

**Agenda Item No:** 5 (a)  
**Report To:** Ashford Health & Wellbeing Board  
**Date:** 18<sup>th</sup> October 2017  
**Report Title:** Stop Smoking Action Plan report 2016-2017:  
One Year On  
**Report Author:** Deborah Smith  
**Organisation:** Kent County Council, Public Health



**Summary:** At a time when Smoking Prevalence is declining on average 1% per year, Ashford has seen a reduction of 8.9% in the last year, but is still 1.9% higher than the England average. The rate now stands at 17.4% (previously 26.3%). The One You shop in Ashford has been a huge success and now operates a dedicated weekly stop smoking clinic. There has also been considerable media campaigns that have raised awareness and consciousness about quitting smoking and there is a more accessible and successful pathway to refer pregnant women who smoke into stop smoking services. Some of the initiatives undertaken in 2016 are continuing into 2017, particularly in supporting Smokefree environments, such as hospitals, parks and school gates. The government has set a national target for reducing smoking prevalence to 12% by 2022 which means Ashford will need to reduce its prevalence by a further 5.4%. An additional target of reducing the inequalities of smoking is perhaps a harder challenge. Smoking still remains one of the main preventable health concerns and is the main theme of the Sustainability and Transformation Plan Prevention workstream which is now setting the framework for a range of health priorities. The proposals in the STP are commensurate with the 2017 Stop Smoking Action Plan for Ashford.

**Recommendations: The Board be asked to:-**

- i) Note the contents of this report
- ii) Comment on the report
- iii) Note that the 2017 Action Plan is in place following previous recommendations of the Board
- iv) Considering this report, agree to the continued delivery of the 2017 Action Plan
- v) Agree to pilot further work with GPs to increase referrals into the Stop Smoking Service

### **Purpose of the report**

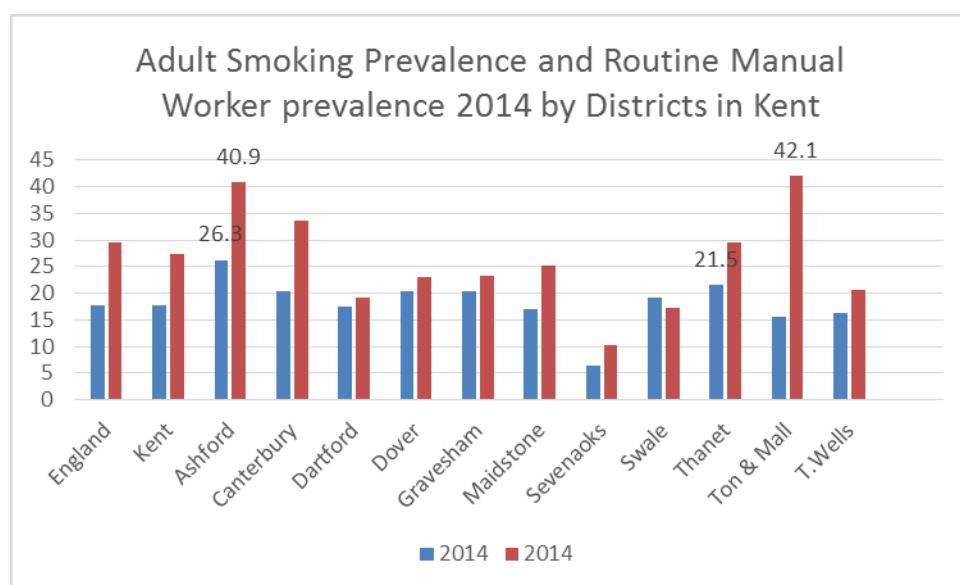
1. In 2016, Ashford Health and Wellbeing Board identified Smoking and Obesity as two main priority areas to be addressed. In response, partners assembled a task and finish group for each priority to identify areas of work over and

above those already delivered as part of the respective Kent wide strategies. This report provides an overview of the Stop Smoking Action Plan, detail of the work progressed and outcomes that have contributed to the reduction of smoking prevalence in Ashford over the last year.

## Background

- In April 2016, the latest smoking prevalence available for Ashford was for 2014 status estimated at 26.3%. This is higher than the national average and the District Authority with the highest prevalence rate in Kent. Smoking prevalence among Routine and Manual Workers in Ashford was also exceptionally high at 40.9% of the population; 11.3% above the national average.

