

Communities Committee

Item No.

Report title:	Tobacco Control action plan
Date of meeting:	7 March 2018
Responsible Chief Officer:	Dr Louise Smith, Director of Public Health
Strategic impact <p>Tobacco Control and Stop Smoking services are core public health services addressing one of the most preventable causes of early death, ill health and health inequalities. Norfolk's Tobacco Control Strategy and Action Plan (2016) was developed by the Tobacco Control Alliance and approved by Communities Committee in September 2016. The Public Health Strategy includes an objective to 'protect communities and individuals from harm,' and more specifically 1) to lead the Tobacco Control Alliance to implement a tobacco control strategy and action plan and 2) to commission specialist stop smoking services.</p> <p>Future development will contribute to delivering the new County Plan 2018 – 21, for example in relation to offering smarter information and advice.</p>	

Executive summary

In July 2017 the Department of Health published the Tobacco Control plan for England, *Towards a Smokefree Generation*. This plan outlines four main ambitions of driving down overall prevalence, reducing smoking in pregnancy, reducing smoking in those with mental health conditions and backing evidence based innovations.

In Norfolk smoking prevalence in adults is about 13.5% which is lower than the England average of 15.5%. There is still work to do, however, particularly with our more vulnerable groups. In line with the national plan, our goal is to see reductions in prevalence amongst all smokers by 2020, with a targeted focus on smoking in pregnancy, routine and manual workers, young people and those with mental illness.

To reduce smoking locally, Norfolk's strategy is led by the Tobacco Control Alliance. The strategy sets out a vision to 'make smoking history for the people of Norfolk'.

Achievements include procurement of a new stop smoking service and future plans include supporting the development of more tobacco-free places

Recommendations:

- 1. That members note the progress that has been made in the past 18 months towards Norfolk's ambitions related to smoking and tobacco control.**
- 2. That members endorse the approach to tobacco control and stop smoking services as detailed in the Norfolk Tobacco Control Alliance's Action Plan for 2018.**

1. Proposal

- 1.1. In July 2017 the Department of Health published the Tobacco Control plan for England, *Towards a 'Smokefree' Generation*. This plan outlines four main ambitions of driving down overall prevalence, reducing smoking in pregnancy, reducing smoking in those with mental health conditions and backing evidence based innovations.
- 1.2. In line with the national plan, our goal is to see reductions in prevalence amongst all smokers by 2020, with a targeted focus on smoking in pregnancy, routine and manual workers, young people and those with mental illness. Norfolk's Tobacco Control Strategy sets out a vision to 'make smoking history for the people of

Norfolk' through preventing young people from starting smoking, helping people quit and protecting people from second hand smoke and illicit tobacco. The work of the Tobacco Control Alliance is guided by the CLear model, which sets out national standards of excellence in tobacco control and provides checklists against which local partnerships can measure their progress.

- 1.3. A key area of work is to assist organisations to become tobacco-free so that not smoking is seen to be the norm. This goes beyond having tobacco-free premises to include providing access to nicotine replacement, providing access to smoking cessation support for staff and visitors, providing clear information and having robust policies in place that distinguish between smoking and vaping (the use of electronic cigarettes, which Public Health England advises are 95% safer than use of tobacco).

- 1.4. For data on smoking rates and trends in Norfolk, please see the background section below and Appendix 1.

- 1.5. **Progress to date**

The agencies aligned to the Tobacco Control Alliance have made progress over the past year, particularly in targeting vulnerable groups. The success in driving the strategy and action plan forward is largely due to multi-agency working.

- 1.6. **Stop smoking services**

A new countywide specialist stop smoking service, Smokefree Norfolk (SFN), has been procured, and East Coast Community Healthcare (ECCH) began delivering the new evidence-based service in April 2017. ECCH has been commissioned to address gaps in provision, respond to local need, form close working alliances with other service providers (such as GPs and pharmacies) and increase the network of provision. Improvements have been identified to provide greater choice and convenience for smokers seeking to quit, such as reviewing the siting of clinics and access to medication licensed for stopping smoking. The new service will have a specific focus on smoking in pregnancy and reducing inequalities.

