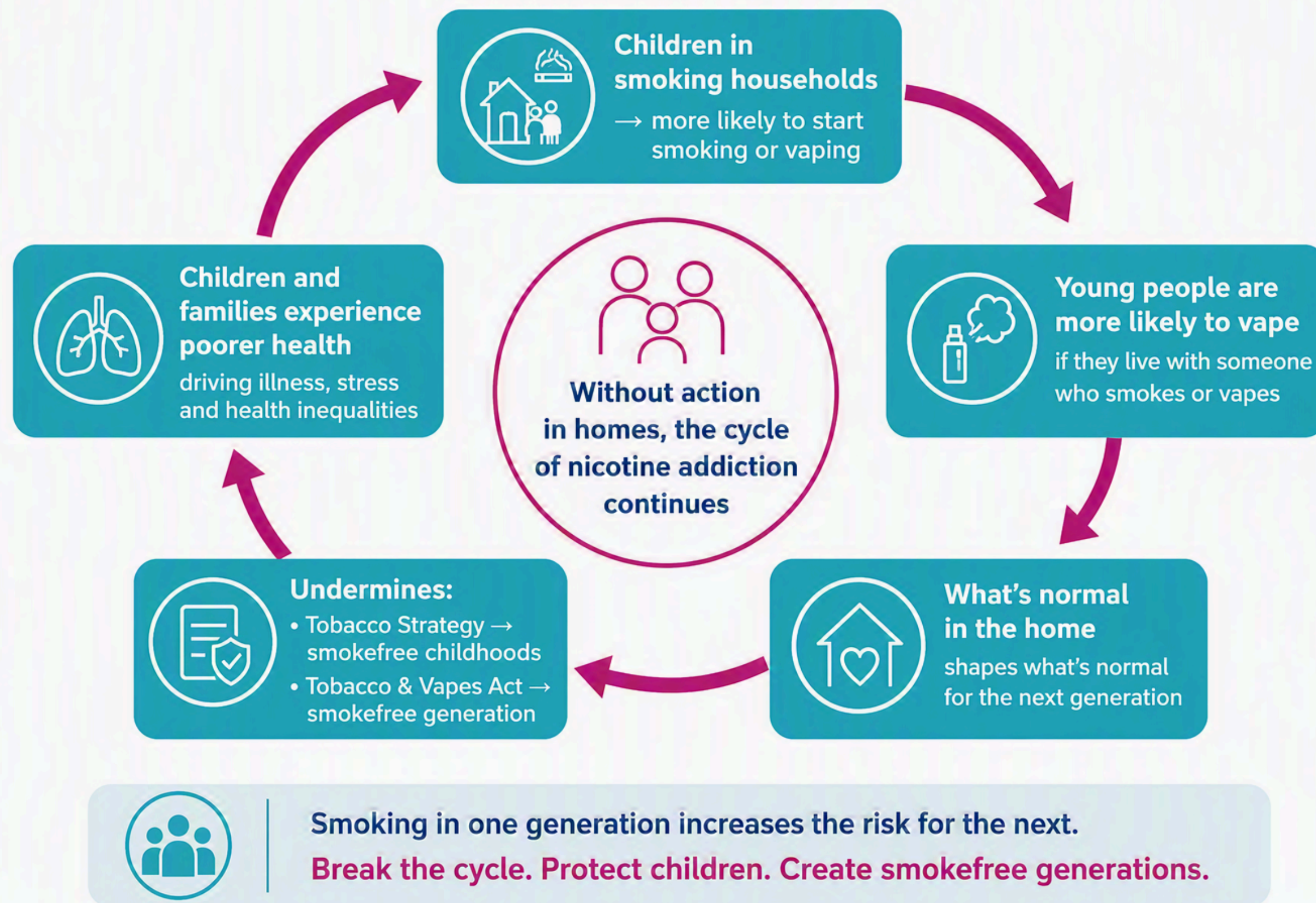
Burden of disease from exposure to secondhand smoke in children in Europe | Pediatric Research



