

**Agenda Item No:** 5

**Report To:** Ashford Health & Wellbeing Board

**Date:** 20<sup>th</sup> July 2016

**Report Title:** Priority 1 – Reducing Smoking Prevalence Update Report (1)

**Report Author:** Deborah Smith

**Organisation:** Kent Public Health



**Summary:**

Smoking prevalence rates are high in Ashford (26.4%) and have increased significantly in the last two years. Regular smoking results in the increased likelihood of premature mortality and is an economic and health burden to the community.

Ashford Task and Finish group aim to develop six ambitions to reduce smoking prevalence in the district. The proposed Action Plan to reduce smoking prevalence in Ashford is submitted to the Board for approval.

**Recommendations:**

- The Ashford Health & Wellbeing Board be asked to:-**
- a) Agree the proposed ambitions to reduce smoking prevalence in Ashford.
  - b) Agree to receive further progress and update reports at future meetings

**Policy Overview:**

The imminent National Stop Smoking Strategy is due to be published in 2016. It is expected that national targets will be ambitious; in the region of 9% smoking prevalence in the general population and 5% among pregnancy women by 2025. If Ashford is to achieve these targets, we will need to reverse the current trend of smoking prevalence.

**Financial Implications:**

No additional costs identified at present. As partner budgets are currently stretched, all activity will need to be commissioned and / or delivered flexibly and creatively within existing resources where possible. It is anticipated that the Action Plan can be delivered within the current Kent Tobacco Control budget.

**Risk Assessment**

YES – to be completed as details of activities are finalised

**Equalities Impact Assessment**

YES – to be completed as details of activities are finalised

**Other Material Implications:**

None

**Background Papers:**

None

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**Report Title:**

**Purpose of the Report**

1. From 1<sup>st</sup> April 2016, Ashford Health and Wellbeing Board have identified two key priorities to be delivered in the Ashford district:
  - 1.1 Reduce Smoking Prevalence
  - 1.2 Reduce Obesity and Excess Weight Rates

These priorities are acknowledged as performance outliers in the Ashford district with estimated rates performing worse than the national average. Other areas of work (such as Mental Health) remain important and will continue to be addressed by the Board.

- 2 At the last Ashford Health and Wellbeing Board meeting the Board agreed that a Task and Finish group be set up for each of the two priorities to progress partnership initiatives to reduce Smoking Prevalence in Ashford (including Smoking in Pregnancy) , to agree the proposed approaches to tackling these priorities and to receive regular updates on developments.  
This report is the first update from the planning work that has been undertaken prior to the task and finish group convening for the first time on the July.

**Background**

- 3 Smoking is still the main cause of preventative death in the UK, killing around 96,000 people a year nationally. Smoking also accounts for over one third of respiratory deaths, over one quarter of cancer deaths and one seventh of cardio vascular disease deaths<sup>1</sup>

18% of the adult population in England smoke and around half of all regular smokers will eventually die of smoking related deaths.

Smoking is a serious lifestyle and medical issue. Nicotine is highly addictive, but it is the 7,000 chemical components that are hazardous to health. Two thirds of smokers start before the age of 18 (despite it being illegal to sell cigarettes to anyone under the age of 18) and of the young people who try smoking, between one third and one half will become regular smokers<sup>1</sup>.

Although national smoking prevalence rates have reduced year on year, prevalence rates in Ashford are significantly higher than the national average (26.4% compared to the national rate of 18%) and has increased to 42.1% among routine and manual workers (England rate is 28%)<sup>2</sup>.