Public Health have also been working with the Youth Advisory Boards (YABs) to co-produce stop smoking provision for smokers under the age of 19, which the YABS will commission. Public health have incorporated a clause in the specification for the new Alcohol and Drug Behaviour Change Service on supporting staff and service users to become tobacco-free.

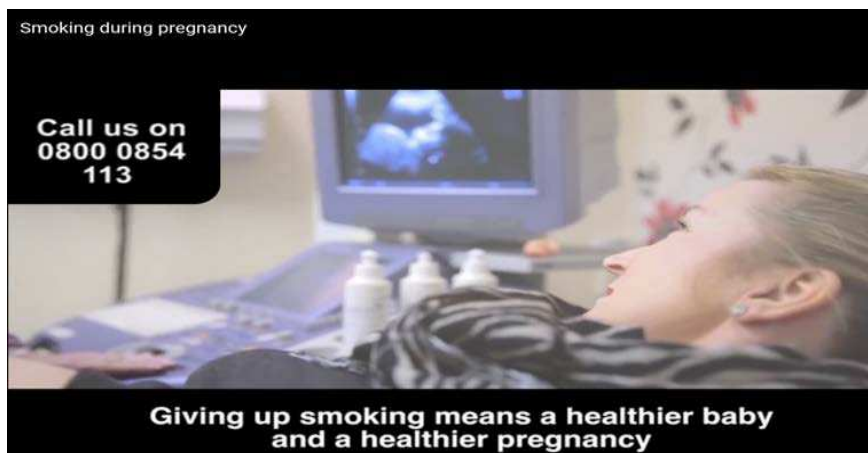
- 1.7. **Smoking in pregnancy**

Every midwife in Norfolk now has their own carbon monoxide (CO) monitor (used to screen for high levels of CO in the blood which is harmful to fetuses and babies) so that all pregnant women can be routinely screened and supported to stop smoking if they wish. This will also make data on smoking in pregnancy more accurate. All student midwives from UEA are being trained in smoking cessation.

The SmokeFree Baby App is now being promoted across at least two of Norfolk's maternity departments and Breastfeeding Peer Supporters have been offered training to give brief advice on stopping smoking: <http://www.smokefreebaby.co.uk>



A social media campaign on smoking in pregnancy, including a video specifically adapted for Norfolk, ran between November and December 2016. This had a reach of over 50,000 viewings and over 500 clicks on the link to the stop smoking services websites. <https://www.youtube.com/watch?v=kKzGTtRV8Ck>. Below is a screen shot from the video.



1.8. Compliance

Illegal tobacco poses a risk to public health and safety, as well as having links to criminal activity. In 2016- 2017, Trading Standards, together with its regulatory partners, were involved with 17 searches of suppliers for illegal tobacco products and the seizure of 183,640 illegal cigarettes and 49 kg of hand rolling tobacco.

So far in 2017-18 Trading Standards has led the inspection of 18 suppliers, the seizure of 127,140 illegal cigarettes and 58 kg of hand rolling tobacco. Trading Standards have also carried out five public awareness raising days involving detection dogs with the Council's Stop Smoking Service accompanying at four locations. Trading Standards also target underage sales through trader education and support, underage test purchasing, enforcement and social media campaigns.

1.9. Other actions

Healthy Norwich initiated innovative interventions to reduce smoking by promoting voluntary bans in areas frequented by children. They are designed to act as a preventative strategy by de-normalising smoking and to encourage adults to smoke less and potentially prompt them to quit. The first initiative was smoke-free play areas which introduced signs in all parks under Norwich City Council control. This has since been extended to all Broadland parks with other districts considering introducing the same scheme. Healthy Norwich have also partnered with the Norfolk Football Association to introduce Smokefree Sidelines which was launched in July 2017.