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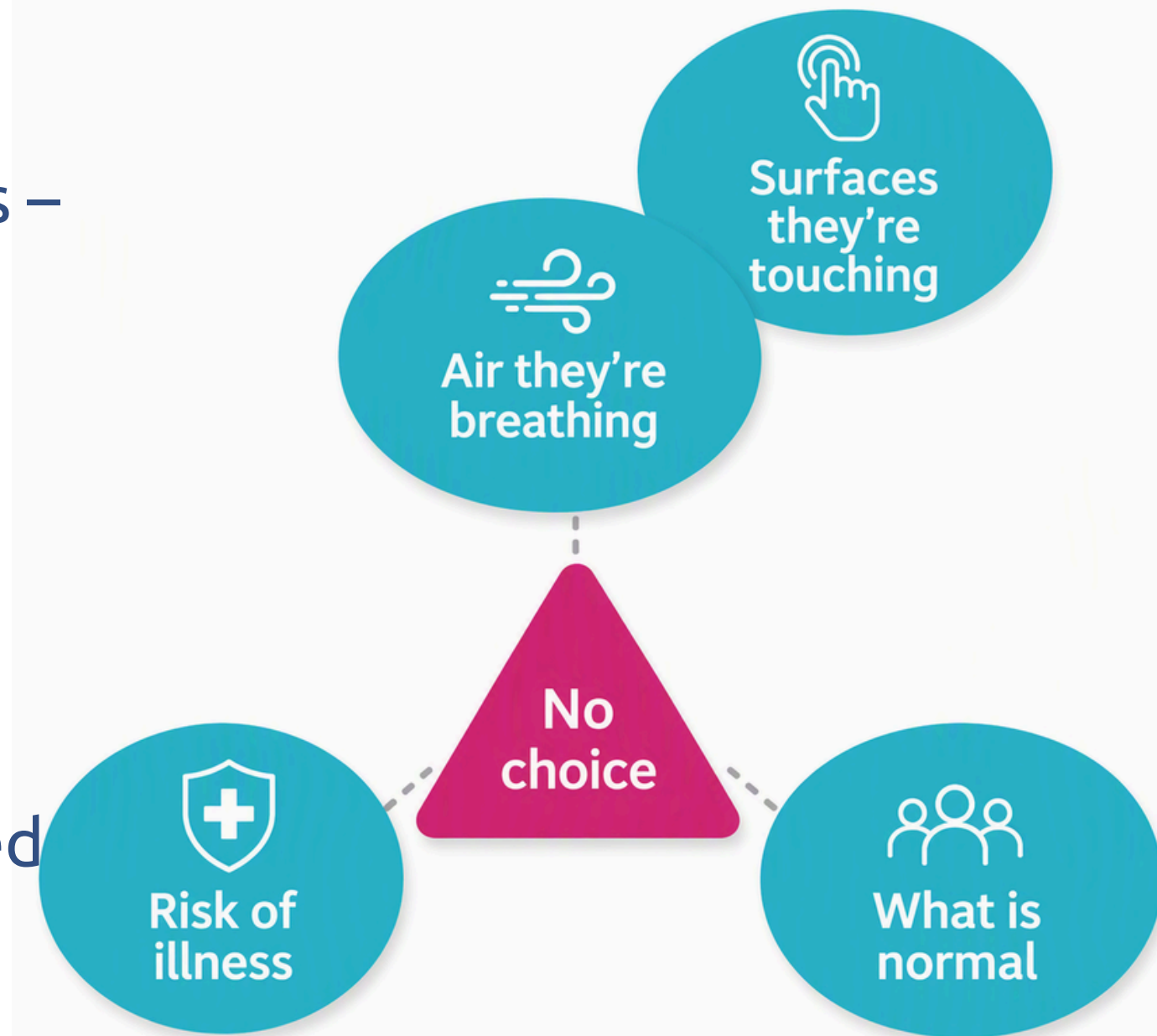
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Intergenerational Cycles of Smoking



