

Dudley Health Scrutiny Committee

Tobacco Control Review

Chair's Forward

Smoking is a major problem for public services both nationally and locally. Within Dudley it is estimated to be the cause of over 480 deaths per year; and is the single biggest determinant of inequality in life expectancy in our communities.. Continued investment in reducing smoking prevalence and increasing cessation is crucial to realising ambitions to close the gap in health inequalities; envisaged in Dudley's Joint Health and Well Being Strategy.

As health scrutiny members we wanted to investigate how the prevalence of smoking in the borough might be tackled and shape practical recommendations for developing and strengthening the work of the Council and health improvement partners in the area of tobacco control.

A lot of strong views were expressed and resonating at the heart of this review was the call for more preventative work amongst younger people; and more community based tobacco control measures in areas of highest smoking prevalence. Whilst improving local knowledge about key community groups and smoking patterns, agencies should consider what incentives could be given to shift deep rooted behaviours in de-normalising tobacco use.

This report is particularly timely as it coincides with consultation on the latest version of Dudley's Tobacco Control strategy outlining new national and local priorities. We hope the task group will find our recommendations helpful and seek to implement them as the main change agent.

However, whilst strategy looks to empower local communities to change their smoking behaviour, the onus is on all of us to make policy a real success in achieving a society free from the harms of smoking for future generations.

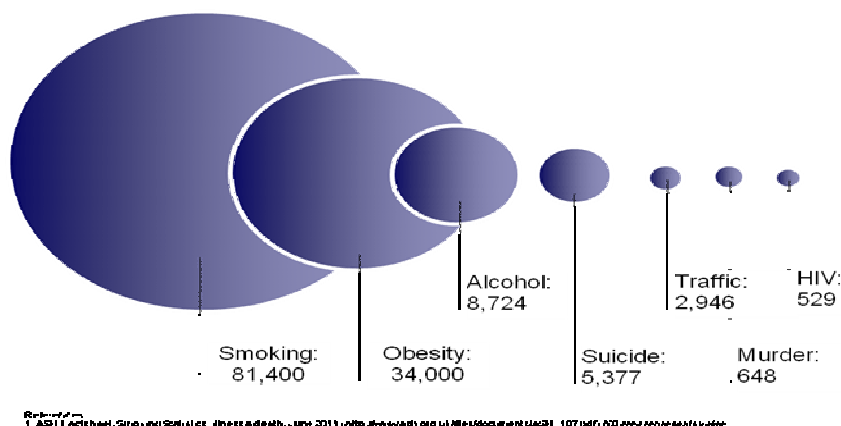
We are extremely grateful to Council and NHS professionals and experts in the field who gave us their time and insights into the work they do as witnesses at our evidence hearings; and to the potential service users such as young people whose views on the services needed were extremely useful.

Cllr Mrs Susan Ridley
Chair Dudley Health Scrutiny Committee

1. Introduction

Smoking remains the single greatest cause of preventable death in the UK. It kills more people each year than obesity, alcohol, road accidents and illegal drug use put together.

Each year smoking causes the greatest number of preventable deaths



Over 80,000 people die from smoking related diseases every year in England (approximately **480+** in Dudley). Tobacco is unique. It is the only product that kills when it is used entirely as intended. There are no safe levels of consumption and this is where tobacco differs from alcohol and fast food.

Legislation and national action by the current and previous UK Government has gone some way to address the problem of tobacco use. Progress has been made over the last decade in reducing the prevalence of smoking in England from 28% to 22%, with a decline in smoking among 11–15 year olds from 11% to 6% between 1998-2007.

This fall is estimated to have delivered net annual revenue benefits of £1.7 billion, in addition to health improvements. The total cost of tobacco control measures in the UK is currently around £300 million per year. A one percentage point drop in the prevalence of smoking is estimated to produce a net revenue gain of around £240 million per year through NHS cost savings, increased tax revenue (due to extra years of working life), less workplace absenteeism and fewer payments of disability benefits.

Overall smoking rates in Dudley have come down from 22.5% in 2004 to 18.5% (based on the 2009 Dudley Health Survey). However, there remains higher smoking prevalence in our most deprived areas, Castle & Priory (24.5%) and Brierley Hill (26.4%).

Smoking is the single biggest cause of health inequalities and life expectancy differences we see in our communities. The more deprived you are, the more likely you are to smoke. Almost every social indicator of social deprivation, (e.g. income,

socio-economic status, education and housing tenure) independently predicts smoking behaviour.

People living in deprived areas in Dudley are more likely to take up smoking, and at a younger age. They are more likely to smoke heavily and are less likely to quit smoking, increasing the burden of smoking-related disease on the local economy .

It is estimated that there are 50,500 people that still smoke in Dudley, which costs our economy around £76.8 million per year based on output lost from early death (£23.5 million), loss of productivity from smoking breaks (£16.6 million), smoking related sick days (£14.3 million), NHS costs (£15.5 million), passive smoking (£4 million), smoking related fires (£2.9 million) and cost of cleaning smoking litter (£1 million).

