

TITLE OF REPORT: Update on Smoking Still Kills; Smoke Free Vision 2025

Purpose of the Report

- 1 To provide the Health & Wellbeing Board with an update on the findings of the CLear assessment of the Gateshead Smokefree Tobacco Alliance and on progress towards the development of a 10 year Tobacco Control delivery plan for Gateshead.

Background

- 2 In June 2016 the H&WB Board restated their commitment to working towards a Vision of a smoke free future for our children, that our next generation will be born and raised in a place free from tobacco, where smoking is unusual. The Gateshead Health and Wellbeing Boards ambitious target, shared by the Regional Tobacco control office Fresh, is to have a 5% smoking prevalence in adults by 2025. Currently the smoking prevalence in Gateshead is 18.3%.
- 3 The H& WB Board discussed current engagement in tackling tobacco in Gateshead and agreed it could be improved. Engagement in the Tobacco agenda over the past 18 months has been patchy with attendance at the local Tobacco Alliance and Tobacco workshops to develop a 10 year plan below the level experienced in the past.
- 4 In response to this the H&WB Board endorsed the recommendation to review the work of Gateshead SmokeFree tobacco alliance using a national standard developed by Action on Smoking and Health (ASH). A CLear review was initiated in July 2016 with Alliance members working in partnership with H&WB Board members.
- 5 The CLear model is based on the 3 domains of:
 - **Challenge** for existing tobacco control services, based on the evidence of the most effective components of comprehensive tobacco control, as outlined in NICE Guidance and Healthy Lives, Healthy People: a tobacco control plan for England.
 - **Leadership** for comprehensive action to tackle tobacco.
 - **Results** demonstrated by outcomes delivered against national and local priorities
- 6 The findings and recommendations of this review are shared in this paper and will enable the H&WB Board to assess the strengths and areas for improvement for the alliance.
- 7 Numbers attending the CLear assessment workshop were low, again reinforcing the need to establish a way forward for the Alliance, although those engaged on the day had a wealth of knowledge on Tobacco Control work in Gateshead and so the session was very productive.

- 8 The CLear self-assessment can be completed either a stand-alone exercise to give Alliances an indication of areas of strengths and areas for improvement or Alliances can decide to have a Peer Review undertaken by external assessors which is facilitated by Public Health England (PHE) It was felt that there was little additional gain from following the extended process and so a decision was taken to work with the findings of the self-assessment.

Findings of self-assessment

- 9 Of the 14 indicators related to the three domains of CLear that the review covered the level of self-assessed performance was mixed. Overall the self-assessment resulted in a score of 61% average across all indicators indicating room for improvement.
- 10 A summary of the progress against the three domains of CLear shows the following areas for improvement:
- ‘Challenge’ your services had two of the three indicators which showed room for improvement or future development including leadership, planning and Commissioning. Partnership, X agency and supra local scored well predominantly because of the Councils support of the Regional Tobacco Control Office, FRESH.
 - ‘Leadership’ had two of the five indicators which showed room for improvement or future development including prevention, innovation and learning. The other three, Compliance, Cessation and Communication and denormalisation scored well.
 - ‘Results’ had one of the three indicators showing room for improvement and future development. This was in relation to priority indicators. The other two, Prevalence and Quit data scored well. This is down to the progress made in reducing smoking prevalence to below Regional level; and in line with National averages and also the good performance of the Stop Smoking Service which saw a slight rise in footfall and quitters which went against a national downturn.
- 11 There were encouraging findings in relation to local work on Compliance, Cessation/Quit data, Prevalence and Partnership working (**see Appendix 1**).

10.1 **Compliance.** There is a strong focus on compliance with representation from Gateshead Council/Alliance on a National and Regional group to plan initiatives to address illicit tobacco interventions.

The Alliance can demonstrate intelligence gathering and handling through regional intelligence officer arrangements and a Local Intelligence Liaison Officer within Trading Standards. Illegal tobacco intelligence is now gathered through the Keep It Out website/hotline, or by online reporting direct to the Trading Standards Team.

