

From: Peter Oakford, Cabinet Member for Strategic Commissioning and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee - 1st May 2018

Subject: **Kent Tobacco Control – working in partnership**

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary: Nationally, smoking prevalence rates are reducing, fewer people are taking up smoking but a lower percentage of smokers are quitting. Smoking remains the main cause of preventable disease in the UK, accountable for 1 in 6 of all deaths and costs Kent approximately £400m per year¹. Evidence shows that commissioned stop smoking services provide the highest success rate of successful 4 week quits but the number of smokers accessing these services are decreasing. More evidence-based innovative approaches are needed to tackle smoking and meet the government's targets to reducing smoking prevalence to 12% or less by 2022. Kent and Medway Public Health have responded with an STP action plan that focuses on preventing ill health caused by smoking. This report provides further detail of the Plan and the imperative of collaborative working through Making Every Contact Count to achieve challenging outcomes that can benefit all sectors of society.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **comment on** the contents of this report and **endorse** local measures to tackle smoking and tobacco control.

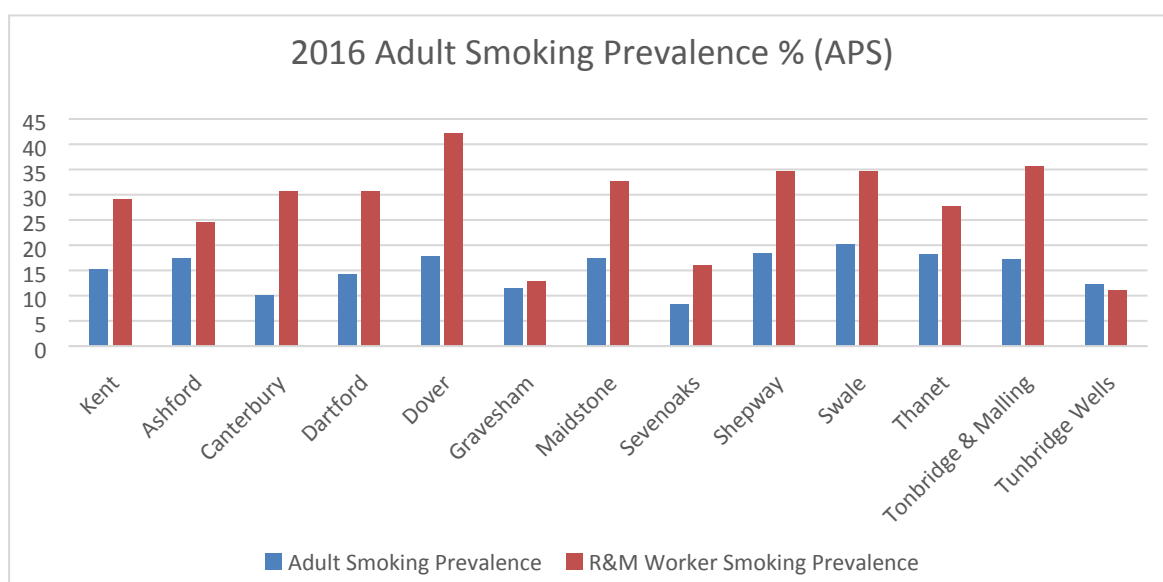
1. Introduction

- 1.1. Smoking prevalence in England has reduced from 16.9% in 2015 to 15.5% in 2016², but still remains stubbornly high among certain groups, particularly among routine and manual workers (26.5% of whom smoke²) and the poorest in our society. More than 40% of adults with a serious mental illness smoke², as do 10% of pregnant women and 8% of 15-year olds². There are approximately 225,000 adult smokers in Kent¹.