Why the Home Matters: The Foundations of Health

- **Health starts at home** – the home environment shapes many of the building blocks of health, including safety, child development, education and wellbeing
- **Health inequalities** are often rooted in home environments – influencing health outcome
- **Children's health** is particularly shaped by the home – early experiences and exposures have lasting impacts on health, development and future opportunities.
- The home is now the **main source of secondhand smoke** exposure for children in the UK
- There is **no safe level of exposure** to secondhand smoke
- Creating smokefree homes **extends the protection** achieved through smokefree public places legislation



The Case for Human Rights

Right to clean and breathable air and avoidance of harms



KNOW YOUR RIGHTS

The United Nations Convention on the Rights of the Child, or the UNCRC, is a list of rights that all children and young people in Wales and across the world have. It's the Children's Commissioner's job to protect and promote these rights in Wales.

Article 1: Everyone under 18 has rights.	Article 12: I have the right to be listened to and be taken seriously.	Article 22: If I am a refugee, I have a right to help, protection, and the same rights as children born in this country.	Article 33: I have the right to be protected from dangerous drugs.
Article 2: All children have these rights no matter what their differences are.	Article 13: I have the right to get information and share my views.	Article 23: If I am disabled, I have the right to special care and education.	Article 34: I have the right not to be touched in ways that make me feel uncomfortable, unsafe or sad.
Article 3: Adults must do what's best for me.	Article 14: I have the right to have my own thoughts and beliefs and to choose my religion, with help from my parents.	Article 24: I have the right to be as healthy as possible.	Article 35: I have the right not to be kidnapped, sold or trafficked.
Article 4: Governments must protect and respect my rights.	Article 15: I have the right to meet with friends and join groups.	Article 25: If I am not living with my family, people should keep checking I am safe and happy.	Article 36: I have the right not to be used by adults in ways that harm me.
Article 5: My family should help me know and use my own rights.	Article 16: I have the right to keep some things private.	Article 26: If my family need it, they should get money to help bring me up.	Article 37: If I break the law, I have the right not to be punished in a cruel or unnecessary way.
Article 6: I have the right to live and grow as a person.	Article 17: I have the right to get information in lots of ways, so long as it's safe.	Article 27: I have the right to have a proper home, food and clothing.	Article 38: I have the right not to join the armed forces.
Article 7: I have a right to a name and to belong to a country.	Article 18: I have the right to support from both parents, if possible.	Article 28: I have the right to an education.	Article 39: I have the right to help to get better if I have been hurt or badly treated.
Article 8: I have the right to an identity.	Article 19: I have the right to be protected from being hurt or badly treated.	Article 29: I have the right to an education which develops my personality, talents and abilities.	Article 40: I have the right to be treated as a child if I break the law.
Article 9: I have a right to live with my family if they can keep me safe.	Article 20: I have the right to be looked after if I can't live with my own family.	Article 30: I have a right to speak my own language and to follow my family's way of life.	Article 41: If the laws in my country protect me better than the articles of the UNCRC then those laws should stay.
Article 10: I have the right to see my parents if they live in another country.	Article 21: I have the right to have the best care if I am adopted.	Article 31: I have a right to rest, relax and play.	Article 42: Everyone should know about children's rights.
Article 11: I have the right not to be taken out of my country illegally.		Article 32: I have the right not to have to work unless I am old enough and it is safe.	

