

# HEALTH AND WELLBEING BOARD

6 September 2017

<b>Title:</b>	<b>Tobacco Control Strategy: A Vision for Tobacco-Free Living</b>
<b>Report of Director of Public Health</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected:</b> All	<b>Key Decision:</b> Yes
<b>Report Author:</b> Dr Fiona Wright, Consultant in Public Health	<b>Contact Details:</b> <a href="mailto:fiona.wright@lbbd.gov.uk">fiona.wright@lbbd.gov.uk</a> 0208 2274867
<b>Sponsor:</b> Matthew Cole, Director of Public Health, LBBD	
<b>Summary:</b> <p>The Joint Health and Wellbeing Strategy and the Borough Manifesto prioritise prevention and a reduction of health inequalities within the borough. Smoking tobacco is a major contributor to the low level of healthy life expectancy of our residents.</p> <p>The Tobacco Control Strategy sets out a vision for Tobacco Control in Barking and Dagenham. It proposes an approach to improving the health and wellbeing of residents, reducing inequalities and reducing the economic burden associated with the high rates of smoking within the borough. The strategy is based upon an understanding of the local picture of the prevalence of smoking and risk groups as well as our local service provision. It is informed by national and local strategies. It has been guided by the outcomes of the multi-agency Tobacco Control workshop held in June 2017.</p> <p>This paper outlines the key messages and priorities of the accompanying tobacco control strategy and the approach to its monitoring and implementation.</p>	
<b>Recommendation(s)</b> <p>The Health and Wellbeing Board is recommended to:</p> <ul style="list-style-type: none"><li>(i) Approve the Tobacco Control Strategy and the key priorities identified, as set out at Appendix A to the report;</li><li>(ii) Agree to receive a six-monthly progress reports on the implementation of the Tobacco Control Strategy; and</li><li>(iii) Endorse a request for partners to actively engage in a refreshed Tobacco Control Alliance.</li></ul>	
<b>Reason(s)</b> <p>Tobacco Control is a key strategic priority for the Health and Wellbeing Board and the Joint Health and Wellbeing Strategy. This Tobacco Control strategy replaces the previous strategy. It is important for the Health and Wellbeing Board and related partners to keep oversight of Tobacco Control and to support a refreshed Tobacco Control Alliance.</p>	

## **1 Introduction and Background**

- 1.1 The Borough Manifesto and the Joint Health and Wellbeing Strategy set prevention of ill health and reduction of inequalities as key goals. Smoking tobacco is a major contributor to the low levels of healthy life expectancy experienced in the borough. Tobacco control is therefore a key strategic priority for Barking and Dagenham.
- 1.2 This Tobacco Control Strategy sets out a vision for Tobacco Control in Barking and Dagenham. It proposes an approach to improving the health and wellbeing of residents, reducing the inequalities and reducing the economic burden associated with the high rates of smoking within the borough.
- 1.3 The strategy is based upon an understanding of the local picture of the prevalence of smoking and risk groups as well as our local service provision. It is informed by national and local strategies and our Joint Strategic Needs Assessment. It has been guided by the outcomes of the multi-agency Tobacco Control workshop held in June 2017.
- 1.4 Smoking tobacco is the single biggest cause of health inequalities in the borough. The prevalence of smoking in Barking and Dagenham remains one of the highest in London. The prevalence of smoking is currently 20.4%. Certain groups have a higher prevalence or are at greater risk from smoking such as: “routine and manual” workers (26.9%), pregnant women (8.6%) those with mental health conditions (40.2%), single parents on benefits and people with long term conditions. A recent school health survey indicates that while the rate of smoking in our young people is relatively low, the use of Shisha (19.3%) and vaping (10.8%) are notably higher.
- 1.5 The risks of smoking are well established including an increased risk of heart disease, cancer and lung disease in adults and asthma and ear infections in children and “cot death” from second hand smoke in infants. Smoking accounts for approximately half of the difference in life expectancy between the lowest and highest income groups.
- 1.6 The highest smoking prevalence falls in the wards of Chadwell Heath, Mayesbrook, Albion, Eastbury, Goresbrook and Heath.
- 1.7 Smoking not only brings health issues but has an important economic impact on the borough. The economic impact of smoking is significant for the smoker, their family and society. It is estimated that each year in Barking and Dagenham the cost to society (mainly health related costs) of smoking is £52.8m. Additionally there are significant costs associated with social care for people with smoking-related illnesses, workplace absenteeism, dealing with smoking-related house fires, clearing of cigarette butt litter and crime associated with illicit and counterfeit tobacco.