Chart 1: Smoking Prevalence in Ashford 2014



Source: Public Health England, Local Tobacco Control Profiles

- Action on Smoking and Health (ASH) provide economic estimates of the local costs attributed to smoking which include costs to the NHS and health and social care services, to businesses through loss of productivity and costs related to sickness absence and to local authorities who bear the burden of environmental costs of smoking. The cost of Smoking in Ashford alone amounts to £39.8m pa. £23.2m of this costs local businesses and employers in loss of productivity and sickness absences. £5.2m is attributed to treating smoking related ill health in the NHS and a further £0.3m due to passive smoking. Nearly £3m is spent on the effects of smokers and ex-smokers poor health later in life as a result of smoking related illness.
- The Stop Smoking Task and Finish Group was convened in June 2016 and met monthly to set objectives, agree decisions and report on progress of programme activities that had taken place between each meeting throughout the year. The membership of the Task and finish Group is listed in Appendix 1.
- The Action Plan contained 7 agreed programmes covering a range of tobacco control issues. There has been no additional funding for the delivery of these

activities; they have been delivered within the limitations of existing resources and staff and with the determination to work collaboratively and with shared responsibility for tobacco control concerns. These activities are:

1. Smoking in Pregnancy
2. Illicit Tobacco
3. Raise awareness of the harms caused by smoking and opportunities to access stop smoking services
4. Promote Kent Quit Packs
5. Approach to E-cigarettes
6. Provide stop smoking support for young people
7. Identify innovative ways to help people to quit.

## 6. Progress to Date:

### 6.1 Smoking in Pregnancy

Number of women who smoke in pregnancy are calculated using Smoking at Time of Delivery (SATOD) figures, reported by Midwifery services to the Department of Health. Although, generally, smoking prevalence figures have declined, smoking in pregnancy rates remain stubbornly high (14.8% in Ashford Q1 2017-18 data)<sup>1</sup>. The risks associated with smoking are a major concern. Public Health England report:

“Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes..... Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy”<sup>2</sup>.

Midwives are seen by most pregnant women as a reliable and trusted source of information and advice on health during pregnancy. All midwives in Kent support the national babyclear programme by CO monitoring women at their first ante-natal appointment and referring all those with a high CO reading directly to the stop smoking service. Historically, there have been issues with not all midwives routinely CO monitoring and with referred women accepting support from the stop smoking service. A midwife with a Smoking in Pregnancy lead has been appointed across East Kent Hospitals trust area. Since starting this role, Rachael Garrett has:

- Increased CO monitoring compliance among Midwives through audits, providing training and improving practice methods. **Ashford Midwifery teams are reporting 90% CO monitoring compliance**

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<sup>1</sup> NHS Digital SATOD accessed 15/10/17

<sup>2</sup> Public Health England: <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/6/gid/1938132886/pat/6/par/E12000008/ati/102/are/E10000016/iid/20301/age/1/sex/2>

**and 84% of smokers referred to stop smoking services in September 2017 against 81% and 47% respectively in September 2016.**

- Raising awareness of 3<sup>rd</sup> hand smoke (transferring carcinogenic particles from skin/clothing onto babies) in Special Care Baby Unit at William Harvey Hospital (Appendix 3)
- Encouraging William Harvey Hospital to be a Smokefree Site
- Contacting known smokers that do not access stop smoking services to encourage quitting throughout pregnancy. **This work is ongoing and is resulting in a dedicated stop smoking clinic for pregnant women who smoke at the One You shop, Ashford**

## 6.2 Illicit Tobacco

Cheap and Illicit tobacco can be readily accessible in parts of the community and undermines attempts and incentives for quitting smoking. Due to its affordability, it also acts as a gateway to young people starting smoking. It is estimated that 90% of adults who smoke regularly started smoking before the age of 19. Selling and distributing illicit tobacco is also often linked to other organized crime activity (such as drugs and child sex exploitation). The task and finish group have worked closely with Kent Trading Standards to organize an Illicit Tobacco Roadshow, featuring working sniffer dogs to raise awareness of the impact of selling and receiving illicit tobacco and the wider associations it may have in local communities (See Appendix 2). Enforcement visits accompanied the roadshows in February 2017 and resulted in illicit tobacco seizures from six retail premises. Of a survey of people who visited the roadshow, 48% said they had already been in contact with illegal tobacco and 91% of people agreed that it should be kept out of Ashford's community. To follow up on messages, two theatre production companies were commissioned to educate children on the dangers of smoking in local primary schools. These productions were well received by the schools who have asked for repeat performances in future academic years.

