



Northumberland
County Council

Developing Northumberland's Collaborative Approach to Tobacco Control

Health and Wellbeing Board – Thursday 8 December 2022

Report of: Liz Morgan, Interim Executive Director of Public Health & Community Services

Cabinet Member: Councillor Wendy Pattison

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www.northumberland.gov.uk

Background 1

Local prevalence

Smoking prevalence is declining. The North East has seen a 6.7% decline in prevalence since 2012, the fastest of all regions and locally we have made significant progress, reducing overall adult smoking rates in Northumberland from 18.8% in 2012 to 12.2% currently, a 6.6% decline.

Our 12.2% smoking prevalence rate in Northumberland still amounts to almost 34,000 of our residents suffering from the harmful health effects and economic burdens imposed by tobacco use. We estimate that smoking kills 481 Northumberland residents a year.

Smoking and inequalities

Smoking drives and keeps people in disadvantage, with the proportions of people living in social housing, who have no qualifications, who are unemployed or who work in routine and manual occupations, smoking at rates we haven't seen in the overall population for over 20 years.

To tackle poverty and health inequalities, we need sustained and further work to reduce smoking rates, particularly amongst our most vulnerable and disadvantaged residents and communities.

Background 2

Pregnancy

- 10.1% of women smoking at the time of their delivery (NHS Digital, 20/21)
- Smoking in pregnancy is five times more common in the most deprived groups compared to the least.
- Latest figures show that in Northumberland 251 women were smokers at the time they gave birth and 19,152 children live in households with adults who smoke.

Mental health

- Smoking rates are much higher among people with a mental health condition. It is estimated that a quarter of people with a long-term mental health condition smoke.
- Amongst those diagnosed with a serious mental health illness, rates are estimated to be around 37.1% in Northumberland.

Illicit tobacco

- Illicit tobacco plays a key role in exacerbating tobacco harm in Northumberland, getting young smokers hooked on tobacco and making it harder for smokers to quit.
- Amongst the adult smoking population, 77% of those who buy illegal tobacco are from the three lowest social and economic groups in society, disproportionately affecting our poorest communities.

Key issues 1

National ambition, local influence

- Government ambition: Smokefree 2030 – 5% prevalence or less
- Independent review & recommendations (the Khan Review)
- National tobacco control plan expires end 2022

Critical recommendations – ‘must dos’



INCREASED INVESTMENT

Urgently invest £125 million per year.

A tobacco industry levy is preferred option.

INCREASE THE AGE OF SALE

Increasing the age of sale from 18, by one year, every year until no one can buy a tobacco product.



PROMOTE VAPING

Provide accurate information on the benefits of switching.

Whilst preventing young people's uptake.

IMPROVE PREVENTION IN THE NHS

NHS needs to prioritise - embedding at every opportunity including primary care.



Key issues 2

Vaping

- Using an e-cigarette for an adult smoker poses only a small fraction of the risks of smoking tobacco. (OHID 2022)
- For this reason, vapes are increasingly being encouraged and used as an alternative to smoking.
- Vaping is not risk-free however, and NICE recommends it is discouraged amongst children and young people who have never smoked. (ASH, NICE 2022)

Cost of living

- Smoking costs an average smoker approximately £2000 per year, a total of £65.85million spent in Northumberland annually.
- When income and smoking costs are considered, this could be driving an estimated 11,613 households in Northumberland into poverty.

Purpose & recommendations

- To outline progress made by NCC and partners toward tobacco control in Northumberland.
- To describe the development of a new Northumberland Tobacco Control Partnership and ask HWB Board to endorse and give direction to this.
- To ask HWB Board to recommend the council and partners renew commitment to tobacco control work by signing relevant declarations.
- To ask HWB Board to support national recommendations and recommend appropriate influence by NCC and senior partners.

Board is recommended to:

1. Note partner progress and support development of the NTCP and its accountability to the Board.
2. Support national policy review outcomes and influence national action by recommending letter is written to the Secretary of State asking for a national TC plan to be published.
3. Support NCC and partners to show commitment to tobacco control by signing the relevant declaration/pledge.

Smoke Free Northumberland Plan on a Page 2022-2023 DRAFT

Vision: Northumberland children born today will live a smoke free life. We aspire to reach a Smoke Free 2030, where adult smoking prevalence is 5% or lower across all demographics and groups by 2030. We shall work in partnership using an evidence-based approach

Infrastructure, skills and capacity building

Comply with Local Government Declaration on Tobacco Control (NCC).

Comply with 'Smokefree NHS' (NHCFT & CNTW).

Advocate for a Smokefree 2030.

Implement national tobacco plan.

System-wide themed partnership working.

APPG report endorsement.

Tobacco Regulation and Reducing Tobacco Promotion

Enforce legislation in relation to tobacco advertising, brand sharing, point of sale, standardised packaging.

Advocate for new regulatory measures on tobacco products e.g. licensing of tobacco products, review of relevant legislation.

Reducing exposure to second hand smoke

Monitor compliance with Health Act 2006. Develop and maintain 100% smoke free pavement licences (Business and Planning Bill 2020).

Local training on SHS/ VBA/MECC.

Focus on families via 0-19 HV offer.

Explore feasibility of a targeted smoking in the home campaign with social housing providers.

Fire Home Safety checks – revisit.

Research, Monitoring and Evaluation

Track PH intelligence on smoking. Monitor performance of Stop Smoking Service and Treating Tobacco Dependency pathways. Undertake health survey of children and young people.

Northumberland Residents Survey.

Report data on Trading Standards illicit activity dashboard

Undertake evidence review of young people and smoking.

