CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

17 April 2018

TITLE OF REPORT: **Work to address the harms caused by tobacco – Final Report**

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.

Background

1. Care, Health & Wellbeing Overview and Scrutiny Committee have agreed that the focus of its review in 2017-8 will be work to address the harms caused by tobacco. The review has been carried out over a six month period and a draft interim report has been prepared on behalf of the Committee setting out key findings and suggested recommendations.

Report Structure

2. This interim report sets out the findings of the Care, Health and Wellbeing Overview and Scrutiny Committee in relation to work to address the harms caused by tobacco in Gateshead.

3. The report includes:

- The scope and aim of the review
- How the review was undertaken
- Summaries of key points from evidence gathering sessions
- Analysis – issues and challenges
- Emerging recommendations

Scope and aims of the review

4. The scope of the review was to provide an overview of current activity to reduce harms caused by tobacco in Gateshead compared to best national and/or international practice, where such practice exists.

5. It was agreed that the above would be considered in the context of:

- Higher than average levels of smoking in Gateshead
- The fact that smoking remains the single cause of most preventable illness and death in Gateshead
- Significant inequalities in the prevalence of smoking persist between different groups and areas
- A reduction in demand for stop smoking services
- Particularly low levels of take up of stop smoking services amongst some groups ie. People from black, Asian and minority ethnic groups
- Pressure on Public Health budgets now and in the future, and opportunities for future savings to primary and secondary care costs from prevention activity.

Responsibilities and Policy Context

6. Statutory duties for public health were conferred on local authorities by the Health and Social Care Act 2012. Local authorities have, since 1 April 2013, been responsible for improving the health of their local population. Section 12 of the Act lists some of the steps to improve public health that local authorities and the Secretary of State are able to take, which includes providing facilities for the prevention or treatment of illness, such as action on smoking and tobacco.

7. A new national Tobacco Control Plan was published in July 2017. The government set out national ambitions intended to focus tobacco control across "the whole system". These ambitions centre on a vision to create a smokefree generation. This will have been achieved when smoking prevalence is at 5% or below. These ambitions are supported by a range of proposed actions clustered around the four themes of prevention first, supporting smokers to quit, eliminating variations in smoking rates, and effective enforcement:

8. The Council is also committed to support the evidence-based actions of Fresh, the Regional Office for Tobacco Control, which comprise the following strands:

- Developing infrastructure, skills and capacity at local level and influencing national action
- Reducing exposure to second hand smoke
- Supporting smokers to stop
- Media communications and social marketing
- Reducing the availability of tobacco products and reducing supply of tobacco

- Reducing the promotion of tobacco
- Tobacco Regulation
- Research, Monitoring and evaluation

9. Vision 2030 sets out the 6 Big Ideas for Gateshead. Of these, "Active and Healthy Gateshead" resolves to provide support to encourage people to improve their health and lifestyle. The five year Council Plan sets out how Gateshead will be a healthy, inclusive and nurturing place for all.

10. The Gateshead Health and Wellbeing Board has undertaken to reduce smoking prevalence in Gateshead to 5% or less by 2025. All twelve North East Health and Wellbeing Boards support this ambition and it is referenced by both STPs

Review Methodology

11. The review comprised four evidence gathering sessions. Evidence was sought from Gateshead Public Health Team, Development and Public Protection, Fresh North East and Action on Smoking and Health (ASH). The sessions were designed to examine activity that reduces harm/prevents illness caused by tobacco. This can be thought of in terms of four main sets of activities:

- Stopping people starting smoking
- Helping people stopping smoking
- Reducing exposure to secondhand smoke
- Tobacco control (ie. Enforcement of legislation round the sale of tobacco)

At a population level, making tobacco use the exception rather than the norm (the "denormalisation" of tobacco use) can be seen as central to all of the above.

First evidence gathering summary

12. Presenters at this first evidence gathering session provided an overview of current work to reduce harms caused by tobacco, and introduced the proposed outline for future evidence gathering sessions.