## 6.3 Raising Awareness

Existing Stop Smoking and Healthy Weight campaign materials have been collated and distributed in an Ashford Campaign pack sent to all GPs, Pharmacies, Voluntary Organisations, Pharmacies, Drug Misuse Services, housing groups, veterinary practices, dentists and parish councils. The purpose is to maximise awareness among organisations and groups who could promote the materials further. The Kent Smokefree campaign (launched in May 2016) has also been advertised in targeted Ashford resources, such as Ashford Voice, local newspapers and in all council tax bills. There has also been positive response to social media with 42,280 impressions from Kent Online and 56,108 impressions on Facebook.

The Task and Finish Group acknowledges the constraints of measuring effectiveness of dissemination of campaign materials, but one of the undoubtedly most successful campaigns have the launch of the One You shop. The One You shop in Ashford received media attention at its launch in February and has been followed by a TV advert on national television. The

'drop in' shop in Ashford Town Centre is the product of key partners working closely together, integrating resources and sharing commitment to deliver health and wellbeing services in an innovative way. The shop in Park Mall opened to the public on 8<sup>th</sup> February and offers health support and advice on a wide range of health issues. To date, 1624 people have visited the shop. Further information and detail is provided under item 6.7. 'innovation'.

#### 6.4 Promote Quit Packs:

Quit Packs have been obtained from the Department of Health and are designed to support those who wish to quit smoking, but do not wish to access behavioural or support services in their attempt. The packs are fairly generic and provide literature rather than practical resources or support. To pilot the interest in Quit Packs, they were placed in all GP surgeries, vets and at Ashford Borough Council Reception area and advertised at the Stour Centre. Of the 100 quit kits issued, only 29 people registered with the stop smoking services. User feedback suggests that the packs are bland and uninspiring. The task and finish group have considered revamping the packs to be more motivational, but the costs associated with this are high and value for money would need to be assured before further funding was sought. The group are now looking into whether the quit packs could be an effective additional support alongside behavioural support and NRT or pharmacotherapy.

#### 6.5 E-Cigarettes

In August 2015, Public Health England published an expert independent evidence review which concludes that e-cigarettes are significantly less harmful than smoking and have the potential to help smokers quit. The key findings of the review include:

- the current best estimate is that e-cigarettes are around 95% less harmful than smoking
- nearly half the population (44.8%) don't realise e-cigarettes are much less harmful than smoking
- there is no evidence so far that e-cigarettes are acting as a route into smoking for children or non-smokers

The Task and Finish Group (and Kent Community Health Foundation Trust in particular) have developed good working relationships with Vape retailers in Ashford. At a local event in October 2016, local retailers endorsed their support for the E-cigarette regulations introduced in December that year. The regulations require all retailers and suppliers to submit information of all components and ingredients of Vape products which need to comply with new legal requirements. The retailers concur that almost all users of e-cigarettes do so as an aid to quit smoking. 8 have attended level 2 stop smoking training which has forged business relationships between services but not resulted in any known quitters. Organisations such as Public Health England and the National Centre for Smoking Cessation and Training accept that vaping is a popular method for smokers to attempt quitting and recommend that Stop Smoking Services support them where possible. The Kent Stop

Smoking Service offers this support but there are further opportunities to work together to ensure quit attempts are successful.

## 6.6 Young People

The legal minimum age at which tobacco can be bought is 18. Nicotine is highly addictive, making it difficult to stop smoking. It is estimated that an estimated 9.1% of 15 year olds in Ashford smoke (2009-12 figures). This equates to 123 15 year olds living in Ashford, smoking regularly and contributes to the 201 11-15 year olds who smoke. An additional 466 young people aged 16-17 years who live in Ashford smoke regularly. All of these modelled estimate figures are higher than the national average indicating that unless smoking prevalence among young people reduces, it is likely that Ashford will continue to have a higher than average adult smoking prevalence. Young people are statistically less likely to access stop smoking services or to attempt to quit smoking, so eight Quit Coaches have been trained from Uprising Youth Service to deliver stop smoking support to young people. The support service will commence imminently and is likely to generate small numbers of quitters, although it is anticipated that the success rate could be higher than average. More Quit Coaches are being trained across Ashford Youth provision and there are proposals for Peer Educators in Ashford to introduce young people to the One You shop services where a bespoke stop smoking group can be delivered. This work is still being progressed.

## 6.7 Innovation

A substantial proportion of the Task and Finish Group time has been attributed to the development of the One You shop. Since it opening on 8<sup>th</sup> February 2017:

1624 have attended and 843 of those have received at least one intervention. 1392 interventions have been undertaken. Healthy Weight advice (including accessing the Booth of Truth) has been the most successful draw to the shop (36%), but health MOTs, Health Checks and blood pressure checks have also been hugely popular (25%). 15% of interventions have been for stop smoking services and 15% on physical activity. 30% of all interventions have been accessed by people who live in the 7 most deprived wards of Ashford. These services have proven to be a Segway into conversations about health which have led to effective signposting to healthy weight and stop smoking services and are unlikely to have taken place in other settings. The latest figures are encouraging and have set an exemplar for other authorities wishing to support communities in the same way.