During the past year, the Take 7 Steps Out campaign (to ensure smokefree homes) concluded its two year contract. The campaign aimed to increase awareness of the dangers of second-hand smoke, especially for children, and to encourage more smokers to take their smoking outside and away from children. Resources were distributed to GP surgeries, children's centres and community centres. Health practitioners and children's centre staff across the county took part in training on how to have conversations about second-hand smoke. The campaign was also promoted on buses and outside posters, and received media coverage from newspapers, local TV, and local radio.

Over the past year, Norfolk and Suffolk NHS Foundation trust, supported by Public Health, have made good progress on their journey to becoming tobacco-free from 2nd April 2018. The profile of tobacco control has been increased in Norfolk not only through its many activities but also at a strategic level with papers going to Communities and Children's Committees and the Health and Wellbeing Board. There is strong support from the Director of Public Health.

- 1.10. The next steps for Norfolk's Tobacco Control Alliance's Action Plan for the coming year include:

Leadership, innovation and tobacco-free places

- Seeking agreement from Norfolk District / Borough Councils to implement voluntary smoking bans in areas frequented by children, including school gates, play areas and side-lines of football pitches.
- Offering support to local NHS bodies and Norfolk prisons to become tobacco-free organisations, seeking high-level engagement from those organisations.
- Working with Norfolk County Council's Health, Safety and Wellbeing Team on tobacco-free initiatives.
- Completing a new data dashboard for ongoing monitoring and service planning. The TCA will review the dashboard to ensure that there is multi-agency awareness of tobacco and smoking related issues in Norfolk.
- Ensuring that tobacco control is closely aligned with the priorities and work-streams of the Sustainability and Transformation Plan (STP), for example work on prevention, heart disease, respiratory disease, cancer and mental illness, and of the Health and Wellbeing Board.
- Reviewing the structure and membership of the Tobacco Control Alliance.

Services

- Working with two GP practices to co-develop templates that can be used by all practices to capture robust data on stop smoking activity taking place in GP practices.
- SFN as the specialist service further implementing its key focus on reducing inequalities and targeting prevalence in key groups such as pregnant women, people with mental health problems and routine and manual workers. The specification for the new service also includes harm reduction as a viable approach to increase patient choice.
- SFN expanding smoking cessation support specifically for young smokers who wish to quit.

Smoking in pregnancy

- Continuing to improve the quality of data relating to pregnant smokers, linking with other strategic work around smoking in pregnancy.
- Piloting and assessing the impact of specially designed tools for midwives to use when talking to pregnant smokers at James Paget University Hospital, led by Public Health England.

- Involving partners in smoking cessation appointments with pregnant women and holding stop smoking clinics in each antenatal clinic in Norfolk.
- Carrying out media campaigns for use in antenatal clinics, GP surgeries and libraries.
- Ensuring that the opt-out system for CO testing is embedded in all maternity departments.

Compliance

- Trading Standards (TS) continuing to disrupt the sale of illegal tobacco products and expanding work to identify the supply chains into the county of these illegal products.
- In 2017/18 TS has been successful in the removal of three premises' licences to sell alcohol and the suspension of one other at an off-licence shop who were found to be selling illegally smuggled tobacco products. This action, together with criminal prosecution will be continued.