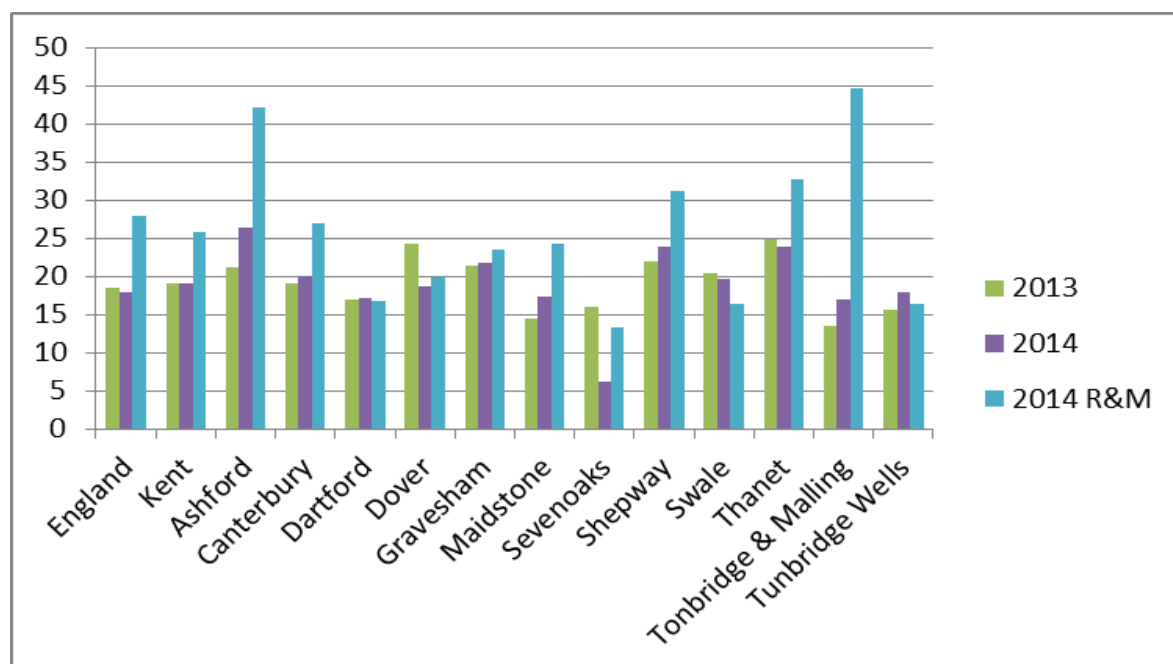
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<sup>1</sup> Action on Smoking and Health Factsheet: Smoking Statistics (June 2016)

<sup>1</sup> Ibid

<sup>2</sup> Public Health England, Public Health Outcome Framework profiles June 2016

## Smoking Prevalence in Kent by District



Source: Public Health Outcome Framework

The national Tobacco Control Strategy is due to be published in Summer 2016. Public Health have been working closely with ASH, Public Health England, Cancer Research UK and the British Heart Foundation – all of whom have an influence on the direction of the new strategy and on the future national targets, which are likely to be ambitious and a potential challenge for Kent.

Kent Tobacco Control Alliance have been peer assessed by Public Health England in May 2016 and are regarded as having excellent vision and leadership, working in line with the national agenda. However, Ashford has one of the highest smoking prevalence rates and one of the lowest GP engagement rates in engaging with stop smoking services

### **Report Specific Section Headings**

- 4 In the last year, eight of the twelve local authorities in Kent have seen an increase in smoking prevalence, despite the national trend reducing by 1% in this period. However, estimated rates have increased in Ashford by 5.3% in the last year, resulting in the highest prevalence in Kent. It is currently unclear why Ashford rates have increased dramatically and examining data at a more local level is less inclined to increase accuracy.
- 5 Taking the data available; there are an estimated 25,000 smokers living in Ashford, at an economic cost to the community of £39.8m per year. This accounts for £5.5m pa to the local NHS (£363k of which is caused by passive smoking) and £8m cost to society due to early deaths. Later life care due to smoking costs Ashford £2.9m per year. Early deaths will also lose businesses 407 years of productivity and 39,002 sick days lost per annum, costing £8m in

monetary terms. Each year, Ashford businesses will also lose £19.7m in loss of productivity due to smoking breaks and £3m pa in sick pay.

6 Although two thirds of smokers are reported to want to quit smoking, only 5-10% of smokers are likely to contact Stop Smoking Support services, despite quit attempts are up to 7 times more likely to be successful via support services. Nationally NHS services are seeing a 20-25% decline in access to services, indicating that smokers are either less likely to want to quit or would prefer to try to quit without support. The Kent Tobacco Control Alliance is working collaboratively with Public Health England to explore social marketing concepts that enable us to better understand the motivation and behaviours that can incentivise smokers to quit. This exploration has resulted in a number of innovations that have been trialled or are currently being piloted nationally.

7 A Task and Finish Group has been set up to address the trend of smoking prevalence in Ashford and report to the Ashford Health and Wellbeing Board. The proposed Action Plan (Appendix 1) will target activities in wards that have the highest smoking prevalence:

Stanhope	South Willesborough
Victoria	Washford Farm
Aylesford Green	Godinton
Norman	Park Farm South
Beaver	Park Farm North

All activities in the Action Plan will be co-designed and delivered in partnership with the local community and will include a clear communications plan.