<http://www.gateshead.gov.uk/Business/TradingStandards/IllicitTobacco.aspx> .

Other networks feed intelligence directly to the team.

10.2 **Cessation/quit data.** Figures from Q1 2016 / 2017 Stop Smoking Service returns show that the Stop Smoking Services in Gateshead are among other Regional services that are bucking the national downturn in access to and the

number of people quitting through the services. Where national access has dropped there has been a 0.6% increase in Gateshead although the successful quitters dropped slightly but remain strong in comparison to the same reporting period last year. It is projected that 7.2% of the adult smoking population will access Stop Smoking Services in 2016/17.

The strong performance of the service is partly down to the implementation of the new service model in 2012 which turned around a service that was underperforming. An innovative model saw the traditional Stop Smoking Service model replaced by an Active Intervention delivery model with support provided through a central hub.

There has been a slight decrease (three people) in the number of pregnant women setting a quit date but encouragingly, an increase in women quitting from 15% to 38.9%.

The percentage that have quit has been validated by Carbon Monoxide measure with 89.7% validated positively against an 85% national target.

10.3 Prevalence. Smoking prevalence in Gateshead stands at 18.3% compared to a Regional prevalence of 18.7% and similar to England figure of 16.9%. Although the Gateshead data is good in comparison, it does not demonstrate the inequalities that we have across the Borough with Smoking prevalence in routine and manual occupation socio-economic groups at 25.6%.

This cycle of inequality is reinforced by lower rates of quitting among disadvantaged smokers. Poorer smokers are usually more heavily addicted and, whilst on average all smokers make a similar number of attempts to quit each year, well-off smokers are more likely to succeed. To reduce inequalities and the impact of smoking-related disease, support for quitting must be tailored to the needs of smokers in the lower socioeconomic groups. This requires mass media campaigns targeted at poorer communities, designed to motivate quitting and discourage uptake. Such campaigns are effective and cost-effective and underpin strategy to reduce smoking prevalence.

Smoking at Time of Delivery (SATOD) was 13.2% for 2015/16 - the lowest level in the Region. Figures for Quarter 1 2016/17 showed a slight increase although we need to be mindful that this will not be reflective for the whole year.

10.4 Partnership working was also assessed as good and this is in part because of the support Gateshead Council commission from the Regional Tobacco Control Office, FRESH. Work at a Regional level through this network enables the area to support national and regional developments on tobacco control e.g. Communication strategies and representation on the media sub group at Regional level.

- 12 Areas for improvement identified through the assessment were in relation to planning and commissioning, innovation and learning and vision and leadership (*see Appendix 1*).

11.1 Planning and Commissioning. There is no current Tobacco Control action plan in place at present and this is part of the work being developed and presented to the HWB in January 2017. The old plan was based around the eight strands of Tobacco Control which would be seen as a comprehensive approach.

However, that expired on 31st March 2015 and a replacement has yet to be re-written. Delays in the publication of a National strategy have also impacted upon this work.

Tobacco control is featured in the JSNA <http://www.gateshead.gov.uk/Health-and-Social-Care/JSNA/Needs-Assessment-by-Life-Course/Living-well-for-longer/Tobacco-control-and-smoking/home.aspx> although the Health and Wellbeing strategy makes little reference to smoking or tobacco control. Other than support for the Regional Tobacco control office FRESH, the commissioning of Stop Smoking Services, is the key strand of Tobacco Control supported by the Public Health Budget.

The Council supported a Public Health Midwife up to 31 March 2016 but following decommissioning of this post Public Health continue to focus on Baby Clear, 0-9 and the potential for early intervention and prevention through the 0-19 pathway.. Secondary Care Stop Smoking Services were in place in recent years but there has been little to no activity in the last four years other than interest from individual Consultants in particular topic areas.

There was substantial work in the wider community on a range of tobacco control measures to protect people from Secondhand smoke, such as Smoke Free Homes, Smoke Free play areas, Smoke Free Cars and Take 7 steps out, prior to Public Health moving into the Local Authority. This work was absorbed into the Public Health team, the Live Well Gateshead service and the Capacity Building Service when Public Health moved.