2. Evidence

- 2.1. The picture of smoking both nationally and in Norfolk is complex (see Appendix 1 for further detail). Supported by legislation, increased public knowledge, and more recently stop smoking services, smoking prevalence in England has halved over the last 35 years. Now fewer than 1 in 5 adults smoke. The 2007 smoke-free legislation in England was associated with 1,200 fewer emergency admissions to hospital for heart attacks (a reduction of 2.4%) in the 12 months following implementation
- 2.2. The rate of smoking among adults in Norfolk (13.5%) is better than the England average of 15.5% and rates continue to decline. Smoking rates are highest in 25-34 year olds in Norfolk (24%) and lowest amongst those aged 60 and over (10%). Within Norfolk, Norwich has the highest rates of smoking, followed by Great Yarmouth.
- 2.3. The trends for particular groups is mixed. For routine and manual workers, rates are declining in line with the trend for England. However, smoking in this group at 27.4% is higher than the average for all adults, with Norwich having significantly higher rates. Smoking remains a significant cause of early deaths.
- 2.4. Nationally, about 8.2% of children aged 15 years smoke more than one cigarette per week; in Norfolk this rate is about 11.4%, which is the highest in our region. Children whose parents smoke have been found to be three times more likely to become smokers themselves when compared to children of non-smokers.
- 2.5. After a downward trend, smoking in pregnancy rates have recently gone up in Norfolk. There is a question as to whether this increase is a result of better testing and recording by midwifery services. Whatever the cause, rates are too high at 12.7% which is higher than the national average of 10.7%. This means that there are currently around 1,143 babies born in Norfolk each year to mothers who have smoked throughout pregnancy. There will be more new mothers who had temporarily stopped during pregnancy who will resume smoking after giving birth, but the figure for this is unknown.
- 2.6. Although Norfolk rates are similar to the England average for adults with serious mental illness, rates in this group are high – at 40.7%.
- 2.7. Our impact on smoking prevalence is monitored corporately by two 'vital signs' measures that are routinely reported to committee, specifically:
Smoking in pregnancy
Smoking in routine and manual groups

- 2.8. Norfolk County Council's Public Health team commissions stop smoking services for the county. There is a countywide specialist service and also many services delivered in GP and pharmacies.

In May 2016 we reviewed our work with national experts against a nationally recognised framework approved by Public Health England - the CLear tool. The outcomes informed the Tobacco Control Strategy and the action plan addresses areas identified in the review.

3. Financial Implications

- 3.1. No new financial commitments are proposed. The Public Health grant budget allocates c£2m for tobacco control and the commissioning of stop smoking services

4. Issues, risks and innovation

- 4.1. Recent years have seen a significant reduction in smoking prevalence however there remains work to do. Stop smoking services face increasing challenges, with falling footfall and more hardened smokers. It is becoming harder to deliver smoking quits in the numbers achieved historically. Thus the strategy and action plan propose a number of changes in strategy to target key groups.

Norfolk County Council operates in a challenging financial context and the Public Health Grant to the Council is reducing. Future tobacco control activity on the part of the Council will need to be aligned with this changing financial landscape.

5. Background

- 5.1. In July 2017 the Department of Health published the Tobacco Control plan for England, Towards a Smokefree Generation. This plan outlines four main ambitions of driving down overall prevalence, reducing smoking in pregnancy, reducing smoking in those with mental health conditions and backing evidence based innovations.

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For data on smoking rates and trends in Norfolk, please see the background section below and Appendix 1.

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

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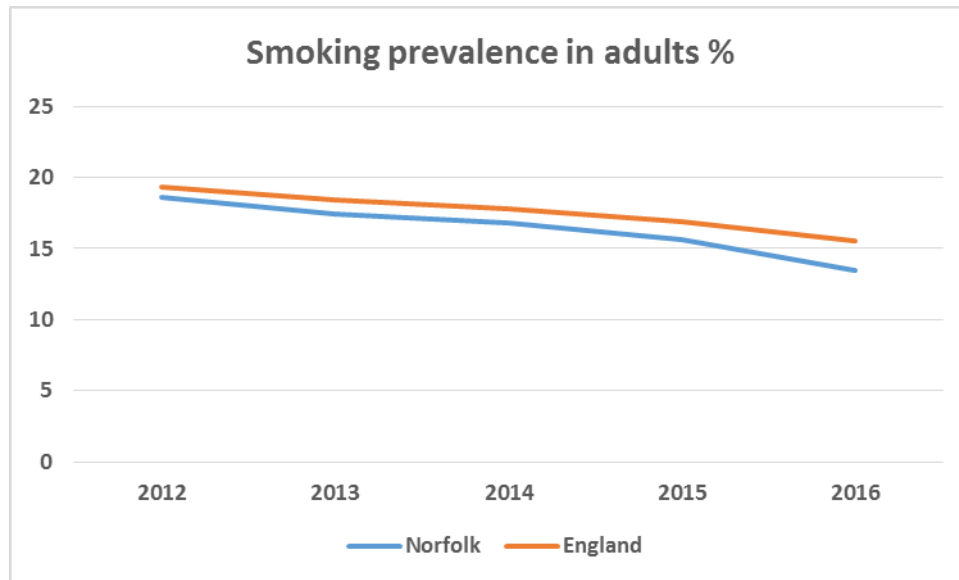