- UN Convention on the Rights of the Child - Wales is a signatory
- Article 3: Adults must do what's best for me
- Article 4: Governments must protect and respect my rights
- Article 24: I have the right to be as healthy as possible



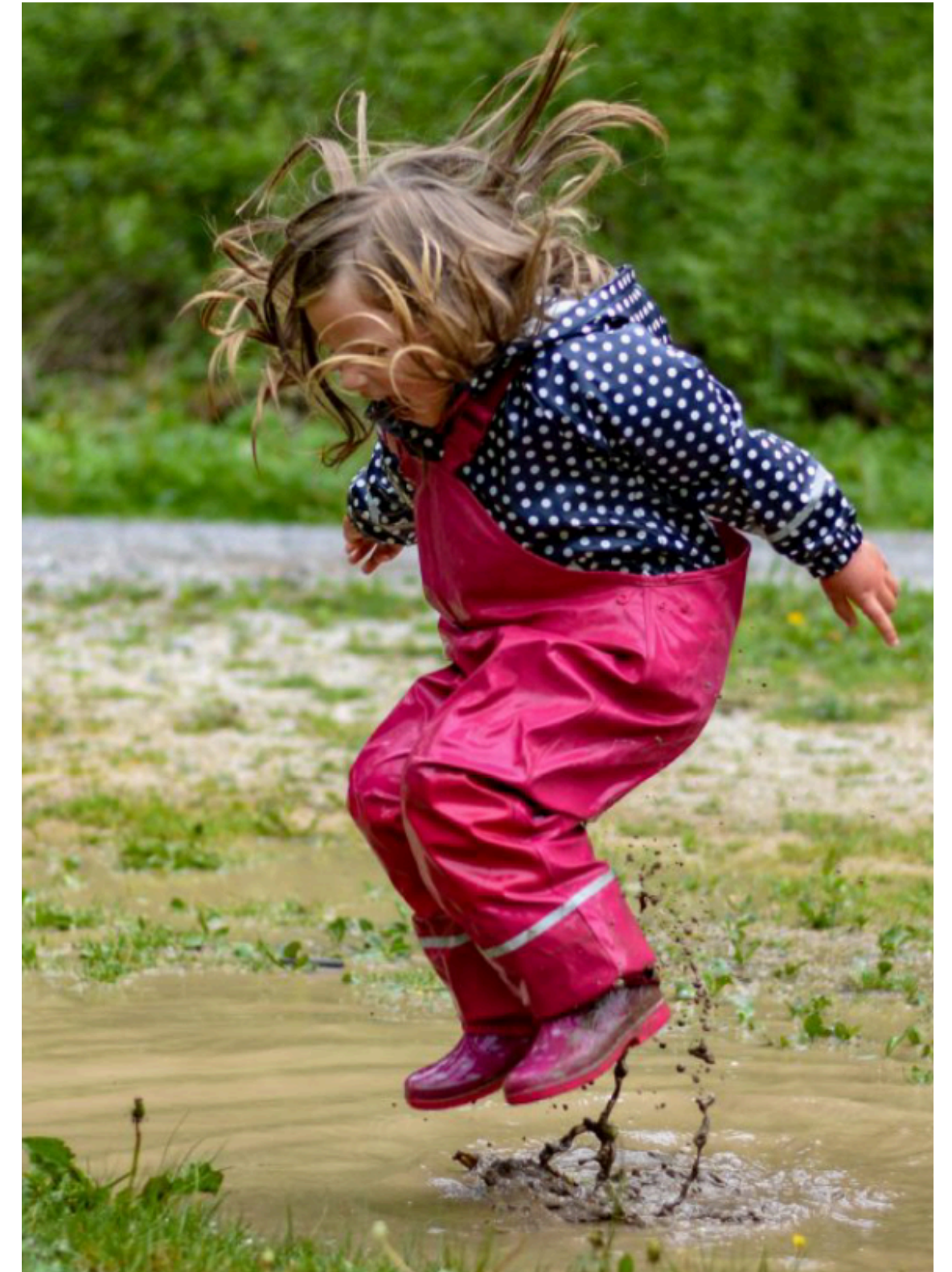
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Wales is Ambitious for Children

Strong and clear commitments

- **Child Poverty Strategy** → improve family wellbeing and reduce cost pressures
- **Marmot approach** → give every child the best start in life
- **PHW Strategy** → narrow the gap in healthy life expectancy
- **Tobacco Strategy** → smoke-free Wales by 2030 → smoke-free childhoods
- **Tobacco & Vapes Act** → smokefree generation
- **Wellbeing of Future Generations Act** → building sustainable and preventive approaches to health