13. Andy Graham, Consultant in Public Health, Gateshead Council, challenged a perception that smoking as a health topic was "done". He outlined the extent of social, economic and health related harms that tobacco use visits upon Gateshead. Key points included:

- A smoking prevalence of <5% is the point at which society is approaching smokefree status
- If Gateshead had the lowest smoking rate in England (4.9%), 9,809 people would smoke
- In Gateshead, around 29 000 of our adult population are smokers (17.9%). The England average is 15.5%

- They spend over £55.4m pa on cigarettes, contributing greatly to poverty in our most deprived neighbourhoods
- Around 14 500 (50%) of our resident smokers will die prematurely due to smoking
- Around 12.4% of 15 year olds in Gateshead smoke; around 280 young people.
- Nearly 500 Gateshead residents every year will die from smoking related diseases
- Half of the difference in life expectancy between Gateshead and England is due to our higher smoking prevalence and the resultant premature deaths
- Around 9 500 buy from the illicit trade, which is linked to drugs, loan sharks and prostitution and puts an estimated £10.5m into criminal hands annually
- It also loses £14.7M pa in duty to the Government
- The estimated total annual cost to Gateshead of tobacco use is £65.7m annually. Over £45M of this is lost productivity due to early deaths and smoking breaks.
- Smoking remains the single greatest cause of preventable illness and death in Gateshead
- There are significant inequalities in the prevalence of smoking between different wards in Gateshead (10.4% - 34.8%)
- Our recent fall in prevalence (18.3% - 17.9%) is our lowest in recent times and we still have the 4th highest regional prevalence
- Demand for stop smoking services is reducing locally, regionally, and nationally
- There are particularly low levels of take up of stop smoking services amongst some groups i.e. people from Black, Asian and minority ethnic groups
- There is pressure on Public Health budgets now and in the future

14. Andy went on to note Gateshead's history of rising to the challenge of smoking in Gateshead:

- Gateshead has been at the forefront of local comprehensive tobacco control – a multi-component, multi-agency approach to deal with the harms of tobacco

- Gateshead advocated strongly to protect people from secondhand smoke which resulted in national smokefree legislation

- The Gateshead Director of Public Health's aspirational report on tobacco harms sets out a range of key recommendations focusing on the need to:

    - Maintain momentum
    - Address inequalities
    - Ensure that the polluter pays
    - Protect children
    - Reduce prevalence

- Invest in the future

- These form the basis of a new 10 year Tobacco Control Strategy for Gateshead. Priorities for Tobacco Control will include:

  - Normalising smokefree environments
  - Influencing national and local policies and regulation
  - Amplifying mass media campaigns
  - Consistency of support to stop smoking in primary care
  - Restrict access to tobacco, extend smokefree
  - Commitment of secondary care health services to support quit attempts

Andy ended by reminding Members that, unlike many other public health issues, tobacco control is a war with the tobacco industry, an industry adept in the use of deception, denial and delay to achieve its ambitions.

15. Peter Wright, Environmental Health, Community Safety and Trading Standards Manager, Gateshead Council, also endorsed the central point that work on smoking and tobacco is far from completed. Noting that the annual number of deaths in the UK due to tobacco is ten times that of the UK death toll from German bombing in World War Two, Peter:

- Reminded Members that in fifteen years of service to Gateshead Council, he had never detected any sign that Members were resigned to the fate of their constituents and consistently wanted the best outcomes for their health

- That Members have historically given Officers an incredibly clear steer to go all out to get a workplace smoking ban, resulting in:

  - 25% of national consultation responses supporting workplace smokefree legislation were submitted by Gateshead residents
  - Gateshead staff providing the evidence of the negative impact of banning smoking only in food led pubs
  - Staff from the council and QE hospital being invited to speak to MPs before the vote in 2006
  - Our Environmental Health staff being part of a limited consultation on the regulations and guidance

16. Peter also noted the value of previous work under the leadership of Portfolio Holders for Health and Directors of Public Health, such as:

- Smokefree communities and Smoke Free Homes
- Work to support the ban on displays in shops, including evidence gathering by Trading Standards
- Early political lobbying and support for standardised packs
- Evidence given to MHRA panel on electronic cigarettes

- Robust action by Police and Trading Standards against illegal tobacco
- Councillor worked with ASH on their retailers document – Counter Arguments
- Proposals for Licensing of tobacco sale and wholesale supply given to government, considered by the Treasury

Second evidence gathering summary

17. The second evidence gathering session heard evidence on support to help smokers to stop smoking.

18. Paul Gray, Public Health Programme Lead for Tobacco Control, presented information on the local stop smoking service. Key points included:

- Smoking prevalence in Gateshead follows the regional and national downwards trend from 20.7% of adults in 2012 to 17.9% of adults in 2016

- There is significant variation in smoking prevalence between different wards in Gateshead, from 34.8% in High Fell to 10.4% in Whickham South and Sunniside and Ryton, Crookhill and Stella

- Stopping smoking benefits physical and mental wellbeing within minutes of stopping, and these benefits accrue over time

- The Gateshead Stop Smoking Service is:

  - Available to anyone who lives or works in Gateshead
  - Available through most GP practices and many community pharmacies
  - Free (except for prescription costs)
  - A 12 week programme of treatment for nicotine dependency with 1:1 behavioural support
  - Able to confirm patients' smoking status after four weeks by carbon monoxide testing in the great majority of cases

- The Stop Smoking Service makes available a wide range of nicotine replacement products and medicines that can help to reduce the craving for tobacco

- The behavioural support improves the patients' likelihood of quitting by:

  - Helping clients to optimise the use of products (nicotine replacement or other)
  - Working with clients to develop coping strategies to deal with urges to smoke and withdrawal symptoms
  - Support client motivation
  - Boost client self confidence

- The Stop Smoking Service is provided through nearly all GP practices and many community pharmacies in Gateshead. There is reasonable coverage

across the Borough although pressures for demand exist sporadically based largely on the turnover of staff trained as advisors.

- The Stop Smoking Service providers are asked to promote their services especially at those most likely to suffer health inequalities due to tobacco use. These include:

  - Routine and manual workers
  - Black and minority ethnic groups
  - Pregnant women
  - People with long term conditions or mental ill health
  - People at risk of dying early from heart disease
  - People with disabilities
  - People on low incomes
  - Homeless people

- A Health Equity Audit for the service has not been completed since 2012, so it is not possible to comment upon how well the service supports quits in the above groups. The last two years of data suggest that:

  - the service is more effective in supporting larger numbers of women than men to quit
  - the service sees very few smokers who are not white
  - the service supports a proportionately larger number of smokers who do not work, or who work in routine and manual occupations

- Nationally the number of quit attempts made through local stop smoking services reduced by 19.6% in 2016/17. In Gateshead, the number of quit attempts fell by 11.5% in 2016/17, and the number of four week quits by 10.6%.

- Since 2012/13, smoking in pregnancy has shown a consistent downwards trend until 2016/17, when the percentage of mothers smoking at time of delivery increased from 13.3% to 14.5%.

19. Andy Graham, Consultant in Public Health, discussed some of the broader issues that support quit attempts at a population level, and, in particular, the value of co-ordinated local and regional tobacco control activity. Tobacco control was defined as “the efforts of people and organisations working together to prevent the death and disease caused by smoking”.

20. While the North East still has a higher incidence of smoking, the gap between smoking levels in the North East and England has reduced. Nationally, the North East has seen a greater reduction in smoking levels since 2005 than any other English region. The introduction of evidence-based stop smoking services in the

late 1990s has helped an estimated one million people to stop smoking since then.

21. Tobacco control in England is changing fast. Smoking rates are falling faster than at any time in the last decade yet the most deprived families, people with mental health problems and many pregnant women in deprived communities are being left behind. New but uncertain approaches are emerging and while supporting patients who smoke to quit is key to NHS sustainability, many local authorities are finding universal evidence-based services hard to sustain.

22. Maintaining this momentum will rely upon continued effort to:

- Increase the real cost of tobacco – amplify tax increases with local action on illicit trade
- Mass media – work to get added value in Gateshead on regional and national campaigns
- Implement consistent Very Brief Advice (see Appendix A) in primary care – aim for 50% of smokers
- Consider implementation of the Stop Smoking+ model of support (see Paragraph 23 and Appendix B) and implement consistent secondary care provision – appropriate and timely help
- Reduce access to tobacco – restricting outlets, tackling illicit and extending and enforcing smoke-free efforts

23. Regarding stop smoking services specifically, the original model of universal evidence-based service with specialist behavioural support and medication remains the best option. Where this is not possible then this level of service should be targeted at priority groups at least. A recently proposed three-tier approach proposed as a new way of organising local stop smoking support – Stop-Smoking+.