## **Risk Assessment**

8 A Risk assessment will be undertaken for each of the activities as this work progresses. All partners will need to work collaboratively to achieve successful outcomes. Further detail on the risk assessment will be provided in the next Board update.

## **Equality Impact Assessment**

9 All Activities will be subject to an Equality Impact Assessment (EIA). They may be universally offered to Ashford residents, but specific target groups and areas of highest prevalence will be targeted with the aim to reduce the gap in inequalities. The Board will be updated on the EIA process as it progresses.

## **Other Options Considered**

10 All options considered are included in the proposed Action Plan. The Task and Finish group are open to further proposals for additional or alternative options as they arise throughout the course of this work.

## **Consultation**

11 All activities undertaken in the Action Plan will be conducted in consultation with specific target groups in the local community and co-designed with target groups where possible.

## **Implications Assessment**

12 The progress and outcomes of this work will be submitted to Kent Health and Wellbeing Board as part of Ashford's update on progress on reducing smoking prevalence as one of Ashford Health and Wellbeing Board's priorities.

## **Handling**

13 The Task and Finish Group will report progress and performance to the Ashford Health and Wellbeing Board as a regular agenda item at each of the HWB meetings. Further updates will also be made available on request of the Board.

## **Conclusion**

14 This work is ongoing.

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## ASHFORD SMOKING ACTION PLAN

## ASHFORD TASK AND FINISH GROUP

Theme	Activity	How this will be achieved:
<b>1. Smoking in Pregnancy</b>	Reduce smoking prevalence in pregnant women	Midwifery role with lead for smoking in pregnancy recruited to work across EKHUFT (including William Harvey Hospital ) to support the babyclear programme to increase referrals into the stop smoking service and reduce numbers of smokers who are Lost to Service.
<b>1. Illicit Tobacco</b>	Trading Standards to deliver Ashford-based roadshow on Illicit Tobacco to raise awareness of the criminality of illicit cigarettes and promote enforcement activity available in the area.	Illicit and cheap tobacco undermines attempts to encourage people to quit smoking. It is also often linked to other organized crime activity in the area.
<b>2. Raising Awareness</b>	<p>Maximise opportunities for local and national campaigns to:</p> <ul style="list-style-type: none"> <li>- Give prominence and 'cues' to quitting smoking</li> <li>- To help prevent the take up on smoking</li> <li>- To raise awareness of the range of offers from the Stop Smoking Services.</li> <li>- To support people who want to quit using other means without accessing behavioural support from stop smoking services if this is what they choose.</li> </ul>	<p>Kent SmokeFree Campaign (launched in May 2016) to be launched locally in Ashford in areas with highest smoking prevalence and in local workplaces.</p> <p>Other campaigns (such as Smoke Free Homes and Smoke Free Parks) can also be targeted in areas of greatest need and in local touch points in the community.</p> <p>National Stoptober campaign to have specific focus in areas of greatest need.</p>
<b>3. Promote Kent Quit Packs</b>	Promote the accessibility of newly developed Quit Packs on offer to help people give up smoking on their own if they choose to do so.	Exploring Quit packs piloted by other authorities to identify resources that are useful in assisting smokers to quit

<p><b>4. E-cigarettes</b></p>	<p>In line with national public health messages, ensure that people who wish to quit smoking using e-cigarettes are supported to do so to increase the success of their quit attempt.</p>	<p>Raise public awareness on the current research and evidence of e-cigarettes, provide appropriate training for stop smoking advisors and health professionals to advise on the use of e-cigarettes and ensure that Vape Shops comply with new Tobacco Product Directive legislation</p>
<p><b>5. Provide stop smoking support for young people</b> (current gap in service)</p>	<p>Deliver stop smoking support for young people through Youth Worker 'Quit Coach' role.</p>	<p>Roll out Youth Worker training to enable them and other key professionals to become Quit Coaches (stop smoking advisors) to initiate discussions with young people about smoking, encouraging them to consider quitting and support them in their quit attempt.</p>
<p><b>6. Identify innovative ways to help people quit</b></p>	<p>Working with the community and voluntary sector to identify ways to motivate smokers to want to quit and help them quit successfully.</p>	<p>Targeting smokers and working with agencies that already engage with this target group to better understand motivators to quit and cues for behaviour change.</p>