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Smokefree Policies

- Smokefree policies in public spaces and workplaces reduced exposure to harmful SHS - **slower progress in lowering children's exposure**
- In the year following the implementation of smokefree indoor public places:
 - **12.5%** reduction in emergency admissions to hospital for childhood asthma
 - **2.5%** reduction in emergency admissions for heart attacks

Regulation changes in Wales

2007: Wales introduced the smoke-free public places law, banning smoking in indoor public spaces and workplaces.

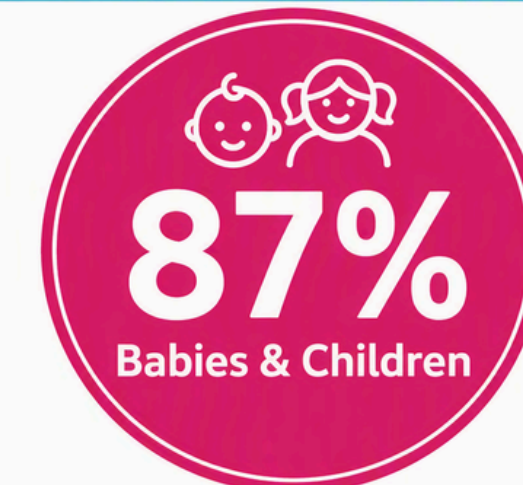
2015: Smoking in cars carrying children (under 18) was banned to protect young passengers from exposure.

2021: Smoke-free hospital grounds, school grounds, playgrounds, and outdoor care settings for children were introduced, further limiting public exposure to second-hand smoke.

Smokefree Public Spaces

- The same arguments apply:
 - Risks of regular, sustained and concentrated exposure in enclosed spaces
 - No safe level of secondhand smoke exposure
- Public support to ban smoking in homes with children (UK 68%)
- Important to limit exposure for babies, children and young people (Wales 87%)
- Smokefree homes – the final frontier?
- WHO Framework Convention on Tobacco Control policy gap.....legislation unlikely?

Protecting People from Second-Hand Smoke



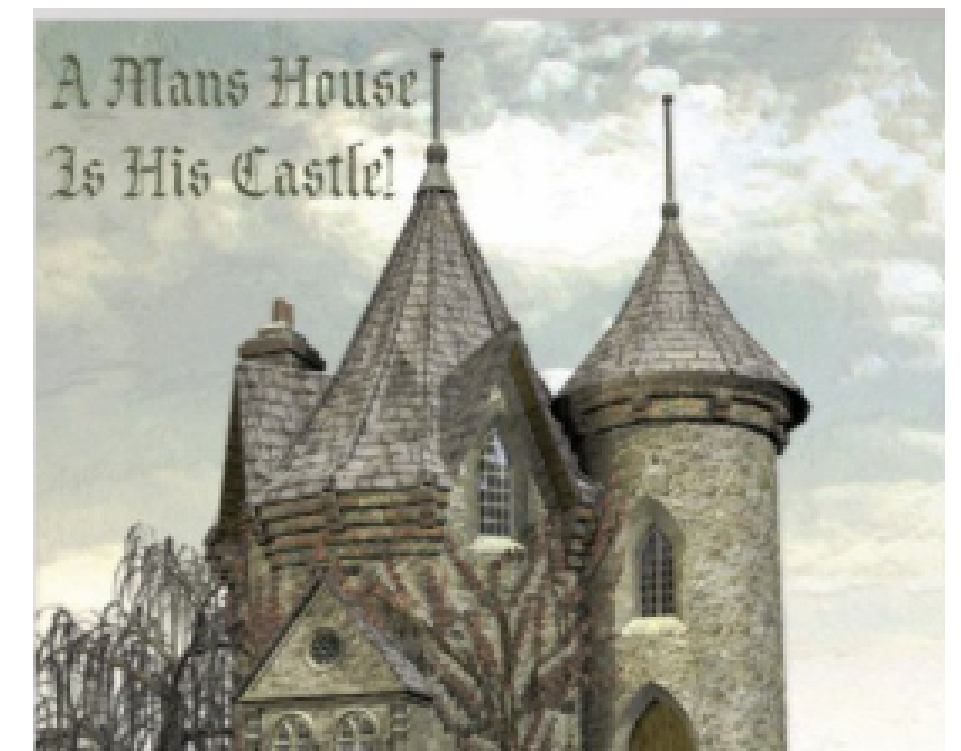
VERY IMPORTANT
for the Welsh Government
to take action to limit exposure
to second-hand smoke