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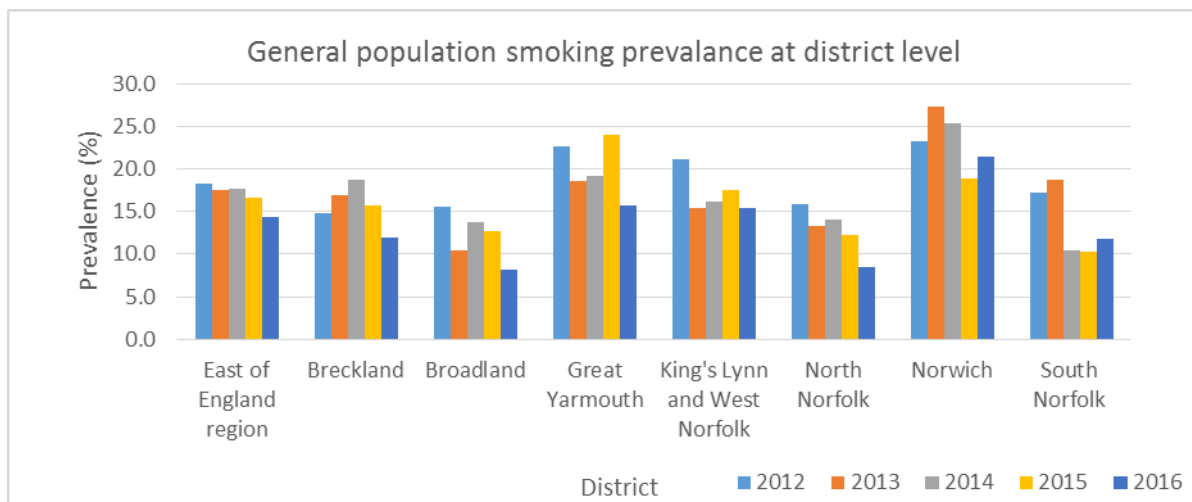
Appendix 1 – Data on smoking prevalence and trends in Norfolk

Overall trends

The overall trend in smoking in adults is decreasing:

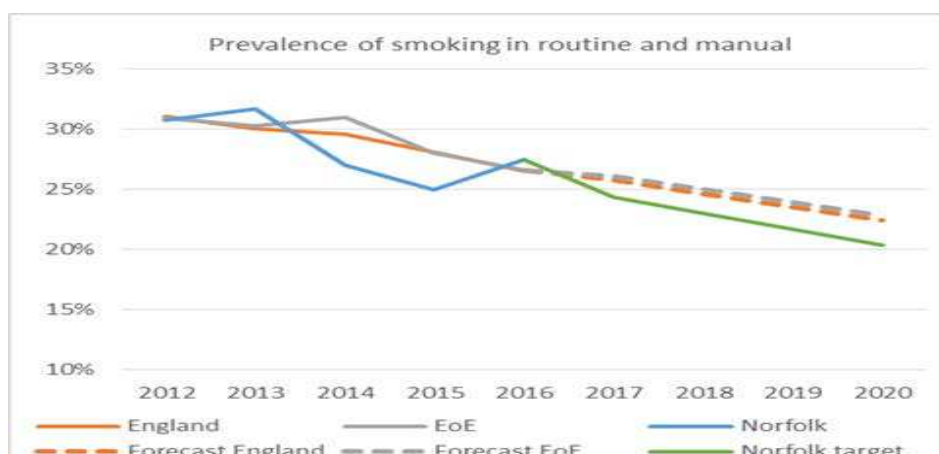


Rates and trends vary across different parts of Norfolk:



Routine and Manual workers

Since 2012, the routine and manual prevalence for Norfolk has dropped from 31% to 27% in 2016, following a similar national and regional downward trajectory.