Tobacco Control refers to a co-ordinated and comprehensive approach to reducing the prevalence of tobacco use. The comprehensive tobacco control agenda requires a structure that supports clear accountability and strategic decision-making as well as allowing for a wide range of partners with different fields of expertise and interests to engage at different levels across a wider geographical area. Dudley is a key member of the Black Country Tobacco Control Alliance and have benefitted from shared cross boundary working to address key challenges specifically around illicit and counterfeit tobacco.

The current Tobacco Control Strategy for Dudley – ‘Creating A Smokefree Generation’ was based on meeting Government 2010 targets and is undergoing a review and update to bring this programme of work into line with new national data and local priorities. Health Scrutiny can help shape local approaches to inform this process.

Terms of reference

The review panel was established October 2013, following approval of the Committee’s 2013/14 work plan specifically to:

- evaluate effectiveness of partnership working in reducing overall prevalence and assess outcomes of local strategy
- spotlight challenging areas and discuss possible solutions involving partner organisations
- assess measures geared to minimise uptake of smoking amongst young people and tackle consumption of illicit products across areas of high smoking prevalence
- evaluate the current level of involvement and contribution of key public employers to the promotion of smoking cessation and prevention services for staff.

Recommendations will be framed in a multi-agency action plan for the Overview and Scrutiny Management Board consideration in the spirit of embedding closer links with executive policy development; envisaged in the Authority’s revised scrutiny model.

2. Summary and Recommendations

After receiving evidence from key witnesses and experts in the field (across two member led workshops) outlined in this report the Committee makes the following recommendations.

Smoking is a major problem for public health and public services both nationally and locally. Within Dudley it is estimated to be the cause of over 480 deaths; and has a strong bearing on inequalities of life expectancy.

Collaborative working has enabled a holistic approach to Tobacco Control; outcomes of partnership strategy clearly demonstrate the benefits and commitment to closer working between the Council, Public Health and NHS in addressing public health priorities. Smoke-free legislation has helped to protect people in public places from the health risks of second hand tobacco smoke and challenged the perception that smoking is a normal behaviour. However, there is a long way to go to denormalise tobacco use and achieve a society that is free from the harms of tobacco for future generations.

Recommendation One – Stop Smoking Services

Identifying community groups with high smoking prevalence is important, particularly if tobacco control activity is to be targeted for best effect. The National Institute for Clinical Excellence concludes reducing smoking prevalence among people in routine and manual groups, some BME groups and disadvantaged communities will help reduce health inequalities more than any other public health measure. As such the panel recommends this measure is taken on board as part of the strategy development through challenging local targets, supporting targeted groups and monitoring progress over time.

The NHS stop-smoking service is successful but only reaches a small part of the smoking population. Access has reduced over the last 2 years particularly within GP services. Alternative community based access needs to be explored in the light of Dudley's increasingly diverse communities. As such the panel recommends that tobacco control activity takes place within community settings to increase accessibility and use. Scope, feasibility and cost benefits should also be explored in commissioning voluntary and community sector to deliver cessation services in maximising participation across all community groups.

The panel recognise different groups require different methods of engagement. Consulting BME communities can help shape improved and relevant interventions and services. Reaching these smokers often means delivering services in different ways, and so methods to best access more of these target groups should be explored.

Evidence indicates health care professionals can play a pivotal role in delivering cessation support and facilitate appropriate referrals across patient journeys. Barriers exist to health & social care workers being empowered to consistently deliver this support. More health professionals and front-line staff should receive

suitable training to have the confidence to administer this important public health role.

The Family Nursing Partnership (FNP) work intensively with young mothers-to-be aged 16-19 years old. Stop smoking support is available through motivational interviewing techniques and provision of smoking medications. Support continues into the postnatal period based on national evidence based cessation training. FNP assessment represents a systematic challenge on perception and attitudes towards smoking among young parents and new families; contributing to a shift in thinking of tobacco use being normal. However, the FNP lead stated in the workshop that they are currently not able to provide more intensive stop smoking support because the service is not staffed at full capacity levels. As such, the panel is keen that the FNP is commissioned to recommended capacity; with the particular aim of accelerating reduction of tobacco use across new families.

During the review, members were made aware of particularly high smoking prevalence among mental health service users. Clearly this adds to their health inequalities. However members did not have occasion to assess access to support services across in-patient and primary care settings. Particular focus on support for mental health service users should be explored as a potentially significant health improvement issue.

The Committee recommends that:

- tobacco control interventions should be closely integrated with community health services, community based and shaped around Dudley's range of community groups through specific engagement on: what would best help them to quit; what support areas are important to them; effective communication to educate smokers on the harmful effects of smoking.
- Council and Public Health explore the scope and feasibility of a distinct intervention programme for mental health service users helping them to quit smoking to reduce contribution of on-going health inequalities.
- Public Health promote tobacco control and cessation support across community champion's from particular groups that have been identified as high risk e.g. people in routine and manual groups, some BME groups and disadvantaged communities.
- Dudley CCG commissions Family Nursing Partnership to recommended capacity with the particular aim of accelerating reduction of tobacco use across new families. The service should encourage a focus on communities identified as high-risk.