¹ ASH Ready Reckoner tool <http://ash.org.uk/category/information-and-resources/local-resources/> accessed 4/4/18

² Public Health England Tobacco Control Profiles 2016

- 1.2. Smoking is an addiction which usually starts in childhood before young people understand the health risks and addictive nature of smoking. 77% of smokers start before the age of 18 and 82% of them are likely to live in a household where a family member smokes³.
- 1.3. Despite the national decline in smoking prevalence, smoking still remains the main cause of preventable disease in the UK and is accountable for 1 in 6 of all deaths. Smoking is a major risk factor for lung cancer, chronic obstructive pulmonary disease (COPD), and heart disease; it is associated with cancers of the lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Mortality rates due to smoking are three times higher in the most deprived areas than in the most affluent areas, demonstrating that smoking is still intrinsically linked to inequalities. Therefore, tackling smoking and tobacco control is at the heart of the public health agenda.
- 1.4. The chart below shows the disparity of smoking prevalence across districts in Kent.



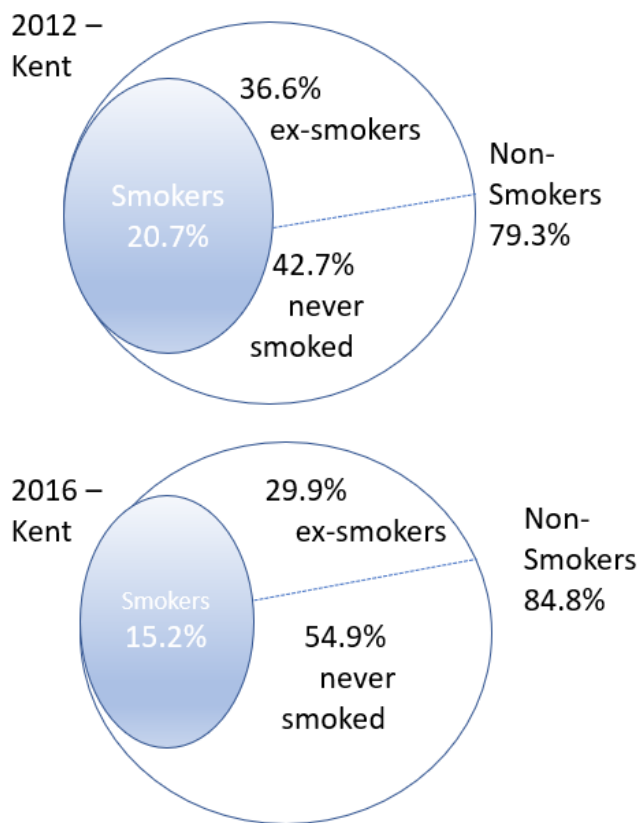
Source: Public Health England Tobacco Control Profiles 2016

2. Overview of Performance

- 2.1. The smoking prevalence in Kent has reduced at a faster rate than the national average year on year since 2012. 2016 data shows that there are now 5.5% fewer smokers (15.2% of the Kent population) than in 2012 and 12.2% more people have never smoked, evidencing that fewer people are taking up smoking in the first place. This fits with the Department of Health's approach in the 2017 tobacco control strategy to promote a smokefree environment and to denormalise smoking in society: 'Towards a Smokefree Generation: A Tobacco Control Plan for England 2017'.

³ NHS Digital. 'Smoking, Drinking and Drug Use Among Young People in England - 2014'. Figure 4.1. 23 July 2015) in *Towards a Smokefree Generation*, Department of Health 2017

- 2.2. Although fewer people are taking up smoking, there has been an overall decline in the number of people successfully quitting smoking. Kent stop smoking services have however, retained 3% of Kent’s smoking population accessing their services in a climate of overall decline and in a period where it is estimated that there is 7.1% fewer ex-smokers in Kent. This trend negates the positive effects of tobacco control plans and demonstrates that despite being four times more likely to quit successfully with dedicated stop smoking services, additional and alternative approaches are needed to encourage and support people to address their nicotine addiction.
- 2.3. The following diagram shows the shift in smoking trend among the Kent population:



