

Worcestershire Health & Well-being Board

JSNA Briefing on Smoking

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Summary

- In Worcestershire the estimated smoking prevalence in adults had been falling year-on-year. However, recently the rate has increased, from 13.5% in 2016 to 14.7% in 2017.
- This equates to approximately 68,574 people who smoke in Worcestershire.
- It is estimated that each year in Worcestershire smoking costs society approximately £143.9 million which equates to £1,827 per smoker per year.
- There are significant differences in smoking prevalence between Worcestershire districts. Redditch District has the highest estimated proportion of current smokers at 24.8%. Malvern Hills has the lowest estimated proportion of smokers at 10.6%.
- In Worcestershire the gap between smoking rates for people in routine and manual occupations compared to the adult population overall appears to be widening. Latest data (2017) shows that in Worcestershire 31.5% of individuals in routine and manual occupations are estimated to be a current smoker compared to 14.7% of the overall adult population.
- National data shows that smoking prevalence is significantly higher in people with a mental health issue in comparison to those without.
- In Worcestershire the proportion of mothers smoking at the time of delivery has been consistently higher than the England average. In 2016-17, across Worcestershire, 12.0% of mothers were smoking at the time of delivery.

Background

Smoking is one of the two largest contributors to the burden of disease in England¹ (the other being an unhealthy diet)². It is a major risk factor for many diseases, including lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with a number of other types of cancer³.

The Global Burden of Disease study 2016 identified that a large proportion of all deaths from Lung Cancer (84.2%) and Chronic Obstructive Pulmonary Disease (80.4%) were attributable to smoking⁴.

Smoking contributes health inequalities as there are variations in the smoking prevalence rates between different groups in society including by factors such as age, gender, socio-economic status and deprivation. Some groups have much higher rates of smoking when compared to the overall population, including people with mental health issues and individuals in the prison population.

Smoking is a risk factor for ill-health that can be changed and interventions such as stop smoking services and tobacco enforcement, pricing and other control measures can reduce the prevalence of smoking.

The Department of Health and Social Care has set the following targets to reduce the prevalence of smoking by 2022 as part of the Tobacco Control Plan for England⁵:

- Adult Smoking Prevalence (18+): Reduce from 15.5% to 12.0% or less.
- 15yr old Smoking Prevalence: Reduce from 8.0% to 3.0%.
- Pregnant Mothers: Reduce from 10.7% to 6.0%.
- Reduce gap in prevalence between routine and manual occupations and the general population.
- Improve data collection around smoking and mental health to provide better support to help people quit smoking.

¹ Public Health England, 2015, England has the potential to have the lowest disease burden in the world, [Online], Accessed: 16/11/17, Available from: <https://www.gov.uk/government/news/england-has-the-potential-to-have-the-lowest-disease-burden-in-the-world>

² Unhealthy diet accounting for 10.8% and tobacco accounting for 10.7% of disease burden.

³ Public Health England, Public Health Outcomes Framework. Available from: <https://fingertips.phe.org.uk>

⁴ Newton et al (2013), Changes in health in England, with analysis by English regions and areas of deprivation, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013, The Lancet, Volume 386, No. 10010, p2257–2274, 5 December 2015. [Online], Accessed: 16/11/2017

⁵ Department for Health (2017), Towards a Smoke-free Generation: A Tobacco Control Plan for England, Accessed; 21/11/2017, [Online], Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022_2_.pdf

Key Statistics - National Data

The latest data shows that:

- In 2018, of all adult survey respondents in the UK, 14.7% were current smokers and 14.9% of individuals living in England are current smokers⁶.
- In England, it is estimated that 77,900 deaths were attributable to smoking in 2015, approximately 16% of all deaths⁶.
- In the UK those aged 18 to 24 have experienced the largest decline in smoking prevalence (6.5 percentage points since 2010).
- In Great Britain⁷, in 2016, 5.6% of respondents stated they currently used an E-cigarette⁸.
- Use of E-cigarettes increased amongst 16-24 year olds from 2% in 2015 to 6% in 2016⁹.

