

**TITLE OF REPORT: Update on Tobacco Control in Gateshead**

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**Purpose of the report**

1. The purpose of this paper is to set out both the progress made, and the plans and timescales for improvements to tobacco control activity in Gateshead.

**Background**

2. Tobacco dependence is a chronic relapsing condition that starts in childhood and is familial. Smoking is the single largest cause of preventable premature deaths. It is responsible for around half of the difference in life expectancy between Gateshead and the national average.
3. The current prevalence of smoking is 17.8% and means Gateshead has an adult (eighteen years and over) population of around 29 000 smokers. Considering available data on younger smokers the total figure is likely to be closer to 33 000. This means that on average:
  - Around 420 Gateshead residents die per year from smoking, including:
    - 37 deaths due to heart disease
    - 13 deaths due to stroke
    - 174 deaths due to lung cancer
    - 9 deaths due to oral cancer
    - 147 deaths from COPD
  - This represents one death every 21 hours.
  - Gateshead's poorest areas carry a higher proportion of this burden. People living in the most deprived areas are four times more likely to smoke than those living in the least deprived neighborhoods.
4. Tobacco dependency in Gateshead incurs significant costs. The total cost to society in Gateshead in 2018 has been estimated as £48 340 070. This can be broken down further as:
  - NHS total costs: £10 094 105
    - Primary care/ambulatory care costs £5 721 000
    - Inpatient care £4 373 050
  - Productivity total costs: £33 007 840

- Early deaths £10 626 750
    - Absenteeism £4 979 010
    - Smoking breaks £12 310 970
  - Economic inactivity due to smoking related illness £5 091 112
  - Social care costs total: £4 169 000
    - Social care costs to LA £3 397 340
    - Social care costs private £771 660
5. Tobacco control describes those measure that seek to reduce the harm caused by tobacco by reducing the demand for tobacco, as well as others that reduce tobacco production, distribution, availability and supply.

## Progress

6. Tobacco control has had a refreshed focus since the publication of the Director of Public Health's Annual Report in 2017. This set out and delivered seventeen local and national recommendations along the themes of:
- galvanizing local action
  - addressing inequalities
  - making sure that "the polluter pays"
  - protecting children
  - reducing smoking prevalence
  - secondary prevention
  - building capacity in local communities

The aim of these measures is to reduce adult smoking prevalence to 5% by 2025. This would represent a smokefree society.

7. These recommendations were elaborated upon by the findings of the Care, Health and Wellbeing Overview and Scrutiny Committee's review of work to address harms due to tobacco, and by subsequent actions to address these findings throughout 2018/19.
8. An external review and Health Equity Audit of the Gateshead Stop Smoking Service was completed in 2018. Work has since been progressed to improve the geographic accessibility of the service, to promote uptake in low uptake areas, and to improve the overall success rate of the Service.
9. Gateshead Health NHS Foundation Trust has implemented significant measures in the last twelve months as part of the Smokefree NHS agenda. This includes:
- tobacco screening - asking and recording patients' smoking status
  - tobacco brief advice - advising patients who smoke on the best way to quit

- tobacco referral and medication offer - offering patients who smoke stop smoking medication, referring them to local stop smoking services and offering sign-up to a text message support service

10. In December 2018, the Gateshead Smokefree Alliance undertook a CLear local tobacco control assessment. This is a Public Health England methodology designed to maximise the effectiveness of local tobacco control alliances. It resulted in the production of a new Alliance action plan (see Appendix 1) designed to assist delivery across the eight key strands of tobacco control. These are:

- Developing Infrastructure, Skills and Capacity
- Reducing Exposure to Secondhand Smoke
- Building NHS Stop Smoking Services and Strengthening Local Action
- Media, Communications and Education
- Reducing the availability and supply of tobacco products; licit and illicit and addressing the supply of tobacco to children
- Tobacco Regulation
- Reducing Tobacco Promotion
- Research, Monitoring and Evaluation

11. The action plan sets out to influence the drivers of a smokefree future. These are:

- Reducing uptake of tobacco
- Increasing smokers' quit attempts
- Increasing the success of smokers' quit attempts and preventing relapse

Specific actions that will support this include making available a broad offer of support to people to stop smoking while also providing high quality services to targeted groups (such as pregnant women), and ensuring that the Alliance fully uses all available communication channels to support national, regional and local messaging about tobacco control.

