CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

23 April 2019

TITLE OF REPORT: **Work to address the harms caused by tobacco – Update on recommendations**

REPORT OF: **Alice Wiseman, Director of Public Health**

Summary

Tobacco use in Gateshead impacts negatively upon physical and mental wellbeing, upon the local health and social care economy, and perpetuates poverty and inequalities within and between generations.

Persistent, pervasive, comprehensive, co-ordinated and integrated action on tobacco control is essential to make smoking history in Gateshead.

Update April 2019

Recommendation 1: Tobacco remains the greatest contributor to health inequalities and action to denormalise smoking and reduce prevalence lifts families out of poverty. The human, social and financial cost of tobacco to Gateshead means that it is vital to retain the Council's strong commitment to comprehensive tobacco control, and in fact, increase our efforts.

Update: The Gateshead Smokefree Alliance completed a peer-led CLeaR assessment on 10 December 2018. This established a number of insights, strengths and opportunities for development. The Alliance has met to discuss the report and is acting on the opportunities for development. This will continue throughout 2019.

Recommendation 2: Refresh and reaffirm the Council's commitment to the 2025 vision of 5% adult smoking prevalence.

Update: The Council, as a member of the Gateshead Health and Wellbeing Board, reiterated its support to the vision of 5% smoking prevalence by 2025 at the meeting of Cabinet on 17 July 2018.

Recommendation 3: Invest to save principles would suggest the continuation of appropriate resourcing for this priority area.

Update: The Public Health Team provides funding for several tobacco control workstreams, including the stop smoking service and Fresh (the Regional Office for Tobacco Control). In 2019/20, this amount is £426 088. Resource is also directed to other programmes that have a focus on smokefree/tobacco control, including the Better Health at Work Programme and the Making Every Contact Count programme. The Public Health Team also maintains a Programme Lead post with a principal focus on tobacco control and support for the Gateshead Smokefree Alliance, and an Intervention Lead who supports the delivery of the stop smoking service.

Recommendation 4: The Smoke-free Gateshead Alliance should be supported to develop a strategic Tobacco Plan for Gateshead and to drive this forward. This will clearly set out actions across the public and voluntary and community sectors to address the harm caused by tobacco.

Action: The Gateshead Smokefree Alliance has a Ten Year Plan based on the eight key strands of tobacco control (see Appendix 1). This is being reviewed in light of the peer assessment with a focus on specific contributions identified by all Alliance partners.

Recommendation 5: Continued support and commitment for the regional Fresh Tobacco Control Office is important to continue development of hard hitting mass media campaigns which have a strong evidence base in triggering quit attempts, encouraging quitters to stay quit, and reducing uptake among children.

Action: Gateshead Council, along with the other six Tyne and Wear local authorities, will continue to fund Fresh throughout 2019/20.

Recommendation 6: Action to be taken to address inequalities through community asset-based approaches to develop co-produced solutions which aim to reduce prevalence of smoking in our more deprived areas and with those groups considered to be vulnerable.

Action: A project to encourage communication and mutual learning between the Public Health team, stop smoking services, community members and others is being delivered in partnership with Edberts House. Based in the east of Gateshead, the project will develop relationships and insights that will be used to improve outcomes related to reducing harms due to tobacco use.

Recommendation 7: Aim to embed action on smoking in all other relevant Council and public sector plans through a Health in All Policies Approach to ensure recognition of the importance of public health across the public sector.

Action: As part of the Thrive agenda, Public Health will be working to develop a systematic programme to embed a Health In All Policies approach from 2019.

Recommendation 8: Aim to embed NICE guidance (PH23) 'Smoking Prevention in Schools' across Gateshead schools.

Action: Discussions are ongoing between Public Health and Learning and Schools to establish how this can be supported. Information is now being shared with schools via a "Health resources" section at http://www.servicesforschoolsnortheast.org.uk.

The 0-19 public health service (Health Visitors and School Nursing) has identified resources to support health improvement sessions in schools focussing on tobacco. Also, a consultant in respiratory medicine from Gateshead NHS Foundation Trust has given her time to run a session in a local school and is willing to commit further.

Recommendation 9: Ensure training is available to provide people living and working in Gateshead with skills and confidence to provide brief advice and intervention on smoking through the development of the Making Every Contact Count initiative.