The British Medical Association have stated that whilst E-cigarette use has contributed somewhat to the reduction in smoking, wider measures such as legislation, taxation and children now growing up in smoke-free environments, means that smoking prevalence in younger people has fallen over the years¹⁰.

Pressure on NHS Hospital Services

Nationally in 2017¹¹:

- 22% of all admissions for respiratory diseases were estimated to be attributable to smoking.
- 47% of admissions for cancers that can be caused by smoking were estimated to be attributable to smoking.
- 31% of admissions in males were for conditions that can be caused by smoking.
- 22.0% of admissions for females were for conditions that can be caused by smoking

⁶ NHS Digital, 2018, Statistics on Smoking, England – 2018, [Online], Accessed: 26/09/18. <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2018>

⁷ England, Scotland and Wales – excludes Northern Ireland.

⁸ Office for National Statistics (2016), Adult Smoking Habits in the United Kingdom: 2016, [Online], Accessed: 16/11/2017, Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2016>

⁹ NHS Digital, 2018, Statistics on Smoking, England – 2018, [Online], Accessed: 26/09/18. <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2018>

¹⁰ British Medical Association (2017) E-cigarettes: Balancing Risks and Opportunities, [Online], Accessed: 29/11/2017, Available from: <https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/tobacco/e-cigarettes>

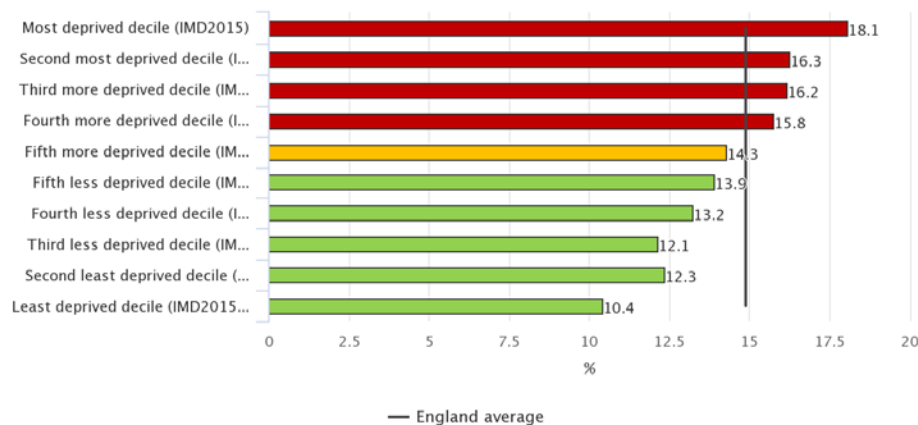
¹¹ NHS Digital, 2017, Statistics on Smoking, England – 2017, [Online], Accessed: 17/11/2017. Available from: <http://digital.nhs.uk/catalogue/PUB24228>

Protected Characteristics¹²

- Smoking prevalence by age shows adults aged 25-34 years are most likely to smoke and those aged 65 and over are least likely to smoke.
- Smoking prevalence by gender shows that there is a higher prevalence of smoking in males (16.8%) in comparison to females (13.0%). This is reversed for young people where girls (9.8%) are more likely to smoke than boys (6.6%) at age 15.
- Smoking prevalence by ethnicity shows that the highest rates of smoking are for individuals who identify as Mixed ethnicity (20.5%) and White ethnicity (15.4%). Lowest rates are for individuals who identify as Asian (9.3%), Black (10.4%) or Chinese (8.6%).
- Smoking prevalence by sexual orientation shows that individuals who identify as Gay/Lesbian (23.6%) and Bi-sexual (24.1%) have a significantly higher prevalence of smoking than the overall England average.
- National data shows that there is a clear social gradient for smoking with those in the most deprived decile having the highest smoking prevalence at 18.1%, compared to 10.4% in the least deprived decile.