VERY IMPORTANT
for the Welsh Government
to take action to limit exposure
to second-hand smoke



Nearly 9 in 10 people support action
to protect babies and children from second-hand smoke.



The Challenge and Call to Action

- Evidence about harms is unequivocal
- Further reducing indoor exposure to smoking - significant beneficial population health impact, particularly for babies, children and young people
- Ethical imperative – and supports cessation attempts among smokers
- Strong policy environment - future generations, child poverty and family wellbeing, ill health prevention, Smokefree Wales
- Build on successes changing norms in public spaces; complement action to create a smokefree generation
- Ensure every child grows up in a smokefree home



How? **Scoping an approach to smokefree homes**

- Use evidence of effective interventions; evaluate new approaches
- Align housing, health and prevention policies to prioritise cessation pathways/NRT access and promote/normalise smokefree homes?
- Embed support for smokefree homes via family contact points e.g. maternity, health visiting, community services? Could health & safety of workforce be a lever?
- Focus on high-prevalence communities and families most at risk of exposure and harms?
- Use universal and targeted mass media campaigns to denormalise smoking in the home further, increase understanding of impacts and signpost to support to quit?



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**Thank you for listening.
Any questions?**



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Why social housing matters for prevention

28%

of people in social housing smoke
8% homeowners

**Nearly
1 in 4**

social housing households have someone smoking indoors every day

Many children are still exposed to second-hand smoke at home

1 in 3

social housing tenants received mental health treatment in the past year

Smoking, poor health and inequality are often interconnected

From Evidence to System Change

Dr Gareth Morgan FRSPH

Daliwr Enghreifftiol Bevan
Bevan Exemplar Holder



Tai ac iechyd: Sail dystiolaeth

- Pwysig ar gyfer iechyd meddwl a Chorfforol
- Llawer o fathau o lety a deiliadaeth
- Mae amgylchedd y cartref yn hanfodol ar gyfer lles
- Pwysau'r gaeaf, yn enwedig clefyd Anadlol

Housing and health: Evidence-base

- Important for both mental and physical health
- Many forms of accommodation and tenures
- Home environment crucial for wellbeing
- Winter pressures, especially respiratory disease



bevancommission.org

Pwysigrwydd llety

- Mae iechyd y cyhoedd yn aml yn canolbwyntio ar ffordd o fyw
- Effeithiau e.e. tymheredd, ansawdd aer, cwympiadau
- Ffocws yn aml o fewn y GIG ar bwysau aciwt
- Triongl iechyd, tai a gofal cymdeithasol
- Costau anferth i'r GIG yn sgil tai gwael

Importance of accommodation

- Public health often focus on lifestyle
- Impacts e.g. temperature, air quality, falls
- Focus within NHS often on acute pressure
- Health, housing and social care triangle
- Massive costs to NHS from poor housing

