Agenda Item

No:

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Report To: Ashford Health & Wellbeing Board

**Date:** 19<sup>th</sup> July 2017

**Report Title:** Priority 1 – Reducing Smoking Prevalence Final Report 2016/17

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**Organisation:** Kent Public Health

# **Summary:**

In April 2016, the smoking prevalence in Ashford was reported at 26.4%, 5.3% higher than the Kent average. To address this concern, a multi-agency Task and Finish group was established to deliver targeted initiatives additional to those delivered as part of the Kent Tobacco Control strategy to further reduce smoking rates in Ashford. New data available now shows that Ashford's smoking prevalence has reduced by 9% to 17.4%. This is now only 2.2% above the Kent average. It is estimated there is 8,500 fewer smokers in the Ashford area.

A report updating the progress on the Stop Smoking Action Plan is attached, showing how the activities that have contributed to smoking prevalence, although cannot be considered to be a direct result of the activities. It is expected that the longer term impact of the activities may be realized in future prevalence figures.

#### **Recommendations:**

# The Ashford Health & Wellbeing Board be asked to:-

- a) Note the update and progress of the 2016/17 Action Plan
- b) Agree to the recommendations in this report
- c) Agree to the Task and Finish Group delivering the recommendations in this report through an Action Plan for 2017/18.

## Policy Overview:

The National Tobacco Control Strategy has still not yet been published, but recommended targets expect a smoking prevalence of 9% in the general population and 5% among pregnancy women by 2025.

Policies that need to be considered in the development of this and future work are:

- The Sustainability and Transformation Plan (Prevention Workstream)
- NHS England Saving Babies' Lives Care Bundle
- NICE guidance.
- Legislation preventing smoking in cars with children
- Standard Packaging legislation
- The Tobacco Products Directive 2014/14/EU regulations on E-cigarettes

# Financial Implications:

There has been no dedicated budget for the delivery of the Action Plan. The activities have, in the main, been delivered within existing resources, making every contact count and maximising opportunities to work in partnership.

Where delivery was dependent on costs, partners have funded according to relevance to their Health and Wellbeing agendas and Business Plans.

## Report: Background

Smoking is the main cause of preventive disease in the UK, accountable for 1 in 6 of all deaths in England. Smoking is a risk factor for lung cancer (90% of which is attributable to smoking), 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 intrinsically linked to inequalities.

Smoking is a modifiable lifestyle risk actor and Public Health England report that effective tobacco control measures can reduce smoking prevalence in the population. Preventing ill health through smoking cessation and reducing the take up of smoking can significantly reduce the financial burden to the NHS.

In April 2016, Ashford's smoking prevalence stood at 26.3%, nearly 8% higher than the Kent average.

In response, Ashford Health and Wellbeing Board set a priority to Reduce Smoking prevalence in the District and the multi-agency Task and Finish group was established to deliver targeted initiatives over and above those delivered in the Kent Tobacco Control Strategy.

#### **Smoking Statistics in Ashford**

From April 2016 to March 2017:

- The smoking prevalence in Ashford has reduced by 9% (from 26.3% to 17.4%) although it is still 2.2% higher than the Kent average.
- There were approximately 25,000 people who smoked in Ashford. This figure has reduced to an estimated 16,500 smokers.
- There is a 7% reduction in the number of ex-smokers but a 16% increase in people who have never smoked showing that more people are not taking up smoking than there are giving up smoking.
- Smoking prevalence is higher among routine and manual groups. The prevalence among these groups in Ashford has decreased by 16.4% (from 40.9% to 24.5%).
- There has been a 10.5% increase in ex-smokers (to 31.7%) and nearly half (43.8%) of people from these groups have never taken up smoking.

#### Impact of Smoking in Ashford

Smoking Related Mortality

• In 2016, 495 adults in Ashford died from smoking attributable

illnesses.

- The majority of deaths are from COPD, lung cancer and heart disease respectively.
- Between 2013-15, 2,198 potential years of life were lost in Ashford due to smoking related illnesses

#### Smoking Related Health Costs

- In Ashford each year there are over 200 lung cancer registrations, 200 COPD emergency admissions and nearly 50 oral cancer registrations
- There are lower than national average Smoking attributable hospital admissions in Ashford but his still accounts for 935 people in 2012/13, 996 people in 2013/14 and 846 in 2014/15.
- In 2011/12 (the latest figures available) the cost in Ashford of smoking attributable hospital admissions amounted to £2.4m.

#### **Financial Costs to Ashford**

In 2016, smoking in Ashford cost the local society £39.8m.

The major cost (£19.7m) was attributable to local business productivity costs, £5.5m to the local NHS economy, £2.9m for aftercare from illnesses caused by smoking and £679k to local authority costs.