Figure 1: Smoking Prevalence in Adults (2017) by District and UA deprivation deciles in England (IMD2015)

Smoking Prevalence in adults – current smokers (APS) – England, 2017 – Data partitioned by District & UA deprivation deciles in England (IMD2015)



Source: Public Health England, 2018, Public Health Outcomes Framework, [Online], Available from: <https://fingertips.phe.org.uk>

¹² Public Health England, 2017, Public Health Outcomes Framework, [Online], Available from: <https://fingertips.phe.org.uk>

Key statistics - Local data

Table 1. Key Smoking Indicators (with Regional and National Comparison)

Indicator	Worcestershire	West Midlands	England	Comparison to England	Time Period	Source
Smoking Prevalence in adults (18+) - %	14.7	14.2	14.9	Similar	2017	APS
Smoking Prevalence in adults in Routine and Manual Occupations (18-64 years) - %	31.5	25.5	25.7	Similar	2017	APS
Smoking at Time of Delivery - %	12.0	11.8	10.7	Significantly Higher	2016-17	SATOD
Smoking Prevalence at age 15 - %	9.4	7.0	8.2	Similar	2014-15	WAY
Smoking prevalence in adults with serious mental illness (SMI) - %	37.0	39.6	40.5	Significantly Lower	2014-15	HSCIC

Key: APS - Annual Population Survey, SATOD - Smoking at Time of Delivery dataset, WAY - What About Youth Survey, HSCIC: Health and Social Care Information Centre

Source: Public Health England, Public Health Outcomes Framework. Available from: <https://fingertips.phe.org.uk>

Smoking Prevalence: Adult Smokers (18+)

In Worcestershire, the estimated smoking prevalence in adults had been falling year-on-year, however, rates increased from 13.5% in 2016 to 14.7% in 2017. There are significant differences in smoking prevalence between districts. Redditch District has the highest estimated proportion of current smokers across the county at 24.8% and Malvern Hills has the lowest estimated proportion of smokers at 10.6%.

Figure 2a & 2b: Smoking Prevalence (%) in adults – current smokers (APS): 2017

Figure 2a

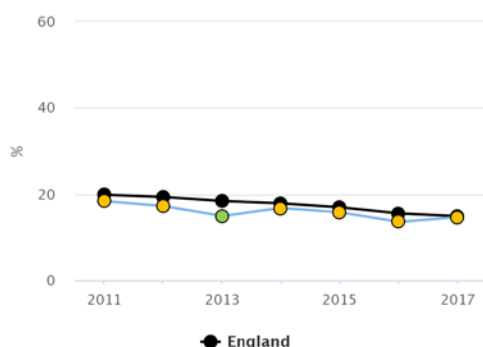


Figure 2b

Smoking Prevalence in adults - current smokers (APS) 2017

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	6,456,947	14.9	14.6	15.1
Worcestershire	-	68,574	14.7	12.2	17.1
Redditch	-	16,436	24.8	17.2	32.4
Wychavon	-	15,485	15.5	9.5	21.5
Wyre Forest	-	11,433	14.2	8.7	19.6
Bromsgrove	-	9,738	12.6	6.6	18.6
Worcester	-	8,878	11.0	6.0	16.0
Malvern Hills	-	6,666	10.6	5.5	15.8

Source: Annual Population Survey (APS)

It is important to note that whilst the Annual Population Survey (APS) is the designated national statistic for smoking prevalence, estimates of smoking prevalence vary between surveys. For example, in Worcestershire, in 2016-17, the GP Population Survey (GPPS) estimated smoking prevalence to be 13.5% (CI: 12.7-14.2%) and Quality Outcomes Framework (QOF) data from GP Practices estimates smoking prevalence at 16.8% (CI: 16.7-16.9%).

All three measures of smoking prevalence, APS, QOF and GPPS, agree that the smoking prevalence for Worcestershire is significantly lower than the England average. There is still variation across district areas and at the present time the APS is the only measure that allows a breakdown by type of occupation.