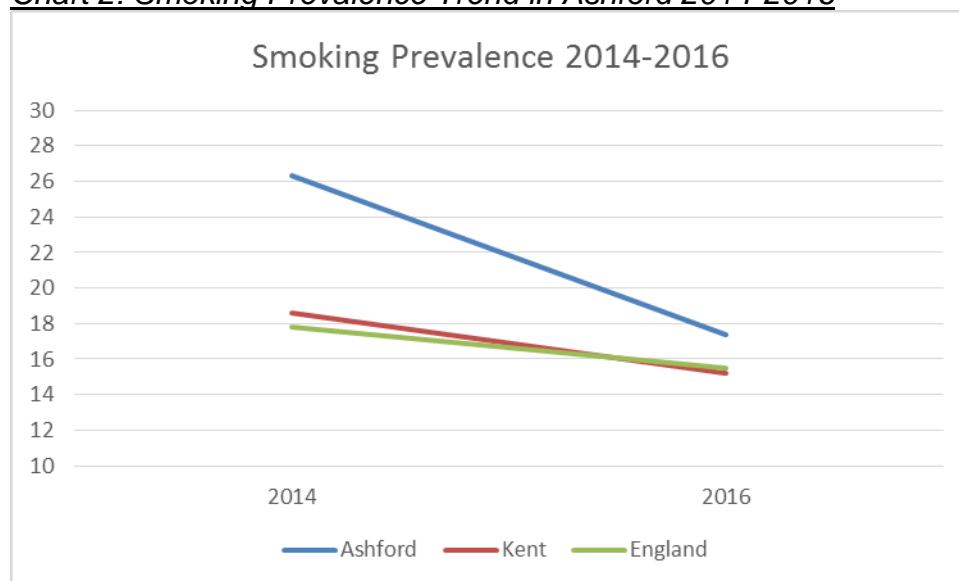
## 7. **Smoking Prevalence in Ashford 2016**

Smoking Prevalence in Ashford is now 17.4%; 1.9% above the national average. This time last year, the prevalence rate in Ashford was 8.5% above the national average (26.3% and 17.8% respectively).

There has also been significant reduction of routine and manual workers who smoke in Ashford. Last year, Ashford was 11.3% higher than the national

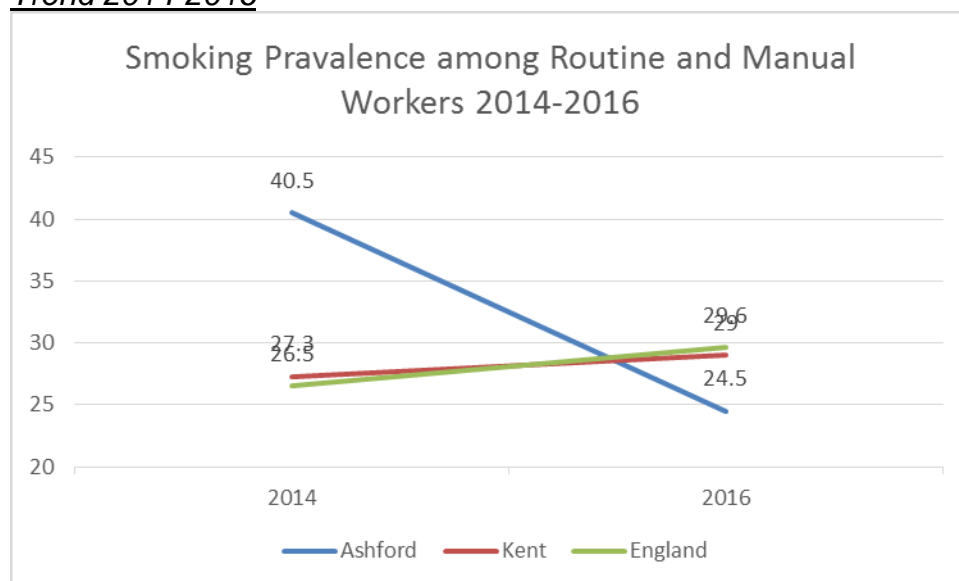
average and now sits at 2% below the England rate. This is a reduction of 13.3%.