Stop-Smoking+ is a new model for Stop-Smoking Services that provides better value and meets the needs of smokers better. It places smokers' choice at the heart of the process of determining what method of stopping to use. It involves ensuring that smokers' have the information they need to make choices in terms of what each method involves, what it will require of them and what the benefits will be. It focuses on three methods of stopping to cover the full spectrum of support to cater for all smokers' needs and preferences:

- Specialist support of top quality for smokers who need it and are willing to make the necessary commitment
- Brief support and a stop-smoking medicine for those who want help but are not willing to commit to a specialist course
- Self-support for those who want to stop but do not want professional support

The key points of the Stop-Smoking+ model are:

- Ethical: Smokers who will benefit from Specialist Support can access it and gain the benefit
- Efficient: Resources are not wasted providing behavioural support to smokers who do not want it and will not benefit from it
- Equitable: Under the right conditions, disadvantaged smokers will engage with the top quality service

For a fuller description of the Stop-Smoking+ model see Appendix B.

Third evidence gathering summary

24. The third evidence gathering session heard evidence from Ailsa Rutter OBE, Director of Fresh, the Regional Office for Tobacco Control, on the importance of a holistic, integrated and co-ordinated approach to tobacco control with a focus on three key strands - protection from second-hand smoke, the role of media, and helping smokers to stop/minimise harm.

25. Key points included:

- Smoking remains the largest cause of premature death, responsible for the deaths of at least fifteen North Easterners every day.

- The reason for this is that smokers are addicted to nicotine. Nicotine addiction is a chronic, relapsing, long-term condition that usually starts in childhood and runs in families.

- The nicotine itself is not responsible for deaths, rather, it is the tens of cancer-causing compounds that tobacco smoke also contains

- Fresh supports key strands of tobacco control work around the region, leading to the ambition supported by all twelve Health and Wellbeing Boards and referenced by both STPs, to reduce smoking levels to 5% by 2025

- Achieving this goal is completely achievable through the co-ordination of local, regional, national and international activity and the engagement of smokers to:

    - Increase quit attempts
    - Maximise success of quit attempts
    - Increase harm reduction
    - Reduce uptake

- Research suggests that both increasing quit rates and reducing uptake to support the 5% by 2025 will be achieved by continuing and improving the implementation of specific policies:

    - Increasing the real cost of tobacco by amplifying tax increases with improved enforcement

- Running regional mass media campaigns such as those co-ordinated by Fresh
- Implementing Very Brief Advice such that support to encourage a quit attempt is offered to 50% of smokers per year
- Ensure specialist stop smoking support widely is accessible to all, especially disadvantaged smokers (ie. those with mental illnesses, substance misusers, offenders, pregnant smokers) through the availability and promotion of stop-smoking support
- Extending smoke-free to normalise smoke free environments including NHS Trusts, social housing and outdoor spaces
- Reducing access to tobacco through licensing, the restriction of tobacco retail outlets and enforcement

- Ailsa emphasised especially the evidence-based value of mass media and communication campaigns to achieve year round "noise" of many messengers with clear messages, and giving voice to the experience of real local people

- An example of a clear message is "How to stop smoking":

  - Try to quit at least once a year
  - Use psychological support
  - Use pharmacological support

- Ailsa encouraged Members to consider that:

  - Tobacco dependence is the index long term condition - other diseases are co-morbidities
  - Smoking cessation is the highest value intervention in the NHS: affordable, cost-effective, clinically effective
  - Smoking cessation works and we need it happening across the whole of the NHS
  - Smokefree NHS MUST be a key focus next few years
  - Local Authorities play a key role through the provision of community Stop Smoking Services and, through their connection with communities, smokers are easy to reach
  - There is a huge opportunity to build on progress so far

Fourth evidence gathering summary

26. The fourth and final evidence gathering session heard evidence from Hazel Cheeseman, Director of Policy for Action on Smoking and Health, on national perspectives on the contribution of local government to reducing harms due to tobacco.

27. Hazel pointed out continued and significant progress since the introduction of smoke-free legislation, leading to UK leading Europe in tobacco control activity:

- Increased taxes above inflation every year since 2010

- Effective anti-smuggling strategies reduced the illicit trade
- Turned Britain into a dark market for tobacco

    - Not just all advertising promotion and sponsorship banned
    - Tobacco out of sight in shops
    - Standardised ‘plain’ packaging

- Restricted access to children

    - Age of sale 18
    - Vending machines banned

- Public support continues to grow - in the North East 78% of respondents in 2017 supported further government action to limit smoking.