12. The Smokefree Alliance continues to play a role in advocating for improved tobacco control at all opportunities. It provided responses to the recent consultations on the Prevention Green Paper and the impact of tobacco legislation.

13. The Gateshead Health and Social Care System/Partnership has agreed to consider tobacco control as a candidate topic for a whole system approach to prevention. At the time of writing, a paper is being prepared for the System that will set out the detail of what this entails for consideration at the end of October/beginning of November 2019.

## **The Prevention Green Paper – ASH consultation recommendations**

14. The All Party Parliamentary Group (APPG) on Smoking and Health commissioned Action on Smoking and Health (ASH) and the UK Centre for Tobacco and Alcohol Studies to produce recommendations for parliament to further reduce smoking prevalence. The paper, “Delivering the vision of a ‘Smokefree Generation’”, was published by the APPG in February 2019.
15. While many of the recommendations detailed in the APPG report subsequently appeared in the Prevention Green Paper, two key measures did not. These are:
  - To require manufacturers and importers of cigarettes to include Government mandated pack inserts to support quitting.
  - To increase the age of sale from 18 to 21.
16. In 2015, the Gateshead Health and Wellbeing Board was one of 129 endorsing organisations of the ASH “Smoking Still Kills” report. That report, and the level of support it received, was crucial in ensuring that a new Tobacco Control Plan for England was published by the Government in 2017.
17. Recognising the opportunity presented by the consultation on the Green Paper to strengthen the Government’s tobacco control strategy, ASH has again sought Gateshead’s endorsement for the two recommendations set out above. These recommendations were endorsed by the Cabinet of Gateshead Council on 17<sup>th</sup> September 2019.

### **Next steps and proposed timescale**

18. The progress above was delivered by members of the Gateshead Smokefree Alliance. It is proposed that the Health and Wellbeing Board
  - endorses the two recommendations set out in the APPG report as set out in paragraph 16
  - considers a biannual progress report from the Smokefree Alliance

### **19. Recommendations**

20. The Health and Wellbeing Board is asked to consider and comment on progress made and suggested next steps.
21. The Health and Wellbeing Board is asked to retrospectively endorse the two recommendations set out in the APPG report as set out in paragraph 16.

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## Gateshead Smokefree Alliance Action Plan

### Key Strand One: Developing Infrastructure, Skills and Capacity

Outcomes:

- Use of an integrated evidence based strategic approach to reducing smoking prevalence in Gateshead.

Objective	Initiatives and Action	Lead
Develop an enhanced, consistent and ongoing focus on tobacco control in Gateshead	Agree mandate for system wide approach at Gateshead Health and Care Partnership (GHCP)	Public Health
Develop and implement a whole system approach to tobacco control in Gateshead	Development and ownership of strategic goals (system wide by individuals and organisations) with strengthened monitoring and reporting of progress	All SFA members
The SFA should be reinvigorated so that partners work together to refresh the tobacco control in Gateshead	<p>Attendance to be regularly reviewed and new organisations to be represented as needed – e.g. Mental Health Trust, Educational providers, social care, primary care, community services and social housing providers.</p> <p>Focused work on 8 key strands to be undertaken</p> <p>Implement CLear Peer Assessment recommendations</p> <p>Partners to actively contribute to SFA business</p> <p>Meetings to be bi-monthly</p>	All SFA members, Bev Lockett to identify GP member