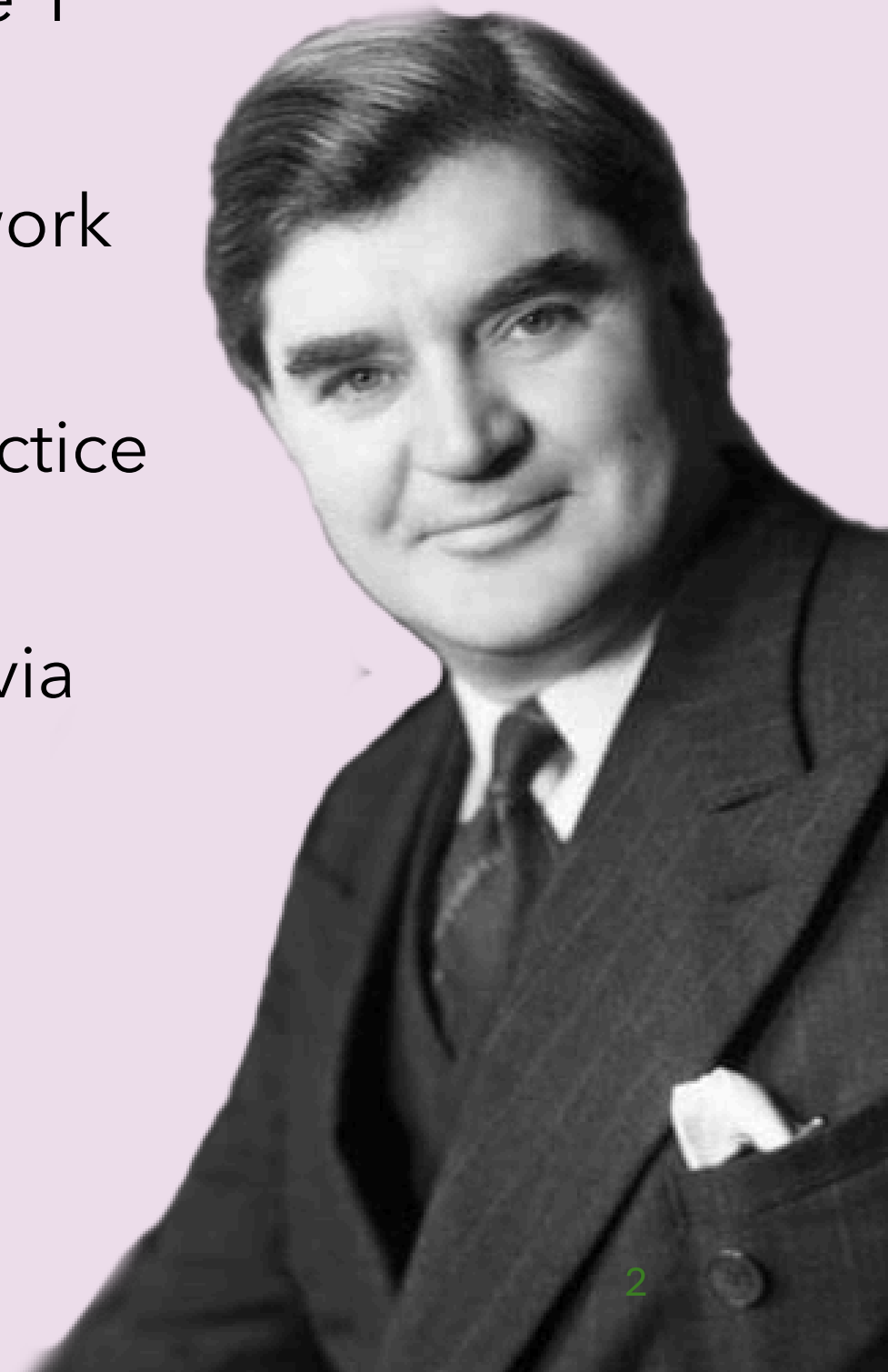


Beth allwn ni ei wneud

- Prosiect Enghreifftiol Bevan : Cam 1 wedi'i gwblhau
- Sylfaen gwaith pellach yn y maes hwn
- Yn hyrwyddo ymarfer myfyriol yn y GIG
- Mwy o waith i'w wneud drwy gam 2

What we can do

- Bevan Exemplar : Phase 1 complete
- Foundation of further work in this area
- Promotes reflective practice in the NHS
- More work to be done via phase 2



