

AGENDA ITEM

**REPORT TO HEALTH
AND WELLBEING
BOARD**

25TH JANUARY 2023

**REPORT OF
DIRECTOR OF
PUBLIC HEALTH**

TOBACCO CONTROL

SUMMARY

This paper provides an update on the reinstated Tobacco Control Alliance, which reports to the Health and Wellbeing Board and provides local strategic oversight of our work to address tobacco across partners. It also briefly sets out some background and the proposed approach the Alliance will take.

RECOMMENDATIONS

Board is asked to:

1. Consider the update and support the approach set out.
2. Receive next steps at the planned future update to Board, in relation to actions; progress in relation to smoking in pregnancy actions; and outcomes monitoring.

DETAIL

Context

1. Smoking is responsible for half of the difference in life expectancy between the least and most deprived. For every avoidable death caused by smoking, there are also 30 people suffering smoking-related illness. COPD and lung cancer remain two of the key main drivers of early illness and death in Stockton-on-Tees, with smoking the key cause. Smoking shortens the life span by an average of 10 years and the average smoker needs social care a decade earlier than never-smokers (Doll et al. 2004; Reed 2021).
2. Smoking is the single greatest driver of health (and economic) inequalities; greater than social position and leads to:
 - Premature death
 - Chronic disease for a greater portion of life
 - Respiratory illness
 - Work absence
 - Low birth weight
 - Childhood asthma

3. Tobacco control is the broad evidence-based approach to tackling the harms associated with smoking, endorsed by the World Health Organisation. It includes stop smoking services and:

- Bespoke media, communications and education campaigns which underpin population wide behaviour change
- Building local infrastructure, skills/capacity to deliver tobacco control
- Reducing exposure to second-hand smoke
- Reducing availability and supply of illicit and legal tobacco
- Reducing tobacco promotion
- Tobacco regulation
- Research, monitoring and evaluation
- Lobbying and influence to support tobacco reform

Delivered and coordinated at scale across the health and wellbeing system, these strands of activity, alongside local stop smoking services, create the conditions through which whole population level prevalence decline takes place and trying to quit is made to feel normal and achievable.

4. The Tobacco Control Plan for England (published in 2017 and now being refreshed), set out national ambitions to create a smokefree generation (when smoking prevalence is at 5% or below). The focus of the plan is to:

- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less by the end of 2022
- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less by the end of 2022
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population by the end of 2022
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less by the end of 2022

The draft ICS Strategy for the North East and North Cumbria also sets out addressing smoking priority, with a strategic commitment to *reduce smoking prevalence from 13% of people aged over 18 in 2020 to 5% or below by 2030*, as part of achieving longer, healthier expectancy for the population.

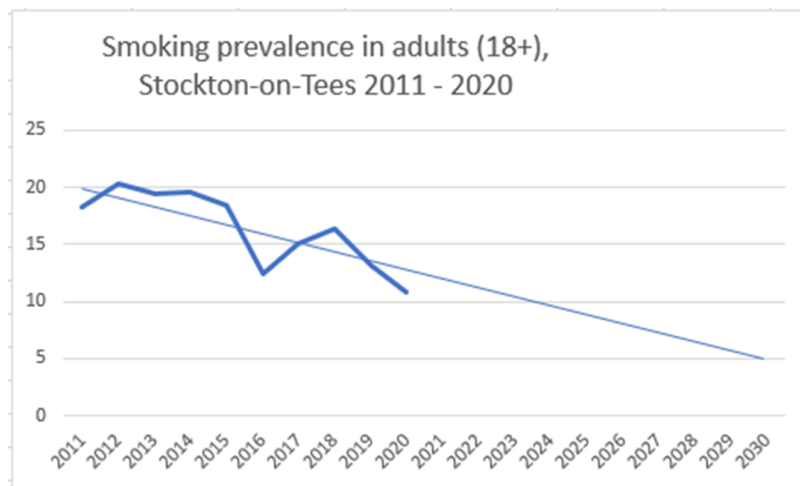
5. The government commissioned the independent 'Khan Review' which concluded in Summer 2022. It highlighted that to hit the smokefree 2030 target, nationally we need to accelerate the rate of decline of people who smoke, by 40%. Four main recommendations were set out:

- Increased investment
- Increase the age of sale (from 18 by one year every year, until eventually no one can buy a tobacco product in this country)
- Promote vaping as a quit aid
- Improve prevention in the NHS so smokers are offered advice and support to quit at every interaction with health services

It is currently unclear how national government will respond to these recommendations, however it is clear that locally we need to continue to pursue a whole-systems approach to tobacco control, in-line with the evidence base.

Local picture

6. Good regional progress has been made (with adult smoking down 47% since 2005), however North East smoking prevalence (13.6%) remains significantly higher than the national average (12.1%). In Stockton-on-Tees, 10.8% of adults smoke (2020 data):



7. Though the trend data would suggest we are 'on trajectory' to achieve the 5% target, evidence and past experience shows that maintaining the same level of decrease becomes increasingly challenging as the effort shifts to supporting people to quit who have smoked for a long time and / or experience multiple disadvantages which affect their ability to quit.
8. Significant inequality exists in smoking prevalence across groups within the local population. Smoking rates rise to 15% in routine and manual occupations (18-64yr olds) i.e. lower than the NE and England but significantly higher than the general population. Smoking prevalence is higher in areas of greater deprivation in the borough.
9. Locally 14% of pregnant women smoke at the time of delivery, compared to 13% in England and 9.6% in the NE. This figure is 5 times higher in our most deprived communities (24%) compared to least deprived and the rate of decline is much slower than the general population (**Appendix 1**).
10. 1 in 4 people with a diagnosed mental health condition smoke in the borough. This is reflective of the national picture and compounds the picture of poorer physical health and lower life expectancy in this cohort.
11. Evidence-based modelling (ASH Ready Reckoner) indicates that costs associated with smoking equate to the following in Stockton-on-Tees:
- Social care: £4.99m
 - NHS: £9.19m
 - Lost earnings / employment: £47.2m
12. To have impact, evidence shows that a whole-system approach is needed with action across a range of areas (as in point 3 above), at national, regional and local level. Local action is also needed at universal level (preventive action across the general population, plus access to support to quit); and targeted action to appropriately understand the needs and context of local communities

and high-risk groups (routine and manual groups, pregnant women and those with a diagnosed mental health condition), and tailor support appropriately.

13. Recent schools data estimates 87% Year 10 students have never smoked, 8% trying only once or twice and much smaller numbers regularly smoking. However, 18% Year 10 students indicated they semi/regularly vape or use e-cigarettes. There is some evidence to suggest that decline in smoking prevalence may be associated with an increase in vaping.
14. There is ongoing research into the effects on vaping, including a systematic review by OHID (findings published September 2022). It summarised:

Evidence from stop smoking services and the Cochrane living review for smoking cessation (not covered in our report) shows that vaping is effective for stopping smoking. These findings, along with our findings that vaping carries a small fraction of the health risks of smoking, suggest that smokers should be encouraged to use vaping products (or medicinally licensed products) for stopping smoking, or as alternative nicotine delivery devices to reduce the health harms of smoking.

Our findings of higher absolute exposure to toxicants from vaping, compared with not using any nicotine products, reinforce the need to discourage people who have never smoked from taking up vaping (or smoking).

The longer-term effects of vaping are unknown and research continues in regard to this. The review highlighted that '*future evidence reviews of the health harms of vaping should adopt a continual approach to updating the literature*'.