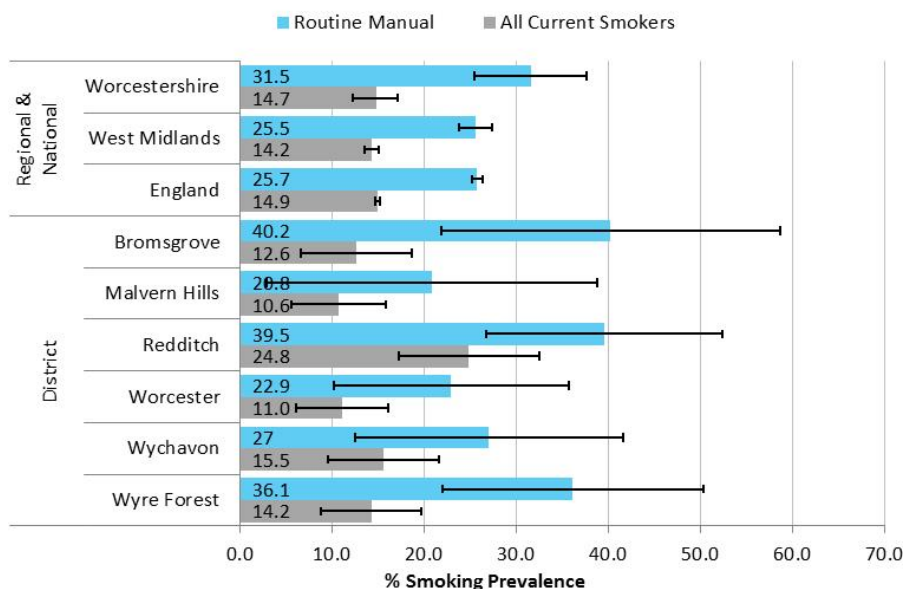
Smoking Prevalence: Routine and Manual Occupations (Adults, 18+)

In England, the prevalence of smoking for individuals in routine and manual occupations is over 2.1 times higher than the prevalence for all smokers at 31.5%.

Latest data shows that, in Worcestershire, 31.5% of individuals in routine and manual occupations are estimated to be a current smoker. In Bromsgrove, the prevalence of smoking amongst people in routine and manual occupations is estimated to be 40.2%, which is 3.2 times higher than the overall smoking prevalence. In Wyre Forest, the prevalence of smoking amongst people in routine and manual occupations is estimated to be 36.1%, which is 2.6 times higher than the overall smoking prevalence rate.

There are significant links between smoking and health inequalities. Not only are rates higher by socioeconomic status, they are higher across a range of deprivation indicators including those with a mental health condition, unemployed, homeless, those on benefits and lone parents¹³.

Figure 3: Smoking Prevalence in adults in routine and manual occupations including regional, national and district comparisons (Current Smokers aged 18-64, 2017)