Data source: Local Tobacco Control Profiles, Public Health England 2017

3. Local Measures to tackle smoking and tobacco control

- 3.1 Kent and Medway Public Health have adopted the government’s targeted ambitions set in the national tobacco control strategy, ‘Towards a Smokefree Generation’ and these have been localised in the Kent and Medway Sustainability and Transformation Plan (STP): Prevention Workstream. The STP sets out a range of partnership actions to tackle smoking and deliver the following outcomes supporting Making Every Contact Count (MECC) for Kent and Medway by 2022:
- Reduce smoking prevalence amongst adults in England to 12% or less
 - Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population

- Reduce the prevalence of 15-year olds who regularly smoke to 3% or less
- Reduce the prevalence of smoking in pregnancy to 6% or less
- Make all mental health inpatient services sites smokefree by 2018
- Help people to quit smoking by permitting innovative technologies that minimise the risk of harm
- Maximise the availability of safer alternatives to smoking

3.2 The above outcomes will be delivered across multi-agency partnerships and will complement the locally commissioned core stop smoking services. The STP is an opportunity for all sectors to realize their role and potential contributions in helping smokers to quit and to reduce the likelihood of people taking up smoking in the first place. A summary of the partnership actions and commitment are as follows:

- i) Stop smoking advisers to be located in each of the 7 acute hospital sites in Kent and Medway to expediate referrals and access to stop smoking support.
- ii) Supporting all trusts to have Smokefree Hospital Sites
- iii) Develop tailored Quit support for people with mental health conditions
- iv) Develop innovative Smoking + model with GPs to more effectively identify smoking status and provide Nicotine Replacement Therapy (NRT) or pharmacotherapy support for those who do not wish to access core Quit services.
- v) Reduce smoking in pregnancy by supporting Midwifery teams to identify smoking status through CO monitoring and provide training and support to have critical conversations with women who smoke and encourage them to quit smoking
- vi) Support all health care professionals to be aware of the risks caused by smoking and to refer into stop smoking services through the ASK, ADVISE, ACT approach.
- vii) Deliver Stop before the Op programmes in line with Smokefree hospitals and other relevant initiatives (e.g. CQUIN)
- viii) Maximise opportunities to promote greater public awareness of new initiatives through an effective campaigns strategy.

The successful delivery of the STP will depend on the cooperation and shared responsibility of all partners. Collaborative support has been sought at the STP Clinical and Professional Board, Kent and Medway Local Maternity Services (LMS), The East Kent and West Kent Public Health Prevention Groups and at the Kent wide Tobacco Control Alliance. The Alliance also has a broader remit to include tackling illicit tobacco with Trading Standards, promoting smoke free areas where children congregate (such as schools and play parks) with District Councils and providing up to date information on e-cigarette research. The outcomes from the Alliance CLear peer review highlighted innovation and partnership working as key strengths of the group in delivering effective tobacco control measures.

4. Conclusion

4.1 Although smoking rates have been and are continuing to reduce, there are still inequalities entrenched in smoking, where prevalence is three times higher amongst the lowest earners and accounts for approximately half the difference in life expectancy between the richest and poorest in society. It should be realized that the addictive nature of smoking means that smoking is a medical as well as a social

condition and as such, all partners must work together to eradicate the harms caused by smoking. The STP is the prime mechanism to deliver innovative evidence-based approaches and new models of working, endorsing Making Every Contact Counts. There is momentum between partners, but it will be essential to maintain good practice to ensure it is rolled out across Kent and Medway effectively and sustainably. The evidence of core stop smoking services is strong, although numbers accessing the service are at risk of declining. It is therefore important that commissioned services work flexibly and innovatively in the future alongside new approaches.

5. Recommendations

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **comment on** the contents of this report and **endorse** local measures to tackle smoking and tobacco control.

6. Background Documents

Towards a Smokefree Generation: a Tobacco Control Plan for England, DoH, 2017
<https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>

7. Appendices

None.

8. Contact Details

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