11.2 Innovation and learning. There have been two notable innovative programmes initiated by the service in recent times; the introduction of the Active Intervention service model and the support in helping our local Mental Health NHS Trust, NTW, to introduce Smoke free rules across their grounds from March 2016.

No review of Tobacco Control activity has been undertaken recently although this review for July / August 2016 will advise the development of our local strategy later in the year. The last Overview Scrutiny Panel assessment of Tobacco was in 2006.

11.3 Vision and Leadership. The Alliance has a clear vision of a smoke free future for our children, that our next generation will be born and raised in a place free from tobacco, where smoking is unusual. They also communicate this vision through the three local tobacco control priorities identified in the last Gateshead Tobacco Control Plan:

- 5% smoking prevalence by 2025.
- Eliminate Illegal and Counterfeit tobacco by 2015 (Gateshead Trading Standards policy).
- Eliminate Under age Sales (Gateshead Trading Standards policy)

Members of the Alliance, although supporting staff to stop using tobacco, could do more to encourage greater numbers to access these services. Support is promoted in the Council via noticeboards at clocking in/out stations and information is available via internal publications such as Council Info and external sources such as Council News. In-house Health Advocates also promote services.

Several Councilors are members of the Alliance and are active participants in the Tobacco agenda locally. One Councillor sells tobacco and so is well placed to support and advice works in this area. Another Councillor is the Chair of the Tobacco Alliance. One of the local MP's, Ian Mearns, is also an active member of the Alliance. A similar level of support isn't equitable across the HWB membership.

The Health and Wellbeing Board also signed the "NHS Statement of support for Tobacco Control" which identifies, among other things, the partnership's commitment to work towards reducing tobacco use and to reduce health inequalities. The Chair of the Board and other members also actively engaged in the CLear assessment process.

Discussion/potential action falling out of findings of CLear Assessment

- 13 The results have identified areas of strengths and areas for improvement (**See Appendix 1 and 2**). It is important to build upon the great work going on and to identify potential opportunities to address areas for improvement. With Health Inequalities so prominent between different areas of Gateshead and smoking contributing to around half the difference in these, this plan offers the opportunity to make a big impact on addressing the differences that exist.
- 14 Areas identified in the review will be incorporated in the new Tobacco Control action plan which will be presented to the HWB in January 2017. This plan is important to steer the work locally and to help with the refresh of the Alliance. Areas for potential improvement include:
 - 13.1 Continue the excellent work being delivered around Compliance, including initiatives to tackle illegal tobacco, enforcement and compliance with existing legislation such as Plain Packaging and support work at National and Regional level around Licensing of Retailers.
 - 13.2 Review the impact on Stop Smoking Services with the move from support from external providers via a Hub to support from Council teams. There is a need to identify positive aspects but also be vigilant for any unexpected downturn in trajectories for access and outcomes.
 - 13.3 Prevalence is at an all-time low but we have still got to achieve a further 13% reduction to hit the Vision and target of 5% smoking prevalence by 2015. This will require targeted work with specific groups with high smoking prevalence rates such as pregnant women, Mental Health issues and low income groups/communities. Support of FRESH at Regional level is an important contribution to achieving this target.
 - 13.4 Support at Leadership level needs to be enhanced across all partner organisations and there are opportunities to enhance the Gateshead Health and Wellbeing strategy which is currently being refreshed for 2016 – 2019. There is also the potential for getting the issue onto the Health Overview Scrutiny Committee (OSC) forward plan to enable them to scrutinise progress towards the 2025 target.
 - 13.5 Leadership could also be taken by ensuring that partner organisations work towards the 5% target using their existing commissioning arrangements but also looking at potential innovation. Two examples might be:

13.5.1 The CCG including implementation of NICE guidelines on Tobacco into all provider contracts e.g. Continuation of Baby Clear model for Midwifery Departments.

13.5.2 Partnership between Clinical Commissioning Group (CCG) and the Local Authority to collaboratively commission secondary care based Stop Smoking Service. This could include the implementation of a “Stop before the Op” intervention.