#### Aim

The Aim of the Task and Finish Group is to mobilise effective programmes to reduce the prevalence of smoking in Ashford within limited and existing resources. This will be achieved in two ways::

- i) Reduce the number of people who start smoking
- ii) Increase the number of quitters

#### **Delivery**

Having established Terms of Reference, the Task and Finish Group devised a Tobacco Control Action Plan for imminent delivery. The Action Plan comprised the following programmes:

- 1. Reduce smoking prevalence in pregnant women
- 2. Raise public awareness on the harms of buying and selling illicit tobacco and its links with organised crime
- 3. Maximise opportunities for local and national campaigns to:
  - -Give prominence and 'cues' to guitting smoking
  - -To help prevent the take up of smoking
- 4. To support people who want to quit smoking in diverse but effective ways
- 5. Promote the accessibility of Quit Packs
- 6. Deliver Quit coaches: stop smoking support for young people
- 7. Work with community and voluntary sector to identify ways to motivate smokers to want to guit and help them guit successfully.

Further detail and outcomes for each of the programme are tabled in The Stop Smoking Action Plan (Appendix 1.)

#### Conclusion

All programmes in the Plan were implemented. One of the main successful outcomes has been the One You shop, discretely listed under the aim of raising public awareness of stop smoking support services but clearly visible, tangible and has delivered support and advice to over 100 smokers in Ashford. The One You shop is also testament to effective partnership working and mobilizing existing resources and identifying need. Analysis of data also shows that there is now more women CO monitored to identify their smoking status in pregnancy and more identified smokers are being referred to stop smoking services. This has resulted in a slight decrease in numbers of women recorded as smoking in pregnancy although continued work on this theme is expected to generate greater improvements.

It is less easy to ascertain the outcomes of some other programmes such as promoting campaigns although the reach of resource packs, One You promotion and adverts are more easily measured.

The number of quit packs that have been distributed has been disappointingly low and as predicted, difficult to follow up and measure success. Feedback informs that the packs are not attractive or effective enough in supporting smokers to quit.

Despite numbers of people visiting the Illicit Tobacco Roadshow being fairly low, the event generated positive publicity in the Kentish Express and Trading Standards used local intelligence to seize illicit tobacco from six retailers. The theatre events followed in local primary schools and a large number of school children recall seeing the roadshow. From this and previous experience, the roadshows are considered successful in raising public awareness but are less likely to engage openly in the event. Early outcome measures from Quit Coaches will be available in the next two to three months. Nationally, it is estimated that two thirds of smokers start before the legal age of smoking (18) so it is critical that this work continues to discourage young people from taking up smoking in the first place.

In conclusion, there are clear financial and health benefits in continuing the drive to reduce smoking prevalence in Ashford. Any ongoing and future work should be supported with a clear communications plan and active engagement from all partners.

# Recommendations

The Task and Finish Group recommend the Ashford Health and Wellbeing Board support the following Stop Smoking programmes for 2017/18

	Activity	Rationale
	1.Support William Harvey	Staff and patients smoking within
	Hospital to become a Smokefree	the hospital grounds is in conflict
	site	with a healthy hospital
	Site	environment and exposes patients
		to second and third hand smoke.
		Also, this is a national agenda
	2.Reduce Smoking in Pregnancy	Building on current good practice,
	2. Reduce Smoking in Fregulaticy	more can be done to encourage
		_
		pregnant women who smoke to
	2 leaves a sumbar of suitters in	quit
	3.Increase number of quitters in	It is estimated there are over
	Ashford	16,000 people in Ashford who
		smoke. Two thirds of smokers
		report that they would like to be
		able to quit (national data).
	4. Support people who vape to	34.2% of people who try to give up
	quit smoking	smoking are likely to use e-
		cigarettes to help them quit
	5. Develop Quit Coach Support	More quit coaches are needed to
		provide systematic support to
		young people. Quit Coaches are
		considered a trusted source to
		provide information and advice to
		young people.
	6. One You Shop	To build on the success of the One
		You shop as a place where people
		can 'drop in' for advice and Quit
		support on smoking
	7.Campaigns Strategy	To provide a targeted approach to
		the above activities and help
		support the work towards a
		Smokefree Town Centre.
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# Appendix 1