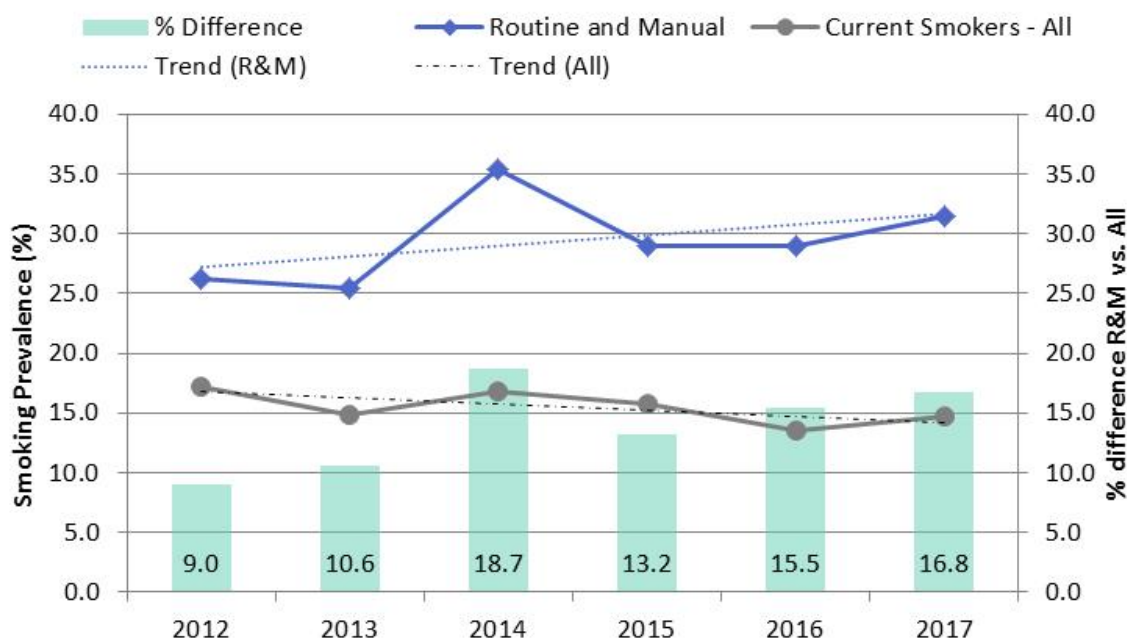


Source: Public Health England, 2018, Public Health Outcomes Framework, [Online], Available from: <https://fingertips.phe.org.uk>

¹³ Action on Smoking and Health (2016) Health Inequalities and Smoking, [Online], Accessed: 16/01/2017. Available from: <http://ash.org.uk/information-and-resources/briefings/ash-briefing-health-inequalities-and-smoking/>

No target has been set to reduce smoking rates in this group. However, there is a national ambition that the gap between the rate of smoking in people aged 18-64 overall and those in routine and manual occupations, will close over time up to 2022. Figure 4 below shows that in Worcestershire, the gap between these two groups appears to be widening, and therefore will require interventions that are targeted appropriately to avoid an increase in health inequalities.

Figure 4: Smoking Prevalence in adults in routine and manual occupations and all current smokers between 2012 to 2016 (Current Smokers aged 18-64)



Source: Public Health England, 2018, Public Health Outcomes Framework, [Online], Available from: <https://fingertips.phe.org.uk>

Smoking Prevalence: Young People (15 years old)

In Worcestershire, the smoking prevalence for young people aged 15 years was estimated to be 9.4% - similar to the England average. National data shows that girls are more likely to smoke (9.8%) compared to boys (6.6%).

The estimated prevalence of smoking at age 15 in Worcestershire is one of the highest across the West Midlands region, second only to Stoke-on-Trent (12.5%). Worcestershire ranks sixth worst out of 16 CIPFA nearest neighbours on this measure¹⁴. It is important to note though, that the rate is not statistically significantly higher than comparator areas.

The target set by Public Health England for a reduction in smoking prevalence to 3.0% by 2022 in young people aged 15 is a challenging one and will require a concerted effort to reduce levels of smoking within this group.

Nationally a range of measures have been implemented that have helped to drive down smoking in young people including the introduction of advertising bans and a variety of

¹⁴ CIPFA Nearest Neighbours Methodology: Developed to aid local authorities in comparative and benchmarking exercises, the models provide a wide range of SSA based, socio-economic indicators upon which the specific family group is calculated.

legislation. Future national plans for reducing smoking rates in young people include mass media campaigns similar to 'Smoking Kills' in 1998 and greater emphasis on media regulation, particularly for TV programs featuring celebrities, which frequently show celebrities smoking, which could have the potential to influence young people to smoke.

The latest data from The Smoking, Drinking and Drug Use Amongst Young People in England Survey¹⁵ shows young people stated sources of helpful information about smoking were their parents (76%) and teachers (71%). Young people reported that the media sources they are most likely to source information from about smoking are Television (66%) and The Internet (63%).

Smoking Prevalence: Smoking in Pregnancy

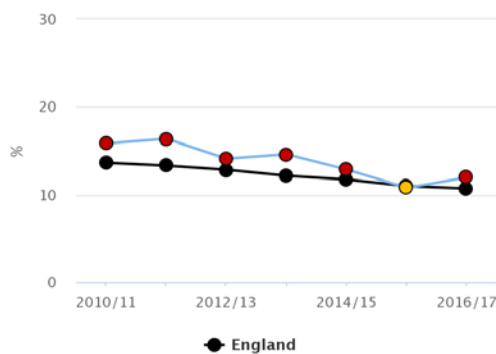
Smoking status of mothers at the time of delivery is an important public health concern because smoking during pregnancy can cause a multitude of issues for both mother and child including: premature birth, increased risk of miscarriage, complications during labour, low birth weight and unexpected death during infancy¹⁶.

Smoking in pregnancy is one of the key priorities for Public Health England as outlined in the Department for Health Tobacco Control Plan released in July 2017. The target is to reduce smoking at time of delivery from 10.7% to 6.0% by 2022.