	To monitor progress and feedback at each meeting	
Develop, implement, monitor and report on an evidence-based SFA plan	<p>Produce an agreed action plan based on the eight key strands to support the vision for a 5% adult smoking prevalence by 2029.</p> <p>Partners to own and be responsible for carrying out key actions on behalf of their organisation in support of SFA</p> <p>Partners to monitor progress and report this back to partners at SFA meetings</p> <p>Bi-annual reports and presentations to go to Gateshead Health and Wellbeing Board</p> <p>Tobacco Control to be addressed as part of refreshed Gateshead Health and Wellbeing Strategy</p>	<p>Andy Graham/all SFA members</p> <p>Each SFA member</p> <p>Each SFA member</p> <p>Paul Gray</p> <p>Andy Graham</p>
To support the continued compliance with the “LA Declaration on Tobacco Control” and the “NHS Smoke Free pledge”	<p>Review progress of Gateshead Council in complying with “LA Declaration on Tobacco Control”</p> <p>NHS partners to review progress in relation to the NHS Smoke Free pledge</p> <p>Other partner organisations to consider options for smokefree activities and effective policy</p>	<p>Paul Gray</p> <p>Joanne Coleman, Sam Hood, NTW rep (TBC)</p> <p>Each SFA member</p>
Ensure every SFA member has a good knowledge of tobacco control	<p>Consider training opportunities for this</p> <p>Bespoke training for brief advice on quitting to be available to all SFA members</p>	<p>Fresh/Public Health</p> <p>Gemma King</p>
Undertake proactive and reactive advocacy work to influence future tobacco policy and legislation	<p>Actively support smokefree media and communication campaigns from tobacco control organisations, e.g. Fresh, ASH</p> <p>SFA to respond to consultations on tobacco policy as a group and ideally on behalf of Gateshead as a whole</p> <p>Members to respond individually and on behalf of their organisations</p> <p>Involve Elected Members as part of their role as ASH/Fresh SF Councillor network</p> <p>Ensure sign up to SF Action Coalition</p>	<p>All SFA members</p> <p>Each SFA member</p> <p>Public Health</p> <p>Paul Gray</p>

## Key Strand Two: Reducing Exposure to Secondhand Smoke

### Key Outcomes:

- An increase in the number of people in Gateshead who maintain a smoke free home
- High compliance with workplace smoke free legislation resulting in reduced exposure to secondhand smoke
- High compliance with smoke free cars legislation resulting in reduced exposure to secondhand smoke for those under 18.
- An increase in smoke free outdoor spaces in Gateshead.

<b>Objective</b>	<b>Initiatives and Action</b>	<b>Lead</b>
High level of compliance with smokefree legislation	<p>Compliance monitoring of SF Regulations – workplace and enclosed public spaces (2007), Smoking in private vehicles with children (2015)</p> <p>Ensure compliance in work vehicles</p> <p>Undertake investigations in response to complaints and information received</p>	<p>Neil Kilgour/Env. Health</p> <p>Neil Kilgour/Env. Health</p> <p>Neil Kilgour/Env. Health</p>
Normalising SF environments	<p>Develop SFA position on SF homes and consider implications for Gateshead Housing Company (TGHC) properties and other housing providers</p> <p>Develop approach to normalising smokefree in children’s playgrounds and school entrances</p>	<p>Richard Finlow</p> <p>Public Health</p>
Maintain enforcement activity for tobacco related litter	Targeted smoking litter enforcement activity based on knowledge of “hotspots” and complaints	Graeme Gall
The 0-19 service to continue to offer support to clients and families to stop smoking and maintain smokefree homes	All frontline 0-19 staff to remain trained to deliver SSS and provide advice.	0-19 Service
To provide training on second-hand smoke interventions as required.	Develop and deliver training plan	Gemma King

## Key Strand Three: Building NHS Stop Smoking Services and Strengthening Local Action

### Key Outcomes

- An increase in the number of Gateshead residents who access local Stop Smoking Services particularly among target populations.
- An increase in the number of Gateshead residents who quit tobacco with Stop Smoking Services particularly among target populations/communities.