At a district level there is varying prevalence with Norwich at the highest at 38.6%.

Smoking Prevalence in adults in routine and manual occupations - current smokers (APS)

2016

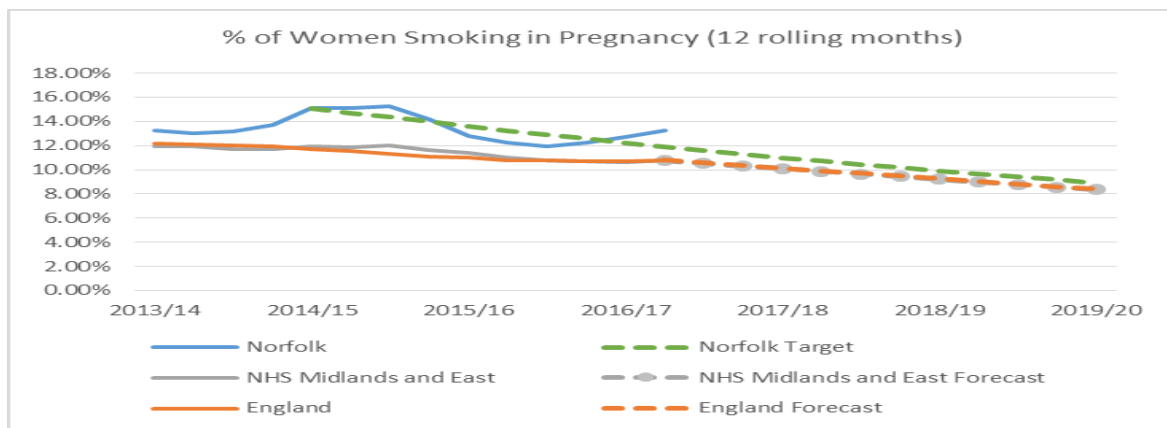
Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	26.5	26.1	27.0
Norfolk	-	-	27.4	22.8	32.1
Breckland	-	-	27.9	15.6	40.2
Broadland	-	-	22.1	9.0	35.1
Great Yarmouth	-	-	20.4	8.4	32.5
King's Lynn and West Norf...	-	-	25.8	15.2	36.5
North Norfolk	-	-	28.0	11.1	44.9
Norwich	-	-	38.6	27.9	49.3
South Norfolk	-	-	22.8	11.4	34.1

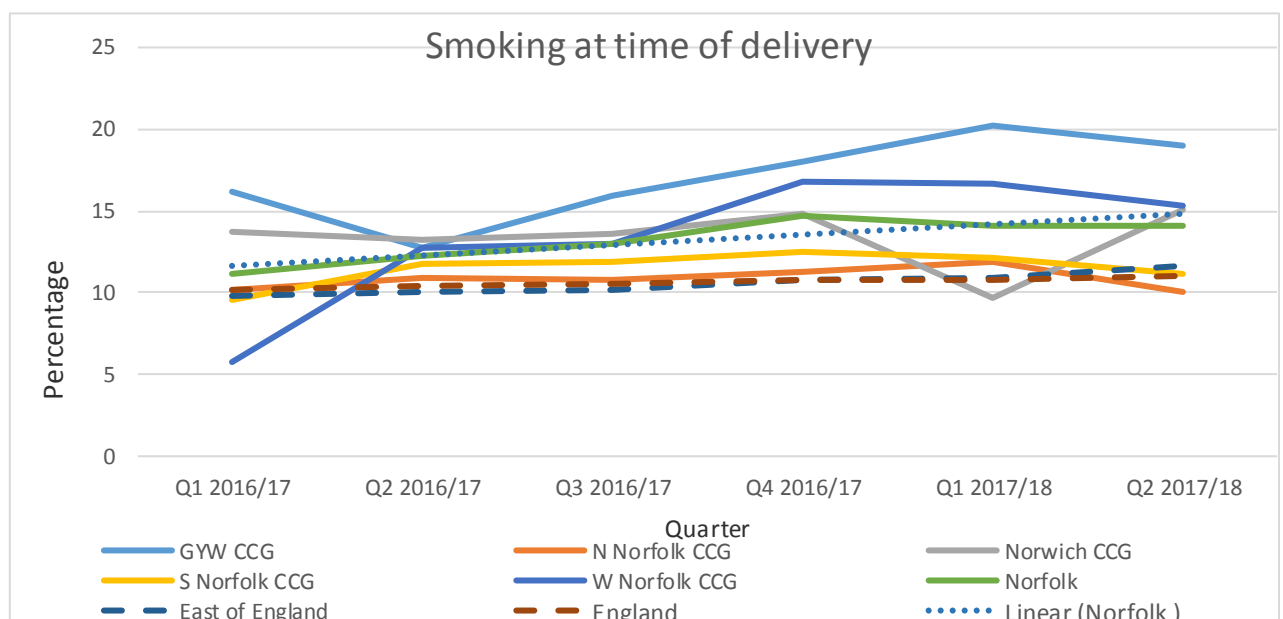
Source: Annual Population Survey (APS)