28. While smoking remains “a burning injustice”, killing over 250 people per day, there are challenges remaining:

- Tobacco seen as ‘job done’ – shift focus away
- NHS focuses on treatment not prevention - smokers not universally encouraged to quit and given support and medication to do so
- Funding cuts to public health and local authority budgets

    - Mass media campaigns cut to the bone
    - Enforcement cuts
    - Smoking cessation services

- Tobacco industry lobbying continues unabated

Issues/challenges emerging from the review

29. The review identified the following issues/challenges:

- Austerity and Public Sector budget cuts
- Complex systems and historical siloed approaches
- The role of the tobacco industry
- The perception that the job is done leading to a shift of focus
- The perceived difficulty of ‘doing’ tobacco control
- The threat to the comprehensive regional tobacco control approach posed by financial pressures across the regional
- NHS focuses on treatment not prevention - smokers not universally encouraged to quit and given support and medication to do so
- Funding cuts to public health and local authority budgets
- Reducing demand for the current Stop Smoking Service offer
- Persistent inequalities in smoking prevalence between different communities
- Mass media campaigns cut to the bone

- Enforcement cuts

Draft recommendations

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.

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

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

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.

Recommendation 3: Continued support and commitment for the regional Fresh Tobacco Control Office tobacco 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.

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.

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.

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

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.

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.

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

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

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

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

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

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

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.

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.

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

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

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.

It is recommended that the Committee:

30.Gives its views on the report and draft recommendations and agree that the final report and recommendations be submitted to Cabinet for consideration.

Alice Wiseman

Director of Public Health

Appendix A

Very Brief Advice (VBA)

Giving patients advice and support to stop smoking is the single most cost-effective way to help smokers. Guidance from the Department of Health has identified that the systematic delivery of Very Brief Advice (VBA) and referral of smokers to effective, evidence-based stop smoking services are a vital part of ensuring that these individuals access the most effective method of stopping smoking.

VBA takes only 30 seconds to deliver and, if done appropriately, does not require detailed knowledge, as this will be provided by specialists at the Stop Smoking Service. The aim of training a wide range of people to deliver VBA is that staff have the skills, knowledge and confidence to engage with people when appropriate opportunities present to raise awareness, increase confidence and motivation to engage with stop smoking services.

NICE Public Health Guidance recommends giving advice on quitting to every smoker and should be based on the Ask, Advise, Act (AAA) model:

- ASK and record smoking status—is the patient a smoker, ex-smoker, or non-smoker?
- ADVISE on the best way of quitting—the best way of stopping smoking is with a combination of medication and specialist support
- ACT on patient response—build confidence and motivation, give information and refer to stop smoking services. Patients are up to four times more likely to quit successfully with support

Appendix B

Stop-Smoking+ model

The Stop-Smoking+ model provides smokers with three tiers of support to quit:

Specialist Support

- A clinical service for smokers who want help with stopping and are willing to put in the time and effort needed to get the benefit
- Takes about 6 hours of a smoker's life over 6+ weeks excluding travel time: about the number of hours of life gained from 1 day of not smoking
- Delivered by highly trained specialists
- Fully in accordance with guidance from the NCSCT and NICE.
- Uses established psychological processes and optimum medication
- Rigorously monitored for effectiveness
- Should improve smoking cessation rates by x4

Brief Support

- A clinical service for smokers who want help with stopping but are not willing to put in much effort
- Focus on stop-smoking medicine or NRT, one session of up to 30 mins and one follow-up, plus written materials, internet or app support
- Involves providing a prescription or voucher for: a) Varenicline (Champix), or b) dual form nicotine replacement therapy (NRT) - consisting of transdermal patch plus a faster acting product and advice on use plus a follow-up
- Delivered by trained health professionals as part of other duties
- Uses established psychological processes and optimum medication
- Rigorously monitored for effectiveness
- Should improve smoking cessation rates by x2

Self-Support

- For smokers interested in stopping but not wanting professional support
- Clear easy-to-access advice on ways of improving success rates, including advice on e-cigarettes, and links to digital resources on how to quit
- Provided through the internet and/or written materials handed out in GP surgeries
- Kept up to date
- Quality controlled
- Promoted through free and paid channels
- Should improve smoking cessation rates by x0.2