Action: Through the Making Every Contact Count (MECC) approach in Gateshead, Very Brief Advice on Smoking training has been delivered to staff and volunteers from the Voluntary and Community Sector organisations currently signed up to MECC. The training has also been delivered to over 100 housing staff from TGHC and staff from Gateshead Libraries and staff from the QE Hospital. This delivery of VBA training is ongoing as the roll out of Making Every Contact Count continues. The training focusses on the skills, knowledge and confidence to deliver brief interventions on stopping smoking and accessing the Stop Smoking Service, e-cigarettes and second-hand smoke.

Recommendation 10: Maintain compliance with current smoke-free legislation and continue support for the new law which bans smoking in cars that are carrying children.

Action: There remains a minimal need for enforcement in relation to shared work vehicles and taxi/private hire vehicles. Premises based compliance remains extremely high, and there have been no complaints from the public for several years in relation to people smoking inside workplaces. There are occasional issues with people smoking outside in structures which are not easily identifiable as 'substantially enclosed'. This is not high priority for enforcement work, and advice is normally sufficient to clarify matters.

Recommendation 11: Renewed efforts to be made to increase public support for Smoke Free environments such as smoke-free communities and specified outdoor zones.

Action: The Committee agreed at its meeting of 10 December 2018 to discontinue this recommendation, following PHE's publication that the evidence for the effectiveness of such activity is poor.

Recommendation 12: Support the NHS to develop nicotine dependence pathways and to become completely smoke-free in line with NICE guidance (PH48).

Action: The Trust has developed an action plan that includes improved activity to identify and treat nicotine dependence amongst patients. Patients will now be asked upon admission if they smoke and, if they do, will be offered NRT for the duration of their stay. Upon discharge, they are asked if they would like help to stop smoking, and those who do are offered text support from the Trust and/or an electronic referral to the Public Health team. Those referred are taken through the options available to help them to stop smoking. Further work is planned with respect to controlling smoking on the premises and an agreed policy on the use of electronic cigarettes.

Recommendation 13: Further develop stop smoking services to provide flexible options in a range of settings accessed by those at greatest risk.

Action: A review of the Stop Smoking Service was completed in September 2018 that identified eighteen recommendations for improvement (see Appendix 2). Those that can be accommodated within the resource available are being implemented now. The service has seen an improvement in four week quit rates and has expanded provision across the Borough.

Recommendation 14: Complete a Health Equity Audit (HEA) to inform development and delivery of Stop Smoking Services in areas of greatest need.

Action: The Health Equity Audit was completed in October 2018 (Appendix 3). The findings have in part been taken forward by the recommissioning of the stop smoking service to be completed by April 2018. This has included, for example, ensuring good provision in areas of low service uptake, such as Saltwell ward, by encouraging local general practices to re-establish a stop smoking service. In other wards with low levels of uptake, such as Lamesley, Public Health has worked with Comms to design bespoke leaflets for different parts of the ward based on the principles of social marketing to raise awareness of the availability of local services. Over 9000 households will be targeted through this leaflet drop.

Recommendation 15: Undertake further work as part of Smokefree NHS work to further reduce the number of women who smoke during and after pregnancy.

Action: The Local Maternity System (commissioners and providers working together to ensure that women, babies and families can access the services they need and choose) has provided the Queen Elizabeth Hospital NHS Foundation Trust with a bespoke action plan based on an audit of current activity on smoking in pregnancy. The Smoking in Pregnancy task and finish group has met monthly since November 2018 and has delivered a number of actions. These include training in very brief advice for council Early Help services and the 0-19 children's public health service, equipping more staff with carbon monoxide monitors to check maternal smoking status, and working with maternity services to develop the smoking in pregnancy pathway. This will support the development of practice as recommended by NHS England's recently revised "Saving Babies' Lives Care Bundle". Further, the Trust is developing a

business case for a number of activities the support the implementation of Smokefree NHS.

Recommendation 16: Reduce harm through continued support for evidence-based harm reduction.