Update on Development of 10 Year Plan

15 As reported at the HWB on 10th June 2016 a 10 year Tobacco Control Plan is under development and the findings of the CLear self-assessment will form part of that plan. There are a number of other key sources which will feed into the strategy and these include:

14.1 National Tobacco Control strategy. This is due to be launched in the New Year and will outline areas for local development alongside the national and regional agenda. A recent discussion in the House of Lords (Hansard on Smoking-Related Diseases ,14 September 2016 Volume 774)

<https://hansard.parliament.uk/lords/2016-09-14/debates/16091442000095/Smoking-RelatedDiseases>

identified the following topic areas which we might expect to be mentioned within the strategy:

14.1.1 Continued focus on supporting priority smokers to quit e.g. those with poor mental health, pregnant women, and smokers in lower socio-economic communities.

14.1.2 Better engagement with smokers in the NHS system e.g. through GP Practices and Secondary Care settings.

14.1.3 Exploring the potential for a Levy on Tobacco Companies to fund Stop Smoking Services and Tobacco Control interventions.

14.1.4 Build the evidence base around e-cigs.

14.1.5 Continued national Commitment to national quit campaigns such as Stoptober.

14.1.6 Introduction of a licensing system for tobacco retailers.

14.1.7 Increase in tobacco tax above inflation.

14.1.8 Tougher measures to help reduce the illicit trade in tobacco.

14.1.9 Extending SmokeFree places e.g. Public Places where Children play, outdoor dining areas.

14.2 Public Health England Priorities 2016/2017. Public Health England have identified the following priorities around Tobacco Control which could also feature in the National strategy:

14.2.1 Tobacco Products Directive implementation.

14.2.2 Support CLear at local level.

14.2.3 Review of NICE Guidance on Tobacco.

14.2.4 Focus on smokers in the healthcare system.

14.2.5 SmokeFree prisons.

14.2.6 Local Stop Smoking Service design and reversing the national decline in footfall.

14.2.7 Tackling illicit tobacco.

14.2.8 Stoptober a marketing priority in 16/17.

14.2.9 Water pipes (shisha).

14.2.10 Maximise impact of standardised packaging.

Recommendations

16 The Health and Wellbeing Board is asked to consider the following recommendations for action:

Recommendation 1: Acknowledge and consider the issues raised through undertaking the CLear assessment of the Gateshead SmokeFree Tobacco Alliance and the emerging areas identified from the forthcoming National Tobacco Control strategy.

Recommendation 2: Receive the 10 year plan at the HWB meeting in January 2017

Contact:

Alice Wiseman, Director of Public Health

alicewiseman@gateshead.gov.uk

Telephone (0191) 4332777

References

- 1 House of Lords Hansard (2016): Smoking-Related Diseases: 14 September 2016
Volume 774
<https://hansard.parliament.uk/lords/2016-09-14/debates/16091442000095/Smoking-RelatedDiseases>
- 2 Public Health England (PHE): 2014: The CLear Model, Excellence in Tobacco Control
- 3 Gateshead Joint Strategic Needs Assessment (2016)
<http://www.gateshead.gov.uk/Health-and-Social-Care/JSNA/home.aspx>
- 4 Public Health England (PHE): 2016: Gateshead Tobacco Control Profile
<http://www.tobaccoprofiles.info/>

Appendices



CleaR Section 5: Scoring

	Score	Max	% of available points	Peer Assessors Score
Challenge your services	72	112	64%	0%
Leadership	40	72	56%	0%
Results	25	40	63%	0%

	Score	Max	% of available points	Peer Assessors Score
Vision and Leadership	10	20	50%	0%
Planning and Commissioning	8	20	40%	0%
Partnership, x agency and supra-local	22	32	69%	0%
Innovation and learning	4	10	40%	0%
Prevention	8	14	57%	0%
Compliance	15	20	75%	0%
Communication and denormalisation	8	14	57%	0%
Cessation	37	54	69%	0%
Prevalence	9	12	75%	0%
Quit data	14	22	64%	0%
Your priority indicators	2	6	33%	0%
Total score	137	224	61%	0%



CleaR Profile