Objective	Initiatives and Action	Lead
<p>Prioritise the development and implementation of a consistent tobacco dependence approach</p>	<p>Design model to ensure a simple and consistent advice on quitting for smokers across all sectors as part of a system wide tobacco control approach</p> <p>Continue and strengthen ongoing work with Gateshead NHS Foundation Trust (FT)</p> <p>Focus on priority groups – smoking in pregnancy (SiP) and Routine and Manual (R&amp;M)</p> <p>All FT staff to provide brief advice as part of contractual duties</p> <p>Strengthen collaborative work to ensure consistency in primary care and mental health provision</p>	<p>Public Health/SFA members</p> <p>Joanne Coleman and Paul Gray</p> <p>As above</p> <p>Joanne Coleman</p> <p>Public Health, Sam Hood, NTW rep (tbc)</p>
<p>To monitor, develop and improve Stop Smoking Support (SSS) in Gateshead</p>	<p>Achieve consistent and effective provision across GP practices and community pharmacy</p> <p>Aim to engage 5% of smoking population and to achieve quit rates in excess of 50%</p> <p>Improve and maintain high rates of access to support by those from inequalities linked socio-economic groups</p> <p>Improve reporting to Primary Care Networks to improve numbers of smokers engaged by providers per annum (i.e. 5% minimum)</p>	<p>Public Health with support of GHCP</p>

Objective	Initiatives and Action	Lead
	<p>Promote role of electronic cigarettes in delivery of SSS</p> <p>Consider introduction of PGD for Varenicline to improve access in community pharmacy</p> <p>Attend ADPH North East Tobacco Commissioners Network</p>	Paul Gray
Further develop consistent smokefree environments within secondary care provision	<p>Recent progress made in the FT must be maintained and further developed as part of the system wide approach</p> <p>Fully embed PH48 (smoking in secondary care)</p> <p>Review the progress of the QE in complying with the "NHS Smoke Free Pledge for Tobacco Control" via the QE Stop Smoking Group</p>	<p>Joanne Coleman and Paul Gray</p> <p>As above</p>
Develop further work with maternity services and the CCG, to implement a whole system approach which identifies pregnant women who smoke and provides a rapid referral to evidenced based support	<p>QE to deliver bespoke Smoking in Prenancy plan produced by Local Maternity Services</p> <p>Smoking in Pregnancy Task and Finish Group to continue and to report to SFA on progress regularly</p>	<p>Joanne Coleman</p> <p>Paul Gray</p>
All Primary Care providers should actively manage patients' nicotine dependence as part of a system wide tobacco dependence treatment pathway.	<p>Ideally all general practices would provide and promote stop smoking support. This includes:</p> <ul style="list-style-type: none"> <li>- Tobacco screening, which involves asking and recording patients' smoking status.</li> <li>- Tobacco brief advice, which involves advising patients who smoke on the best way to quit.</li> <li>- Tobacco referral and medication offer, which involves offering patients who smoke stop smoking medication and referring them to an evidence-based stop smoking intervention.</li> <li>- Where appropriate to train staff to provide more structured support.</li> </ul>	Primary care rep (tbc) and Sam Hood/Bev Lockett (CCG) Support from SFA
Mental Health services (inpatient and community) to have a system in place that promotes quitting and provides access to support	<p>Ideally this would include:</p> <ul style="list-style-type: none"> <li>- Tobacco screening, which involves asking and recording patients' smoking status.</li> <li>- Tobacco brief advice, which involves advising patients who smoke on the best way to quit.</li> <li>- Tobacco referral and medication offer, which involves offering patients who smoke stop smoking medication and</li> </ul>	NTW rep (tbc) with support from Public Health and SFA

<b>Objective</b>	<b>Initiatives and Action</b>	<b>Lead</b>
	referring them to an evidence-based stop smoking intervention. – Where appropriate to train staff to provide more structured support.	
Build capacity of frontline staff to deliver Very Brief Advice for smoking cessation	Deliver plan of NCSCCT compliant training	Gemma King

## Key Strand Four: Media, Communications and Education

### Key Outcomes

- An increase in the number of Gateshead residents who are aware of and access Stop Smoking Services
- Improved uplift of national and regional campaign messages on smoking