## **2 Proposal and Issues**

### **A Tobacco Control Strategy for Barking and Dagenham**

- 2.1 We want a smoke-free future, where our community is free from the harm caused by Tobacco. We want a borough where people live long, healthy and fulfilling lives.

2.2 To reduce the smoking prevalence and to tackle the health inequalities across the borough, we need to help existing smokers give up, reduce the numbers of people taking up smoking and promote a smoke free environment.

2.3 The approaches set out in the strategy have been broken down into priority areas of Prevention, Protection and Treatment in Figure 1 below.

Figure 1. Approach to Tobacco Control.



2.4 The local Tobacco Control Strategy was developed drawing on key national, regional and local strategies and best practice guidance. These included: Towards a smoke-free generation: tobacco control plan for England (2017), Burning Injustice: reducing the tobacco-driven harm and inequality (2017), NEL Sustainability and Transformation Plans and NICE guidance.

2.5 The Tobacco Control Strategy is also informed by a local multiagency workshop in June 2017, centered around the Burning Injustice report. The key messages from the workshop are shown in figure 2.

Figure 2: Workshop summary

## Top Local Priorities:

Priority Groups

**Family** - Pregnant Women/ Parents of young children / low income families

**NHS** - All Hospital Referrals / NHS Workforce / Mental Health / Secondary Care users (Cardiac)

**Specific high prevalence ethnic groups** - White British / E. European / Bangaladeshi

**Older Lifelong Smokers** - evidence shows good outcomes

**Young People** - particular focus on education around shisha

Priority Interventions

**Tightly focussed & targeted specialist services & campaigns** – Priority Groups


**More focus on Improving treatment in Primary Care**

**Universal training in Very Brief Advice (VBA)** – health and community services

**Tobacco Control** – illicit Shisha tobacco

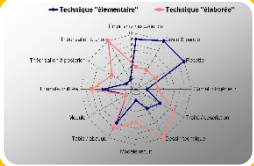
**De-normalise smoking** – develop more Smoke Free parks & other public

## Other Key Messages:




**Engagement**

- Need to work **within** communities in a much more immersive way
- Clearer education / use of language is key / consistant messages / service join-up
- Innovative community SSS promotion e.g. in betting shops, Primark etc.



**Evaluation**

- Need to receive and use good data to drive interventions
- More Shared Learning
- Beware unintended consequences - properly assess impact before making changes / stopping services
- Use NICE ROI & other tools to assess cost effectiveness



**Longer term**

- Legislation - Smokefree law / Shisha
- More research is also required around shisha
- Work on deficit areas identified through the LBBB stocktake against the *Burning Injustice* recommendations

## **Key priorities identified for the Tobacco Control Strategy are:**

- To focus more on prevention in young people (including in relation to Shisha),
- To improve support from primary care for smokers.
- Smoking cessation needs to be a treatment option not an “add on” by mainstream NHS services. Channel shifting – using electronic and telephone support will have an important role for universal services.
- To strengthen the role of the specialist stop smoking service in targeting key groups such as those with mental health problems.
- Widespread training and implementation of VBA (Very Brief Advice)
- To give further consideration for smoke free public places, smoke free housing– to achieve a vision of a smoke free future.
- To work with partners to tackle illicit tobacco in the borough.
- Further use of research and data (including return on investment tools) better use of research and data.

## **Implementation of the Tobacco Control Strategy and Action plan**

2.6 To maximise our reduction in smoking prevalence particularly in low income and other priority groups. and reduce the associated inequalities in healthy life expectancy and economic burden from smoking related harm is challenging. It is vital to keep the tobacco control agenda in key focus. The Tobacco control strategy will require multi-agency support to implement and maximise its impact.

2.7 *Commissioning intentions specialist service:* A specialist stop smoking service will be commissioned to deliver targeted work focused on the priority groups as referenced above. Commissioners will work Community Solutions who will manage the healthy lifestyle team, including the specialist stop smoking service, to refine the required outcomes from April 2018. Commissioners will also look to align, where possible, the prevention work with other developments such as the retendering of the young person’s substance misuse service (known as Subwise) in late 2017.