Recommendation 2 - Young People-Tobacco Education

Delivering a consistently strong message across younger people is imperative in creating a society free from the harms of smoking for future generations. Different and more creative engagement methods should be used to better identify with young people such as special events co-ordinated through the Kick-Ash programme. Updating the local strategy is an opportunity to strengthen how tobacco control is delivered across younger people both inside and outside school settings. Members are particularly keen to see the Kick-Ash programme being extended

across the school network targeting a younger age group as a first step in creating a significant shift in social attitudes towards smoking among young people. Research shows that the best way to stop children from smoking is to get those around them, particularly their parents to stop.

The National Tobacco Control Strategy states “the merits of establishing smoke free areas for all children’s play areas” will be considered. More work is required to further denormalise tobacco use, for example by having smoke-free children’s play areas to promote smoke free awareness. As such a voluntary smoke-free code for children’s play areas is encouraged to empower local communities themselves to change their smoking behaviour.

The Committee recommends that:

- Council and Public Health review how tobacco control education is delivered in schools and consult with the Youth Parliament on the development of an improved programme. The Kick-Ash scheme should be central to future plans in embedding the best, evidence-based methods of providing tobacco control education to young people with a focus.
- Council should explore implementation of a voluntary smokefree code/policy across outdoor play areas in the spirit of other Council trailblazers empowering communities themselves to change their smoking behaviour.

Recommendation 3 – Leadership, Partnership and Communication

Local authorities now have a leading public health role. Raising the profile of tobacco control should be encouraged within the local authority by appointing a lead member to champion the issue; secure council-wide support; raise awareness among partners and in the community; and to keep tobacco control at the forefront of the health and wellbeing agenda.

Given the integration of public health, it is easier for Council services to navigate tobacco control and make appropriate referrals. It follows that there is potential for other Council services to contribute to the tobacco control agenda through contact with wider communities and socially isolated groups. These services might include Dudley Council Plus, front line staff within libraries, leisure services, Community Care and Housing Management Services etc. The Panel is keen to incorporate interventions and referrals to stop smoking support across these services to maximise impact of tobacco control measures.

Tobacco is expensive and concerns remain about increased demand elasticity for illicit and counterfeit products, particularly among younger people in the light of tax levies and broader economic challenges. Housing Managers and Trading Standards should remain vigilant across high prevalence areas and target so called ‘fag houses’ to accelerate smoking reduction. Members suggested using Housing Home Checks to feed intelligence led enforcement.

There is a worrying grey area when it comes to e-cigarettes that needs to be addressed. Members are concerned that the growing popularity of e-cigarettes could undermine years of anti-smoking efforts, with particular concerns about promotion to

children and non-smokers. There are no age restrictions in statute affecting the sale of e-cigarettes. Dudley's Pharmaceutical Needs Assessment should be sensitive to these concerns and to restrict sales across affiliated outlets to over 16s. This could be extended across the commercial sector by canvassing organisations to pledge an action under the 'Smoke Free Generation' programme.

The Committee recommends that:

- Public Health, Trading Standards and Housing Services review areas where enforcement and educational activity can be combined. (e.g, when carrying out compliance duties, officers identify an opportunity to refer, educate or advise about accessing support services for smoking).
- Training to be provided for frontline staff undertaking statutory / enforcement duty (ideally smoking advisor level 1) enabling a consistent tobacco control message and systematic cessation support across all community groups.
- A local champion for Dudley is identified to raise the profile of tobacco control across partnerships with a seat on the Tobacco Steering Group.
- Council explores how Adult Social Care, Libraries, Customer services, Leisure services and Housing Services, particularly through routine Home Checks, can assist with the promotion of smoking cessation. We recommend at least level 1 advisor training empowering staff to make referrals.
- Council explores how routine Housing Services Home Checks can be developed to accelerate the reduction of counterfeit and illicit sales.
- The PNA should be developed to exclude sales of e-cigarettes to under 16s across affiliated retail outlets. This should be followed-up by a campaign for organisations to pledge an action under the 'Smoke Free Generation' programme.
- Public Health and Trading Standards develop clear communication channels for Council members and the public to whistle blow underage sales tobacco and counterfeit/illicit trade; in the spirit of local intelligence-led enforcement.

Conclusion

Smoking is a significant determinant of inequality in life expectancy. Continued investment in reducing smoking prevalence and increasing cessation will be key to realising ambitions to close the gap in health inequalities; envisaged in local Joint Health and Well Being Strategy.

A lot of strong views were expressed and resonating at the heart of this review was the call for more preventative work targeting younger people; along with greater controls and support across communities experiencing highest smoking prevalence. Whilst improving local knowledge about key community groups and smoking prevalence, agencies should consider what incentives could be given to shift behaviours and challenge current perceptions and thinking of tobacco use in communities being normal.

Overall, anti-smoking policies are seen as cost-effective health interventions which deliver revenue benefits to public finances as well as wider social benefits. Scaling back investment in tobacco control would more than likely result in net revenue losses rather than gains to increasingly constrained budgets.