In Worcestershire, the proportion of mothers who were smokers at the time of delivery has been consistently significantly higher than the England average, with exception of 2015-16, where the rate was similar to the England average at 10.8%.

In 2016-17, across Worcestershire 12.0% of mothers were smokers at the time of delivery. Rates of smoking in pregnant mothers were highest in Wyre Forest CCG at 14.3% which was significantly higher than the England average.

Figure 5: Smoking at the Time of Delivery in Worcestershire (2010/11- 2016/17)

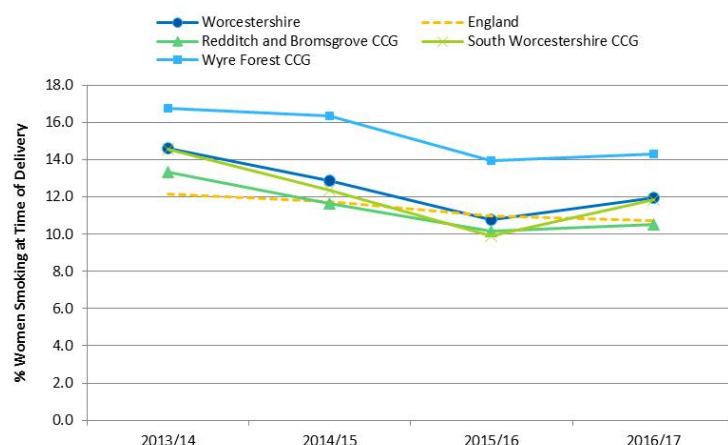


Source: Public Health England, 2017, Public Health Outcomes Framework, [Online], Available from: <https://fingertips.phe.org.uk>

¹⁵ NHS Digital (2017) Smoking, Drinking and Drug Use Among Young People in England – 2016, [Online], Accessed: 20/11/2017, Available from: <http://digital.nhs.uk/catalogue/PUB30132>

¹⁶ NHS Digital (2017) Statistics on Women's Smoking Status at Time of Delivery. Online. Available from: <http://content.digital.nhs.uk/catalogue/PUB24222/stat-wome-smok-time-deli-eng-q4-16-17-rep.pdf>

Figure 6: Smoking at the Time of Delivery in Worcestershire by Clinical Commissioning Group (2013/14 - 2016/17)



Source: Public Health England, 2017, Public Health Outcomes Framework, [Online], Available from: <https://fingertips.phe.org.uk>

Smoking Prevalence: Mental Health

There is limited local data for the prevalence of smoking in individuals who have mental health issues and part of the Department of Health and Social Care Tobacco Control Plan identifies the need for better collection of smoking prevalence data in this group of people.

National data shows that smoking prevalence is significantly higher in people with a mental health issue in comparison to those without. The smoking prevalence rate is around 40% and despite falling rates across other groups, this has remained unchanged for the last 20 years. It is also known that smoking prevalence increases with the level of severity of mental health problem. Individuals who smoke and who have a mental health problem have a 10-20 year lower life expectancy than those without.

Encouragingly, this particular group of smokers is more likely to be motivated to quit smoking. Around 66-69% of smokers with a mental health problem stated they wanted to quit smoking¹⁷.

Tobacco Economics

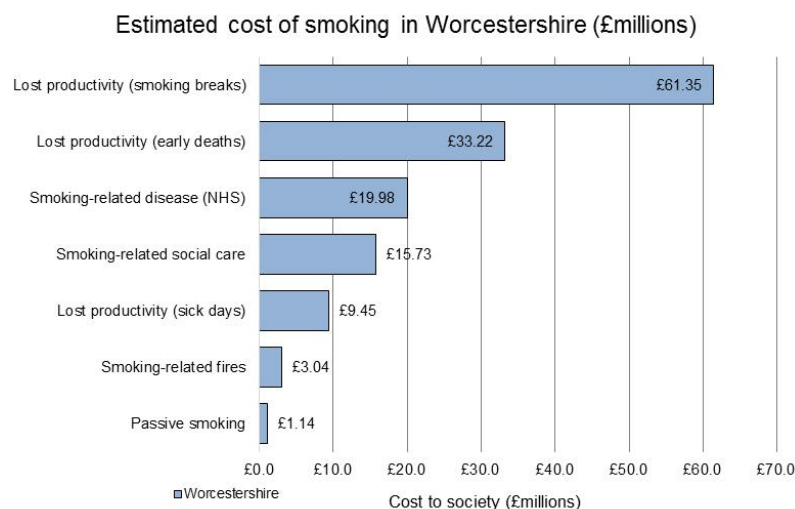
The cost to the NHS through treatment of smoking-related ill health, as well as effects of passive smoking in non-smokers is approximately £21.1 million annually. There are smoking-related costs to wider society and the local economy.