2.8 *Commissioning intentions: primary care and community services:* Barking and Dagenham will continue to provide community based stop smoking services within pharmacies and GP practices. These services are widely dispersed across the borough and therefore are close and convenient to where people live. Pharmacies are also often open in the evening and at weekends. Public Health will work with the Clinical Commissioning Group and practice networks to improve services and activity will be monitored via a performance dashboard.

2.9 *The North East London Sustainable Transformation Plan (STP):* has its own Tobacco control plan that links well with the Barking and Dagenham plan which supports the STP in its intentions to target pregnant women, use channel shift projects as an alternative to face to face programmes, the embedding of very brief intervention practice within all relevant professional groups.

2.10 *Monitoring and assessing progress:* This will be guided and monitored by the local Tobacco Control Alliance. Tasks, activities and projects will be delegated to the relevant leads to action under time frames agreed at the alliance meetings. The Action Plan is a live document. Responsible leads will be required to report quarterly on activity and outcomes at the Alliance meetings.

Six monthly updates will be made to the Health and Wellbeing Board. The Tobacco Control Alliance will be responsible for overseeing the implementation of the actions in the strategy action plan and for advising on any changes required to the plan if necessary.

### **3 Mandatory Implications**

#### **3.1 Joint Strategic Needs Assessment**

Smoking tobacco is the single biggest cause of health inequalities in the borough. The prevalence of smoking in Barking and Dagenham remains one of the highest in London. Smoking prevalence in the Barking and Dagenham population and the key risk groups are described within the JSNA.

#### **3.2 Health and Wellbeing Strategy**

Tobacco control is a key priority within the Joint Health and Wellbeing Strategy.

#### **3.3 Integration**

Implementation of the tobacco control strategy requires multi agency working across health and social care and wider professional groups such as trading standards and schools. This will be overseen by the Tobacco Control Alliance. Commissioning intentions will be joined up between health and social care and link with the local STP.

#### **3.4 Financial Implications – completed by Katherine Heffernan, Group Manager – Service Finance**

The Tobacco strategy is a key health priority which could potentially prevent longer term issues in the future thereby reducing impending costs in Health and Adult social care.

This strategy does not give rise to additional budgetary requirements, but would be delivered using earmarked funding from the Public Health grant. These monies would be used to fund projects such as, the specialist stop smoking service and community based stop smoking services within pharmacies and GP practices.

#### **3.5 Legal Implications - completed by: Dr. Paul Feild Senior Governance Lawyer**

The Health and Wellbeing Board is established under Section 194 of the Health and Social Care Act 2012. The primary duty of the Health and Wellbeing Board is to encourage those who arrange for the provision of health or social care services to work in an integrated manner. This is further extended to include encouraging integrated working with those who arrange for the provision of health-related services (defined as services that may have an effect on the health of individuals but are not health services or social care services). The Tobacco control strategy is a crucial and key component in the Council's exercise of its public health functions and its best impact will be through the integrated working with its partnering organisations.

#### **3.6 Risk Management**

Smoking is a key public health priority for the borough and has an associated economic burden. It is a priority within the Joint Health and Wellbeing Strategy and

the North East London STP. This paper and the Tobacco Control Plan outline the approach to implementation and monitoring that will be overseen by the Tobacco Control Alliance and reported to the Health and Wellbeing Board.

### **3.7 Patient / Service User Impact**

The stop smoking service regularly collects patient feedback during and post treatment interventions. The client satisfaction is monitored throughout by use of questionnaires and telephone conversations. Service improvements are implemented accordingly.

#### **Public Background Papers Used in the Preparation of the Report:**

- Towards a Smoke-free Generation: tobacco control plan for England (2017)
- Burning Injustice: reducing the tobacco-driven harm and inequality. APPG on Smoking (2017)
- The Stolen Years: ASH (2016)
- Sustainability and Transformation Plan. East London Healthcare Partnership: (2016)
- Smoking still kills: protecting children, reducing inequalities (2015)

#### **List of Appendices:**

**Appendix A** Tobacco Control Strategy: a vision for tobacco-free living