15. The Association of Directors of Public Health (North East) position statement on nicotine vaping (Nov. 2022) states:
 - If you smoke, it is far less risky to vape instead. In the short and medium term, vaping poses a small fraction of the risks of smoking
 - Vaping is not for children and whilst it can help people quit smoking, vaping is not risk free. Those who don't smoke should not vape
 - Promoting vaping as an effective tool to help people to quit smoking tobacco, outlining the role that vaping can play in an effective tobacco control strategy

Local action

16. Public health coordinates a range of action to address tobacco control which has been underway for some time across the local system, linking with Tees Valley and regional colleagues. A few examples of local action include:
 - Education – evidence-based input to healthy schools programme and PSHE lesson content
 - Communities – public health working with community champions to promote support available to stop smoking
 - Trading standards - seizures of counterfeit/illicit; seizure of vaping 'geek' bars
 - Environmental health – smokefree spaces and vehicles
 - North Tees & Hartlepool NHS Foundation Trust – smokefree workplace; MECC; pre-operative stop smoking support / Waiting Well initiative; sonography and midwifery support

- NHS primary care – lung health check, NHS health check
 - Communications – Stoptober, No Smoking Day
 - Pharmacies – brief intervention and quit advice, NRT
 - Substance Misuse service – ‘swap and stop’ approach
17. All NE Councils and the NHS are jointly funding a regional tobacco control office that helps deliver the WHO’s whole system approach to tobacco control, helping achieve economies of scale where appropriate e.g. large scale media campaigns and ensuring joined up policy work and sharing of good practice to support local action.
18. SBC Public Health commissions North Tees and Hartlepool NHS Foundation Trust to provide a stop smoking service which can be accessed through self-referral or GP referral. The service provides free advice and support to residents >12 years old and those working in Stockton-on-Tees. It also provides a 1-week stop smoking treatment and support programme tailored to the needs of the individual. Clinics are delivered from Thornaby and Billingham family hubs and from Splash Leisure Centre. Telephone appointments are also available.
19. The service has consistently performed better than England over the past 7 years, for the rate of smokers setting a quit date; and for smokers remaining successfully quit at 4 weeks. Pharmacies in the borough also offer brief intervention and advice.

Local Smoke Free Alliance

20. Pre-pandemic, a local Tobacco Control Alliance was in place for Stockton-on-Tees, reporting to the Health and Wellbeing Board (HWB). The Alliance was stood down as a formal group during the height of the pandemic due to operational Covid management pressures, though key work such as campaigns and delivery / monitoring of the stop smoking service continued throughout. The Alliance has now been reinstated (renamed the Smoke Free Alliance), as agreed by the HWB and in-line with the WHO approach to tobacco control (point 2 above). The purpose of the Alliance is to co-ordinate strategic smoke-free and tobacco control activities across the local health and wellbeing system on behalf of the HWB for individuals, families and communities, with a particular focus on addressing health inequalities. The draft Terms of Reference are appended to this briefing (**Appendix 2**).
21. The Alliance held its inaugural meeting since the pandemic, in November 2022. The Alliance agreed to work together to lead, coordinate, provide supportive challenge and prioritise local approaches and activities to tobacco control. An action plan based on collective actions / key things that need to be done differently across the system (rather than ‘business as usual’ actions for individual organisations) will be compiled and brought back to HWB as a living document.
22. The Alliance agreed to start with a focus on smoking in pregnancy with its next meeting to be held using a workshop format in January 2023, to generate key actions for the group. The group will work closely with national, regional and Tees Valley colleagues in all its work.

23. The Alliance also agreed to develop its approach to outcomes monitoring to capture impact of activity across the system. This will be developed alongside and to inform, the evolving action plan. The approach to outcomes monitoring will also enable 'deep dives' on specific issues.
24. The work of the Alliance interfaces with other regional and local work on tobacco and on addressing inequalities e.g. the regional ICS group on health inequalities and prevention; and SBC's *A Fairer Stockton-on-Tees* framework. The Alliance will provide a specific focus on the evidence-based approaches to tobacco control across the local system, building on local knowledge and existing activity to address health and wellbeing outcomes in our different communities and accounting for the range of factors that drive these inequalities.