It is estimated that each year in Worcestershire smoking costs society approximately £143.9 million which equates to £1,827 per smoker per year.

This includes lost productivity from early deaths due to smoking and costs to businesses from smoking breaks. It is estimated that local businesses in Worcestershire lose approximately 105,846 days of productivity due to smoking related sick days. Accidental fires cost Worcestershire approximately £3.0 million each year and smoking is a leading cause of these. The costs are made up of deaths, injuries and non-human costs.

¹⁷ Action on Smoking and Health (2016)

Figure 7: Estimated cost of smoking in Worcestershire (2015)¹⁸



Alternatives to Smoking: Nicotine Replacement Therapy (NRT) and E-cigarettes

Data released in October 2017 shows that in the UK, of people trying to stop smoking in the last year, approximately 42.9% used nothing, 37.3% used e-Cigarettes, 12.8% used Nicotine Replacement Therapy (NRT) brought over the counter, 4.7% had a medical prescription, 2.2% used an NHS Stop Smoking Service and 4.7% had a medical prescription¹⁹.

Stopping smoking is hard. Research suggests that it can take on average 30 or more quit attempts to stop smoking completely²⁰. Many smokers are turning to E-cigarettes to help them in their attempts. E-Cigarettes emerged in early 2013 and quickly overtook over-the-counter NRT as the product used to stop smoking. In 2016 it was estimated that 2 million consumers in England had used these products and completely stopped smoking and a further 470,000 were using them as an aid to stop smoking.

There are differences in E-cigarette use by age groups. Latest data shows that young people aged 16 to 24 years are most likely to have tried E-cigarettes (30.0%), whereas adults aged 35-49 years were most likely to be current e-cigarette users²¹.

In the Tobacco Control Plan⁵ for England, the Department of Health and Social Care have focused on safer alternatives to smoking and harm reduction strategies. They have concluded that, based on existing evidence and research, use of E-cigarettes is considered to be significantly less harmful than smoking tobacco and they therefore support the use of this product as a smoking cessation aid.

However, The Department of Health and Social Care have stated that further research and evidence into the safety of the use of E-cigarettes will be continually monitored and

¹⁸ Action on Smoking and Health (2015), *ASH Ready Reckoner Version 5*, [Online], Available from: <http://ash.org.uk/category/information-and-resources/local-resources/>

¹⁹ Robert West and Jamie Brown (2017) Latest trends on smoking in England from the Smoking Toolkit Study [Online], Available from: <http://www.smokinginengland.info/latest-statistics/>

²⁰ Chaiton, M., Diemert, L., Cohen, J., Bondy, S., Selby, P., Philipneri, A. and Schwartz, R. (2017). *Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers*. [online] <http://bmjopen.bmj.com>. Available at: http://bmjopen.bmj.com/content/6/6/e011045?utm_source=TrendMD&utm_medium=cpc&utm_campaign=BMJOp_TrendMD-0 [Accessed 13 Dec. 2017].

²¹ Office for National Statistics (2017) E-cigarette Use in Great Britain, [Online], Accessed: 22/11/2017, Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/datasets/ecigaretteuseingreatbritain>

reviewed, to understand the long and short-term effects of their use to individuals and the health of children and bystanders through second-hand smoke.

There are a number of new and novel products being introduced to the market where there is limited data about their health effects. The latest technology called 'Heat not Burn' (HNB) is gaining popularity. The WHO states that 'Currently, there is no evidence to demonstrate that HNB tobacco products are less harmful than conventional tobacco products'²² and they are awaiting further research and studies to understand the potential health implications.