Smoking in pregnancy

Smoking in pregnancy increases health inequalities and has strong links to poor health and even miscarriage. Smoking at time delivery in Norfolk is significantly worse than England and East of England, and is currently increasing.



Rates are highest in Great Yarmouth and Waveney.



Smoking and serious mental illness

Norfolk is similar to the England average, with the smoking prevalence at 40.7% in adults with serious mental illness in 2014/15.

Smoking prevalence in adults with serious mental illness (SMI)

2014/15

Proportion - %

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	—	146,442	40.5		40.4	40.7
East of England region	—	11,919	39.0		38.4	39.5
Bedford	—	359	40.0		36.8	43.2
Cambridgeshire	—	1,217	38.7*		37.0	40.4
Central Bedfordshire	—	598	40.0		37.5	42.5
Essex	—	1,911	39.4*		38.1	40.8
Hertfordshire	—	2,405	35.7*		34.5	36.8
Luton	—	586	38.6		36.2	41.1
Norfolk	—	2,078	40.7*		39.3	42.0
Peterborough	—	344	38.7*		35.6	41.9
Southend-on-Sea	—	592	45.2*		42.5	47.9
Suffolk	—	1,534	38.6*		37.1	40.1
Thurrock	—	294	45.5*		41.7	49.4

Source: Health and Social Care Information Centre

Smoking prevalence in young people

Nationally, about 8.2% of children aged 15 years smoke more than one cigarette per week; in Norfolk this rate is about 11.4%, which is the highest in our region.

Smoking prevalence at age 15 - current smokers (WAY survey)

2014/15

Proportion - %

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	—	-	8.2		8.1	8.3
East of England region	—	-	8.9		8.4	9.4
Bedford	—	-	9.3		7.6	11.0
Cambridgeshire	—	-	8.2		6.6	9.8
Central Bedfordshire	—	-	7.1		5.5	8.7
Essex	—	-	10.5		8.6	12.4
Hertfordshire	—	-	7.2		5.6	8.8
Luton	—	-	5.3		3.8	6.8
Norfolk	—	-	11.4		9.5	13.3
Peterborough	—	-	9.1		7.4	10.8
Southend-on-Sea	—	-	9.9		8.1	11.7
Suffolk	—	-	8.6		7.0	10.2
Thurrock	—	-	4.7		3.3	6.1

Source: What About YOUTH (WAY) survey, 2014/15

Note - The data for smoking in young people has not been collected through the WAY survey before so there is no trend data available.

Stop smoking activity

Stop smoking activity in 2016-17 (before the new countywide service was in place):

Details	
Number of successful quits	2,432
Number of Routine & Manual	811 (33% of all quits)
Pregnant set quit date	120
Pregnant successful quits	43 (36% of those setting a quit date)

*A successful quit is where the individual is still not smoking at the four-week follow up point

This gives a cost per quit of approximately £520.