Canllaw Arfer Da Good Practice Guide



Cam 2

- Ffocws ar gynhesrwydd dan do a phwysau'r gaeaf
- Ategir yn gryf iawn gan bartneriaeth
- Llawer mwy i'w wneud wrth symud ymlaen
- Angen amlygu pwysigrwydd i staff

Phase 2

- Focus on indoor warmth & winter pressure
- Very strongly underpinned by partnership
- Lots more to be done going forward
- Need to highlight importance to staff



Camau Nesaf : Cam 3

- Lledaenu a Graddio

- Mae Prosiect Enghreifftiol Bevan wedi bod yn symud yn gyflym
- Mae'r camau nesaf yn cynnwys mwy o lwybrau a thrafodaethau hefyd gyda phartneriaid academiaidd
- Cysylltiadau â phob agwedd ar gadw pobl yn iach gartref, er enghraifft chwe nod ar gyfer gofal brys ac argyfwng

Next steps : Phase 3

- Spread and Scale

- Bevan Exemplar has been fast moving
- Next steps include more pathways and discussions also with academic partners
- Links to all aspects of keeping people well at home for example six goals for urgent and emergency care



An important addition.....

- Discussions are underway regarding the importance of smoke free homes
- Bevan Exemplar to date focussed on improving housing to boost health
- The reverse is true - boost health to improve housing via stop smoking
- The evidence-base on this is clear
- **Place-based engagement :** Please evidence if you have sought external feedback on your work or offered feedback on other areas. One specific initiative relates to an ambition of smoke free homes.



Practical steps

- Small steering group already meeting
- Inclusion in the Bevan Exemplar
- Opportunity for discussion pan-Wales
- Identifying practice worth sharing
- Evidence-base and influencing policy





Sylwadau i gloi

- Penderfynnydd iechyd allweddol yw ansawdd tai
- Mae dull partneriaeth yn hanfodol i hyn
- Mae Cam 3 yn ymwneud â lledaenu a graddio
- Triongl iechyd, gofal cymdeithasol a thai

Closing remarks

- Housing quality key health determinant
- Partnership approach is critical to this
- Phase 3 is about spread and scale
- Health, social care and housing triangle



Break
11:40–11:50

Discussion

What are the biggest barriers preventing people in your communities from living healthier lives?



Discussion

What is the one change that would make the biggest difference to prevention in Wales?



Discussion

Whose voice is missing from the conversation?

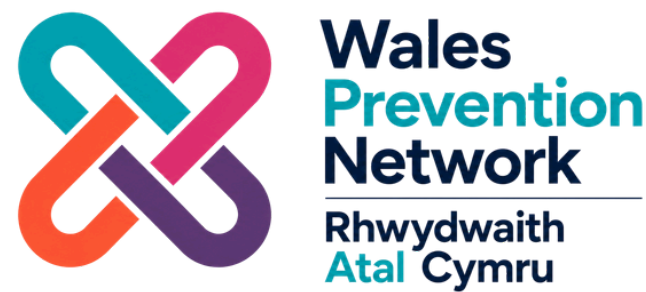




Lunch
12:15–13:00

Agenda

12:15-13:00	Lunch & networking
13:00-13:50	Turning Everyday Contact into Prevention Brian Williams, Rhodri Thomas and Solitaire Pritchard Panellists
13:50-14:30	Table discussion: Building a prevention approach for Wales



Turning Everyday Contact into Prevention

Brian Williams

South Wales Fire and Rescue Service

Rhodri Thomas

Community Pharmacy Wales

Craig Williams

Tai Tarian



BUILDING A PREVENTION APPROACH FOR WALES

It's 2035. Wales is a genuinely preventative society.

- What do people's lives look like
- What does the system look like
- What surprised everyone?



BUILDING A PREVENTION APPROACH FOR WALES

What did organisations like yours have to do differently?

Was there a need for shared infrastructure, trusted referral pathways, long-term funding?