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Background Papers:

Ward(s) and Ward Councillors:

Property Implications:

Appendices

Appendix 1: Smoking at time of delivery



Appendix 2: Smoke Free Alliance – Draft Terms of Reference

Terms of Reference Smoke-free Alliance

1. Aim

The Smoke-free Alliance ('the Group') will develop the strategic approach to tobacco control across the local health and wellbeing system on behalf of the Health and Wellbeing Board; and have oversight of implementation of the supporting action plan. The group will have integral links with the Integrated Care System- working together to drive improvements in population health and tackle inequalities. The group will help shape local ICP plans.

The meetings will take place bi-monthly and the frequency can be reviewed by the group. The discussions and work of the group will be reported to the Stockton Health and Wellbeing board every six months.

2. Membership

The initial Core Group will include the following, however membership will be reviewed at an early stage to ensure appropriate input to the agreed approach and actions. Each member should nominate a deputy who can attend if they are unable too. This is to ensure consistent engagement with a multi-agency input.

Chair: Director and/or Senior manager of Public Health
Public Health
ICB
North Tees & Hartlepool NHS Foundation Trust
Trading Standards
VCSE
Children's Services
Adult Social Care
TEWV
Stop Smoking Service Manager
Housing including Social Housing
Maternity services

Wider Stakeholders: The Core Group will work directly with wider stakeholders as required to deliver the action plan. Wider stakeholders will be engaged and/or consulted and appropriately through regular networking events to facilitate a collaborative approach to developing and implementing the action plan. The Group will work closely with colleagues in neighbouring local authorities, and with regional networks, organisations and groups e.g. ADPH network, ICS, regional tobacco control office, OHID, clinical networks.

3. Objectives

The objectives of the Group are:

1. to provide co-ordinated and cohesive strategic leadership across the health and wellbeing system on behalf of the Health and Wellbeing Board, in relation to smoke-free and tobacco control approaches
2. The approaches will be for individuals, families and communities, with a particular focus on strategies which address health inequalities

3. Reduce the uptake of smoking and vaping in younger people
4. Ensure communities can access the support that meets their needs in relation to smoking in particular, higher risk communities
5. Support our workforces to be smoke-free; respond and create environments which promote Making Every Contact Count
6. Ensure co-ordination of multi-agency activities and partnership working across the system; as organisations, groups or teams
7. Increase awareness and understanding of the use of e-cigarettes within our communities and support our workforces to respond; in particular with young people
8. Support regulatory partners in their work aimed at promoting smoke-free legislation in public workplaces and in vehicles; and at reducing the availability and supply of illicit tobacco products, the underage sale of cigarettes to children and the supply of illegal vapes.

4. Principles of Working

The Group will consider the needs and assets in different communities and agree approaches to work alongside the community to address these needs. The Group will identify clear outcomes against which success can be measured, agreeing key performance indicators and monitor these to ensure continuous improvement. The group will support and inform local ICP plans addressing inequalities through a proportionate universalism approach. The group will also consider links with other key strategic partnership groups such as alcohol, mental health and other vulnerable groups/ communities.

5. Processes

The processes by which the Group will operate are as follows. The Group will:

- a. Report to the Health & Wellbeing Board every six months with additional as needed
- b. Key issues will be raised with relevant groups to facilitate a collaborative approach to the delivery of outcomes
- c. Oversee the work of the necessary Task & Finish Groups such as are required to support the delivery of the action plan.
- d. Endorse and oversee the achievement of any relevant national and local targets/actions.
- e. Delegate actions to stakeholders within the system
- f. Communicate and connect with providers and other stakeholders on the development and delivery of the strategic approach and action plan.

6. Sub Structures:

Task and Finish Groups as deemed to be necessary to deliver the action plan

7. Review

The Group will review these Terms of Reference annually and/or update as required.