# ASHFORD STOP SMOKING ACTION PLAN OUTCOME REPORT 2016/17

# **ASHFORD TASK AND FINISH GROUP**

Theme	Aim	How this was achieved:	Outcomes Achieved	Cost
1. Smoking in Pregnancy	Reduce smoking prevalence in pregnant women	Improved rates of identifying women who smoke.  More women who smoke to be referred to Stop Smoking support  More women encouraged to accept support from services and go on to quit smoking.	<ul> <li>Smoking Status at Time of Delivery (SATOD) rates have reduced slightly in the last year: (47 women identified as SATOD Q4 20165/16 to 42 women SATOD Q4 2016/17)</li> </ul>	£0 (Within existing resources)
2.Illicit Tobacco	Reduce prevalence of Illicit Tobacco in Ashford and raise public awareness on the dangers of buying & selling illicit tobacco	a)Illicit Tobacco Roadshow in Ashford town: Feb 2017. b)Raise awareness of consequences of illicit tobacco c)Theatre visit to Ashford primary schools to inform children of dangers of tobacco and links to organised crime.	<ul> <li>Illicit Tobacco Roadshow delivered by Trading Standards and Kent Fire and Rescue in Ashford town between 10-17 February 2017.</li> <li>As a result of intelligence provided at the roadshow, 6 retailers were prosecuted for dealing in illicit tobacco.</li> <li>Theatres were popular in 4 schools raising awareness with children who took non-smoking messages home.</li> </ul>	£7.5K

Theme	Aim	How this was achieved:	Outcomes Achieved	Cost
Theme 3.Raising Awareness	Aim  Maximise opportunities for local and national campaigns to: Give prominence and 'cues' to quitting smoking  To raise awareness of the range of offers from the Stop	How this was achieved:  Kent SmokeFree Campaign (launched in May 2016) targeted in hotspots in the Ashford locality in areas with highest smoking prevalence and in local workplaces.  Campaign resource packs to be produced and distributed key organisations:	Kent Smokefree campaign advert in One Voice distributed to all households in Ashford and in Kentish Express	£8,316 For One You delivery £300 smoke free school gates  All other actions delivered as part of Kent campaign costs
	Smoking Services.	One You shop – drop in shop to be open to the public to provide information and advice on healthy lifestyles including support to quit smoking.	<ul> <li>One You flyers were sent out with all Council Tax bills to All Ashford residents.</li> <li>Public facing Fact Sheets on Smoking in Ashford produced and available on the Ashford HWB website</li> <li>Smoke Free School Gates competition and signage at 3 Ashford primary schools to request parents do not smoke at school gates.</li> </ul>	
4.Promote Kent Quit Packs	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.	Promote and pilot Quit packs that can support people to quit smoking if they choose not to access stop smoking services. Promoted in: - all GP surgeries - most vets in Ashford ABC Council Reception - Ashford Leisure Centre	<ul> <li>97 Quit Kits distributed</li> <li>30% reported quit attempt</li> <li>17% reported Quit</li> <li>Pilot resulted in 3-4 GP surgeries making 1-2 Stop smoking service referrals per week</li> </ul>	£0

Theme	Aim	How this was achieved:	Outcomes Achieved	Cost
5.E-cigarettes	In line with national public health messages, ensure that people using ecigarettes are supported to do so to increase the success of their quit attempt.	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	<ul> <li>Vape event took place in Ashford on 27<sup>th</sup> October. Four retailers/suppliers attended (50%). Positive discussions highlighted value of working in partnership particularly on legislation taken place in May 2017.</li> <li>13 local Vape shop staff have received level 1 stop smoking training from the Stop Smoking Services but there have been no referrals into the service to date.</li> <li>Stop Smoking advisers are now better informed on the use of e-cigarettes</li> </ul>	£0
6.Provide stop smoking support for young people (current gap in service)	Deliver stop smoking support for young people through Youth Worker 'Quit Coach' role.	Roll out Youth Worker training to enable them 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.	<ul> <li>5 Youth Workers in Ashford have completed level 1 and 2 training to become Quit Coaches</li> <li>A Further 8 Youth workers are completing level 1 training and will go on to level 2 training to become Quit Coaches</li> <li>Quit support resources are provided to all Quit Coaches</li> <li>Quit Coach support is being delivered to young people in June 2017 but it is too early to gain results.</li> </ul>	£1,500
7.Identify innovative ways to help people quit	Work with community and voluntary sector to motivate smokers to want to quit and help them quit successfully.	<ul> <li>Work with agencies that already engage with this target group</li> <li>Work towards a Smokefree Ashford</li> <li>Group explored use of hard-hitting images to effectively target smokers</li> </ul>	<ul> <li>Voting cigarette Litter bin located in town for trail period and received positive media interest.</li> <li>Letter from Ashford HWB to MP and Secretary of State to support tobacco sales ban and promote the idea of Smokefree Ashford. No response received.</li> <li>Further work needed for a Smokefree Ashford.</li> <li>One You Ashford promoted as part of One You Public Health campaign</li> <li>Limited engagement with voluntary sector</li> </ul>	£0

Total Cost: £17,616