Objective	Initiatives and Action	Lead
<p>To ensure consistent SF media and communications activity is received by Gateshead residents</p>	<p>Develop a communication plan owned by all SFA partners</p> <p>This plan will:</p> <ul style="list-style-type: none"> <li>– Be consistently applied across all partner organisations, e.g. FT Communications Plan</li> <li>– Provide regular and consistent smokefree messaging to increase the number of quit attempts taking place in Gateshead</li> <li>– Provide schedule of activity to promote national (ASH, PHE) and Regional (Fresh) campaigns at local level</li> <li>– Provide opportunities to Alliance partners i.e. staff bulletins, newsletters, print media, social media.</li> <li>– Publicise the work of SFA members, e.g. Trading Standards activities</li> <li>– Provide targeted smokefree campaigns to be run in more deprived wards and wards with high smoking prevalence uptake.</li> <li>– Build public support for the vision of a smokefree society (5%)</li> </ul> <p>Map out communications channels of each member organisation</p> <p>Identify and engage with residents who are willing to act as case studies for media</p> <p>Fresh to share media schedules to boost social media opportunities</p>	<p>Public Health and Michelle Ealey</p> <p>As above with support of all SFA members</p> <p>Paul Gray</p> <p>All SFA members</p> <p>Fresh/Anthony Cairns</p>
<p>Communicate activity of SFA</p>	<p>Produce bi-annual reports on delivery of Tobacco Control Plan for Gateshead Health and Wellbeing</p>	<p>Public Health</p>

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Key Strand Five: Reducing the availability and supply of tobacco products; licit and illicit and addressing the supply of tobacco to children

Key Outcomes:

- High compliance with the law regarding the sale of cigarettes and/or electronic cigarettes or devices to minors and proxy purchases.
- Reduction in availability of illicit tobacco in Gateshead
- Reduction in illegal cigarette market

<b>Objective</b>	<b>Initiatives and Action</b>	<b>Lead</b>
Influence national policy	Support the ASH/Fresh submission to the Treasury on annual budget setting	All SFA members
Take action illicit tobacco	To regularly monitor intelligence received regarding the sale of illicit tobacco in Gateshead	Tracey Johnson
	To use this intelligence to reduce the availability and supply of illicit tobacco	Tracey Johnson
	Increase reports of sales of illicit tobacco to the Keep It Out helpline through engaging with service users	All SFA members
	Distribute and publicise Keep It Out materials through organisations	All SFA members
Liaise with other organisations to tackle illicit tobacco	Attendance and engagement at Fresh Tobacco Regulation Forum	Tracey Johnson

## Key Strands 6 and 7: Tobacco Regulation and Reducing Tobacco Promotion

### Key Outcomes

- Access to tobacco products is more difficult for young people
- High compliance with point of sale and standardised packaging legislation.
- Reduction in exposure of young people to tobacco promotion making cigarette packs less attractive to young people

Objective	Initiatives and Action	Lead
Monitor Tobacco Regulation	<p>To monitor compliance on nicotine and tobacco regulation:</p> <ul style="list-style-type: none"> <li>– Tobacco and Related Products (EU Directive)</li> <li>– Standardised packaging</li> <li>– Nicotine inhaling products</li> <li>– Age of Sale</li> <li>– Vending machines legislation</li> </ul>	Tracey Johnson supported by SFA members
Reduce tobacco promotion	<p>Monitor compliance on point of sale displays</p> <p>Be watchful for tobacco industry activities and the promotion of smoking in media channels in order to take action</p>	<p>Tracey Johnson supported by SFA members</p> <p>All SFA members</p>

## Key Strand 8: Research, Monitoring and Evaluation

### Key Outcomes

- Research, monitoring and evaluation measures embedded in practice to inform practice
- Reduced smoking prevalence, especially within target groups and communities

<b>Objective</b>	<b>Initiatives and Action</b>	<b>Lead</b>
Maintain oversight of data relevant to tobacco control and tobacco harms to track progress on existing activity and services	Monitor data on smoking prevalence (i.e. APS, QOF, GPPS), PHE Tobacco Control Profiles and SATOD to determine effectiveness of activity and build local knowledge.	Paul Gray
Gain insight into delivering a community-based response to reducing harms due to tobacco to broaden activity on tobacco control.	<p>Work underway with Edberts House to ensure that community views on tobacco are better understood and used to inform activity.</p> <p>Work with communities to encourage and support locally owned initiatives to address tobacco harm at a neighbourhood level</p>	Paul Gray