Action: The Gateshead Stop Smoking Service does support those who wish to stop smoking but who do not wish to give up nicotine. Smokers may therefore be weaned off tobacco and maintain their nicotine addiction through vaping or the purchase of nicotine replacement therapy. The Council continues to fund the availability of nicotine replacement therapy on prescription in Gateshead, and the stop smoking service specification is much clearer on what this mean. The Council's website has been significantly revised to provide better help and support for those wishing to cut down or stop smoking (www.gateshead.gov.uk/SmokefreeGateshead).

Recommendation 17: Communication and media capacity for tobacco control is vital and the capacity to be proactive in terms of public relations activity and media should be developed so as to engage residents of Gateshead in the tobacco control agenda.

Action: A communications plan has been agreed to uplift national smokefree campaigns supported by Public Health England and regional campaigns produced by Fresh North East, the regional office for tobacco control. The plan includes for full use of all print and social media, including the One You Gateshead pages at https://www.facebook.com/OneYouGateshead/ and https://twitter.com/OneYouGateshead

Recommendation 18: Advocate for a national tobacco sale and distribution licensing scheme, the tobacco industry bearing the full cost of its implementation and enforcement, with the aim of eliminating the illicit and illegal trade in tobacco, and to end selling of tobacco products to minors.

Action: We continue to support this, but the locus of this advocacy is now with ASH, who continue to pursue the scheme we need with Government. Gateshead worked with ASH to lead on the introduction of licensing during a consultation in 2016, but the Government didn't see fit to take this forward at that time.

Recommendation 19: Deliver an intelligence led and targeted enforcement programme to reduce availability and supply of tobacco products to children.

Action: A consistent level of activity throughout this year including test purchasing and taking action against sellers of illicit tobacco has been secured through funding Trading Standards activity from Public Health reserves. Public Health reserve funding is no longer available from April 2019, which is likely to result in a reduction in these activities.

Recommendation 20: Ensure compliance with legislation to reduce tobacco promotion (e.g. Plain packaging) and advocate for further restrictions.

Action: The Trading Standards team participated in a national project, delivered by the Chartered Trading Standards Institute (CTSI) whereby officers visited tobacco retailers to ensure compliance. Results were published on the CTSI website.

Recommendation 21: Advocate for a new annual levy on tobacco companies to ensure they pay more for the harm they cause. Funding from a levy should be used to make smoking history for more families including support and encouragement to help people quit.

Action: Gateshead Council endorsed the joint ASH/UKCTAS (UK Centre for Tobacco and Alcohol Studies) representation to Treasury on tobacco control issues in advance of the budget. The submission included a recommendation that a fixed amount of funding should be raised from the tobacco manufacturers to support activity to reduce smoking prevalence, with the proportion paid by each tobacco manufacturer allocated on sales volume.

Recommendation

Overview and Scrutiny Committee is recommended to note and comment on the twelve monthly review update.

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Appendix 1 – Tobacco Control Action Plan

A 10 Year plan for Tobacco Control 2016 - 2025
Making Smoking History in Gateshead - Executive summary

Introduction: Smoking is the biggest cause of death and disease in Gateshead and there is a clear need to continue the work on reducing smoking prevalence in all age groups with targeted work with those who are most disadvantaged. Our Vision is to reach a Smoking Prevalence of 5% or below in Gateshead by 2025. We have made good progress over the last 10 years, reducing prevalence from 33% in 2006 (2006 Health Profile) to 18.3% in the general population and 25.6% in Routine and Manual groups (2016 PHE Fingertips). However we still have a long way to go to reach our target of 5% by 2025. Delivering evidence based tobacco control requires long term strategic commitment in eight key areas, six as identified by the World Bank www.worldbank.org/ and two others as proposed by Fresh www.freshne.com/ , the North East England Regional tobacco control office. These eight areas ensure the mechanisms are in place to drive the agenda forward. This 10 year plan outlines how partners working together can help Gateshead achieve this vision. A snapshot of actions under each area is shown below.

1. **Developing infrastructure, skills and capacity at local level and influencing national action.**

Alliance overseeing 10 year tobacco plan

Support of Fresh, Regional tobacco control office

2. **Reducing exposure to second hand smoke.**

Maintain compliance with current smokefree legislation and Increase public support for Smoke Free areas and Homes e.g. Smoke Free Homes focus and Increase in smoke free outdoor zones in public areas across Gateshead.