Utilise FRESH data infographic.

Stop Smoking Services

Treating tobacco dependency LTP.

Provide and develop NCC community-based specialist stop smoking model across range of priority settings/groups e.g. maternity services, pharmacy, mental health, routine and manual smokers.

Working across system to develop new pathways and systems for Treating Tobacco Dependency work.

CNTW and NUTH to carry out 'deep dives' of smoking to improve practice.

Contribute to Baby Breathe research on post-partum relapse to smoking.

Implement NICE secondary care guidance for a 'smoke free NHS'.

Further develop CNTW action to reduce smoking within inpatient and community settings.

Support the Waiting

Well initiative with orthopaedics.

Developing services for targeted groups in PCNs eg people with SMI

Reducing Availability and Supply

Advocate for change in age of sale legislation from 18 to 21 years.

Intelligence led illicit tobacco activity, including Operation CeCe.

Targeted public health resource embedded in Trading Standards department.

Support regional and national illegal tobacco programmes

Media, communications and education

Promote campaigns e.g. 'Don't Wait', 'Stoptober', 'Secondhand Smoke is Poison', 'Keep it Out', health harms.

Develop refresh and rebranding of specialist stop smoking service, linking with TTD providers.

Advocate for action for a Smoke Free 2030, inc. tobacco industry levy.

Working in partnership:

Northumberland County Council, Northumbria Healthcare NHS Foundation Trust, Cumbria Northumberland Tyne and Wear Mental Health Trust, Northumberland NHS Clinical Commissioning Group and PCNs

Partnership...leadership...commitment....governance

Comprehensive tobacco control is a coordinated, multiagency approach to reducing smoking prevalence and the harm from tobacco.

• Internationally recognised approach eg World Bank, Mpower model, WHO



A key strand of these approaches is high profile senior commitment & leadership.

The NHS Smokefree Pledge

As local health leaders we acknowledge that:

- Smoking is the leading cause of premature death, disease, and disability in our communities
- Smoking places a significant additional burden on health and social care services and undermines the future sustainability of the NHS
- Healthcare professionals have a key role to play in motivating smokers to try to quit and offering them further support to quit successfully
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities
- Smoking is an addiction created and sustained by the tobacco industry, which promotes uptake of smoking to replace the tens of thousands of people its products kill in England every year

We welcome:

- The Government's ambition to make England smokefree by 2030 and tackle health inequalities in smoking prevalence
- The NHS Long Term Plan's commitment for all smokers in hospital, pregnant women, and long-term users of mental health services to be offered NHS funded tobacco dependence treatment by 2023-24
- NICE public health guidance on tobacco

In support of a smokefree future, _____ commits from _____ to:

- Treat tobacco dependency among patients and staff who smoke in line with commitments in the NHS Long Term Plan and Tobacco Control Plan for England
- Ensure that smokers within the NHS have access to the medication they need to quit in line with NICE guidance on smoking in secondary care
- Create environments that support quitting through implementing smokefree policies as recommended by NICE
- Deliver consistent messages about harms from smoking and the opportunities and support available to quit in line with NICE guidance
- Actively work with local authorities and other stakeholders to reduce smoking prevalence and health inequalities
- Protect tobacco control work from the commercial and vested interests of the tobacco industry
- Support Government action at national level
- Support this commitment to reducing smoking in our communities and join the Smokefree Action Coalition (SFAC), the alliance of organisations working to reduce the harm caused by tobacco

Signed by: _____
 Chair
 Chief Executive

Endorsed by:

Amanda Pittchard, Chief Executive, NHS England
 Prof Dame Helen Stokes-Lampard, Chair, Academy of Medical Royal Colleges
 Dr David Strain, Chair, BMA Board of Science
 Prof Maggie Roe, President, Faculty of Public Health
 Maggie Roe

Local Government Declaration on Tobacco Control

As public health leaders, we acknowledge that:

- Smoking is a leading cause of premature death, disease and disability in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely starting in childhood, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the tens of thousands of people its products kill in England every year; and
- The illicit trade in tobacco funds organised criminal gangs and gives children access to cheap tobacco.

We welcome the:

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Government's ambition to make England smokefree by 2030 and tackle inequalities in smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health Organization's framework convention on Tobacco control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- NHS Long Term Plan commitments to provide all smokers in hospital, pregnant women and long-term users of mental health services with tobacco dependence treatment.

We commit _____ from this date _____ to:

- Act at a local level to reduce smoking prevalence and health inequalities, to raise the profile of the harm caused by smoking to our communities and in so doing support delivery of the national smokefree 2030 ambition;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry through any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities and to join the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

Signatories:

Leader of Council _____
 Chief Executive _____
 Director of Public Health _____

Endorsed by:

Prof Sir Chris Whitty, Chief Medical Officer, Department of Health and Social Care
 Prof Maggie Roe, President, Faculty of Public Health
 Councillor David Fothergill, Community Wellbeing Board Chair, Local Government Association
 Prof Jim McManus, President, Association of Directors of Public Health
 Julie Barratt, President, Chartered Institute of Environmental Health
 John Herriman, Chief Executive, Chartered Trading Standards Institute
 Department of Health & Social Care
 Local Government Association
 Chartered Institute of Environmental Health
 CTSI Chartered Trading Standards Institute

9th March 2022

Next steps and thanks

Consider the recommendations set out in the paper.

Please consider and advise the Northumberland Tobacco Control Partnership on collaborative themes for action eg:

- smoking and inequalities
- smoking and cost of living
- illicit and illegal tobacco
- vaping.

Let us know if HWB Board would like further information on anything to do with tobacco control.

Thank-you