Best Practice Recommendations

NICE Guidance: Stop Smoking Services (2008, updated 2013)

1. NICE recommends a spectrum of interventions according to need and context:
 - i. Brief Interventions (opportunistic advice) delivered by a range of frontline healthcare professionals, typically in less than 10 minutes, involving self-help and pharmacotherapy material and/or behavioural therapy.
 - ii. Individual behavioural counselling, including pharmacotherapy
 - iii. Group behaviour therapies, including pharmacotherapy.
 - iv. Telephone counselling and 'quit lines'.

2. NICE recommends targeting specific high risk groups:
 - i. People with an existing medical condition e.g. cardiovascular or respiratory disease.
 - ii. Pregnant women.
 - iii. Women with infants or young children – encourage a 'smoke free home'.
 - iv. Young people aged 12-17, particularly those who are in high risk groups for starting smoking, such as females, young offenders and looked after children.

Associated Documents

NICE (2006) Smoking: Brief interventions and referrals. [Online], Available from: <https://www.nice.org.uk/guidance/ph1> . Accessed: 18/01/2017

NICE (2008) Stop Smoking Services, Updated 2013. [Online], Available from: <https://www.nice.org.uk/guidance/ph10> . Accessed: 18/01/2017

NICE (2010) Smoking: stopping in pregnancy and after childbirth, [Online], Available from, <https://www.nice.org.uk/guidance/ph26> . Accessed 18/01/2018

NICE (2013) Smoking: acute, maternity and mental health services, [Online], Available from: Smoking: acute, maternity and mental health services . Accessed: 18/01/2017

NICE (2013) Smoking: Harm reduction, [Online], Available from: <https://www.nice.org.uk/guidance/ph45> . Accessed: 18/01/2017

²² World Health Organisation (2017) Heat-Not-Burn tobacco products information sheet, [Online], Accessed: 23/11/17, Available from: http://www.who.int/tobacco/publications/prod_regulation/heat-not-burn-products-information-sheet/en/

Department for Health (2017), Towards a Smoke-free Generation: A Tobacco Control Plan for England, Accessed; 21/11/2017, [Online], Available from: [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation - A Tobacco Control Plan for England 2017-2022_2_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022_2_.pdf)

NICE (2018) Smoking Cessation interventions and services (In development), [Online], Available from: <https://www.nice.org.uk/guidance/indevelopment/gid-phg94>

Worcestershire County Council (2016) JSNA Briefing on Smoking, [Online], Available from: http://www.worcestershire.gov.uk/downloads/file/7212/2016_briefing_on_smoking

Worcestershire County Council (2016) JSNA Briefing – Smoking in Pregnancy, [Online], Available from: http://www.worcestershire.gov.uk/downloads/file/6983/2016_briefing_on_smoking_in_pregnancy , Accessed: 21/11/2017

Data Notes

Much of the data on smoking prevalence are synthetic estimates based on national surveys and localised to Worcestershire using local demographic data; or based on small local survey samples. Hence they are likely to have wide confidence intervals and need to be interpreted with caution.

The main source of data for smoking used in this briefing comes from the Annual Population Survey (APS). This data used to come from the Integrated Household Survey (IHS) until 2013 where the modules were dropped from the survey and the APS was chosen to collect this information. The APS uses weighted sampling to make the sample more robust and representative and as such is a designated national statistic.

The Public Health Outcomes Framework (PHOF) recommends that IHS and APS should not be directly compared due to differences in survey coverage, imputation and weighting methodology.

For a more detailed explanation of the differences between these two survey types, please see here: https://fingertips.phe.org.uk/documents/IHS_V_APS_Note_on_differences.docx

Organisations who carried out the original collection and analysis of the data bear no responsibility for its further analysis or interpretation.

Further Information and Feedback

This briefing has been written by Worcestershire County Council's Public Health Team. We welcome your comments on these briefings and how they could better suit your requirements, please do contact us with your ideas.

This document can be provided in alternative formats such as large print, an audio recording or Braille.

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