3. **Supporting smokers to stop.**

Encourage an environment where more and more smokers decide to quit, regardless of how. Target support to Stop Smoking for disadvantaged groups/communities. Also look to reduce harm through support for evidence based harm reduction.

Stop smoking support to become a key offer across the NHS in Gateshead.

4. **Media communications and social marketing.**

Support year round media and public relations on tobacco issues and increase stakeholder communications on tobacco issues.

5. **Reducing the availability of tobacco products and reducing supply of tobacco.**

Deliver an intelligence led and targeted enforcement programme to reduce availability and supply of tobacco products to children.

Support advocacy efforts for licensing for whole tobacco retail and supply chain.

6. **Reducing the promotion of tobacco.**

Ensure compliance with legislation to reduce tobacco promotion (e.g. Plain packaging) and advocate for further restrictions.

7. **Tobacco Regulation.**

Ensure partner involvement in lobbying activity when required in response to tobacco and nicotine regulation issues.

8. **Research, Monitoring and evaluation**

Research into equity of delivery and uptake of Stop Smoking Services

Appendix 2 – Gateshead Stop Smoking Service: an NCSCT review

Recommendations

Improving success

1. The CLeaR self-assessment will be an opportunity to encourage stakeholders to see the service as part of broader tobacco control; this should be emphasised and clarified at Alliance meetings. Throughout, the question to explore should be whether activity is good value for money; against a background of uncertain funding, what are the essential things that must be done? How can a better, responsive service be developed?
2. Keep communication with the CCG active in order to improve the service, making it a shared goal with more leadership from them, within a framework of improved services. Examples include regularly sharing tobacco updates such as the new RCGP training on smoking cessation http://elearning.rcgp.org.uk/smoking , the NCSCT Very Brief Advice training, ensuring that there is Public Health representation on any CCG-led topic group where smoking is a risk factor (pregnancy, respiratory, cardiovascular and cancer), checking that all GP practices know how to refer/signpost, informing them of stop smoking service quarterly and annual results and the changes to SATOD and Tobacco Control Proflie data.
3. A Health Equity Audit should be considered, undertaken by Public Health analysts, to identify gaps in provision through use/needs ratios; this should be shared with the smokefree alliance and with commissioners in the CCG.
4. Ambition: the current success rate of under 50% can be substantially improved. Many practitioners may have got used to a high failure rate and accept it as a given, but a renewed vigour that comes with offering ECs as part of the service could see this success rate climb.
5. Home visits (apart from pregnant women): a balance has to be struck between not facilitating any home visits (which disadvantages those who genuinely cannot come to appointments) and spending valuable time home-visiting people who actually could leave home with support from a carer. Phone support can be useful here, but in fact experience shows that there are few people so ill that they cannot ever leave the house.
6. Black and minority ethnic smokers: an exercise to identify all BME smokers at primary care level and send them targeted information about the risks of smoking *along with* the availability of support at their local pharmacy or GP practice would be a good start. Community talks (including about making the home smoke-free, which will also help pregnant women), training scholars at masjids, information to take home for children at madrassas could also be explored.
7. Time spent on the 12-week follow-up: consider refocusing on getting better results at 4 weeks. We know the decay rate from 4 weeks to 12 weeks, so it may be worthwhile dropping the 12-week requirement which can be time-consuming with little benefit, allowing practitioners to focus more time on getting successful 4 week quits.

Improving contact

8. Single point of contact: there is discussion currently about involving the Gateshead Council Digital team and the ICT team to support a customer services module to improve electronic referrals. This could be a costly investment with unknown benefits, whereas well-trained and enthusiastic first-line practitioners at the end of the phone to talk to referrers, smokers, practitioners with queries, midwives etc has proven benefits. This personal contact will be important once service branding is established, especially if Gateshead is going to start offering starter EC kits. Since the site visit, progress has been made in this area.
9. Pre-operative smoking cessation (Stop B4 the Op): a popular theme amongst clinicians, this will work best if there is a simple referral pathway in place and obstacle-free access to services. Once clinicians know the service phone number and gain confidence that their patients will be triaged appropriately, they will be more keen to refer. Again, progess has already been made in this area, since the report was drafted.
10. Partnerships: involve and share new branding widely, not just within community pharmacy, general practice and secondary care. It is suggested that the following should be informed and involved (the list is not exhaustive): Local Dental Committee, Local Pharmaceutical Committee, mental health teams, carers' groups, disability support groups, Fire and Rescue Service (getting vulnerable smokers identified at home fire safety checks to switch from cigarettes to EC), credit unions, AGE UK and other charities.
11. Very Brief Advice on smoking (VBA) training: audit who has been trained and what referalls are coming from which organisations and individuals.

Improving skills

12. Specialists: this would ideally begin with two specialist practitioners to run clinics focussing on pregnant women, those with poor mental health and patients referred from the acute trust, particularly those with cardiac and respiratory conditions. They could also act as a clinical resource (practitioner mentors) for stop smoking practitioners working in community pharmacies and general practice. Shadowing experienced practitioners, and being observed by them, can be a valuable way of improving the skills of new providers who have completed their training but need to see sessions conducted to be more effective.

Improving services for pregnant women

13. Smoking in pregnancy: there are a number of issues to be considered, including the role of the CCG in requiring action on smoking in their maternity contract, whether there is a multi-agency partnership group with an action plan in place and consideration of what Newcastle does for pregnant smokers, given that the two local authorities share two NHS maternity providers. Smoking in pregnancy should be part of broader maternity plans, requiring a referral pathway and capacity developed to do home visits where necessary to support women to have a smoke-free pregnancy.

Communications and marketing

14. Communications: a consistent call-to-action should be developed and used in marketing materials, adapted for use in frontline services, used creatively on social media platforms, and deployed by all local services used by people who smoke.
15. Identity: brand awareness is key to success. A recognisable logo, memorable brand name, a single easy to remember phone number and key message will help smokers, their friends and family (plus health and social care professionals who have daily contact with smokers) remember who to contact for help.

Medications

16. Use of NRT: consider how to trim this spend without detriment to maintaining successful quitting, possibly by clarifying and reinforcing abstinent-dependent medication supply.
17. Use of varenicline: to benefit from superior quit rates among varenicline users, check that pharmacy-based practitioners are using this and not merely relying on NRT by undertaking a records audit. Training or information may be needed if some GPs are unwilling to write varenicline prescriptions for people being seen by pharmacy practitioners. Consider also dispelling doubts about varenicline use by people with poor mental health by sharing the EAGLES study, either electronically or at a learning session. http://respiratory-care-sleep-medicine.advanceweb.com/Features/Articles/EAGLES-Study-Results-Released.aspx

E-cigarettes

18. E-cigarettes: Gateshead has embraced EC for stopping smoking, but there is a lot to do in terms of training practitioners to be confident. The NCSCT has a wide range of materials; at the very least all practitioners should take the online module (http://elearning.ncsct.co.uk/e_cigarettes-launch) and read the relevant briefing (http://www.ncsct.co.uk/publication_electronic_cigarette_briefing.php).
    Importantly, practitioners should be instructed specifically how to record EC use on their systems, be informed on how to answer questions and encouraged to ask if not sure. This is a fast-moving field and annual updates are unlikely to be enough to keep practitioners adequately informed, so a regular feed of information, through group emails and on the news page of the recording system will help fill the knowledge gap. The prize is a much greater number of four-week quits.

Appendix 3 – Stop Smoking Service Health Equity Audit 2018

Recommendations

Further work is needed to engage more men on the Stop Smoking Service programme initially. However, once engaged, quit rates are equitable.

Targeted work with younger people is needed to both engage them with the programme initially and to give them support to successfully quit.

All BME groups need further encouragement to engage with the programme initially. Once engaged, the Black, Asian and Mixed groups in particular require more support to successfully quit.

As the largest component of the workforce, those in routine and manual jobs need further encouragement to engage with stop smoking services. Take-up is significantly lower than for those who have never worked or are long term unemployed. However, once engaged with the service and a quit date is set, those in routine and manual jobs have an equitable quit rate compared to other socio-economic groups. Further work is needed to increase the quit rate of those who have set a quit date and have never worked or are long term unemployed.

The proportion of pregnant women setting a quit date and then successfully quitting is around 14 percentage points lower than the general population. Further targeted work is required.

Targeted campaigns could be run in the following wards to address low service takeup: Wardley and Leam Lane; Chowdene; Windy Nook and Whitehills; Lamesley; Saltwell.