**Chart 2: Smoking Prevalence Trend in Ashford 2014-2016**



Source: Public Health England, Local Tobacco Control Profiles

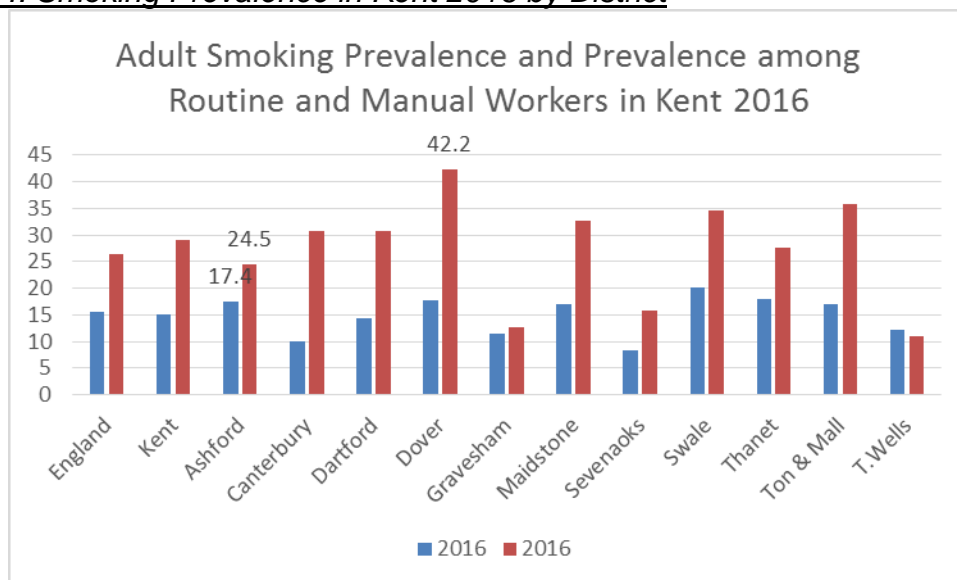
**Chart 3: Smoking Prevalence among Routine & Manual Workers in Ashford Trend 2014-2016**



Source: Public Health England, Local Tobacco Control Profiles

8. In the last year, data shows that Ashford's adult smoking population is 8.9% lower than last year and 16.4% lower among routine and manual workers. In total it is estimated that there are approximately 8,000 fewer smokers in Ashford, although the general population is increasing. Further reductions are needed if we are to meet the national target of 12% or less by 2022 as set in the Tobacco Control Plan for England<sup>3</sup>.

**Chart 4: Smoking Prevalence in Kent 2016 by District**



Source: Public Health England, Local Tobacco Control Profiles

9. Not all of this reduction can be attributed to the Ashford Action Plan as there has been a national decline of 1% per annum and district level smoking rates are difficult to estimate accurately. Activity rates from the Stop Smoking Service (KCHFT) reveal an increase in the numbers of people quitting smoking in Ashford, although there is under-representation of stop smoking support among Ashford GP services.

**Table 1: People accessing Stop Smoking Quit Service April-June 2017 (Q1) by CCG**

**Stop Smoking Service Report Q1 2017-2018**

CCG	Quit Date Set	Quits achieved
Ashford	155	71
Canterbury	247	135
DGS	215	105
South Kent Coast	282	146
Swale	193	100
Thanet	225	125
West Kent	269	122
<b>Total</b>	<b>1586</b>	<b>804</b>

<sup>3</sup> Department of Health, Towards a Smokefree Generation: A Tobacco Control Plan for England, July 2017



10. GPs are an important point of access for patients wanting to quit smoking, and there is potential for the task and finish group to pilot further collaborative working.

## **Conclusion**

11. There have been a number of initiatives and pilots delivered to further reduce smoking prevalence in Ashford. Some of these, such as the One You shop, Smoking in Pregnancy initiatives and the Illicit Tobacco Roadshow have produced significant results. Others have been more challenging; most notably the Quit Packs. Implementing Quit Coaches to support young people to quit smoking and securing a smoke free hospital site are examples of work in progress and are being developed under the 2017 Action Plan (Appendix 4).
12. The Sustainability and Transform Plan prevention work stream presents a range of programmes to reduce smoking and prevent the take up of smoking across Kent and Medway. This is in recognition that smoking incurs a considerable economic and resource burden on our health and social care systems. The STP will set a framework for new priorities in prevention and the task and finish group's work will continue to compliment the Plan at a local level.
13. On average, the national trend in smoking prevalence is seeing a decline of 1% per annum and Ashford has reduced its smoking prevalence by 8.9%. The Tobacco Control Plan published this year sets a trajectory for a Smokefree environment, de-normalising smoking to prevent the take up of smoking in the first place and supporting smokers to quit to aspire to a 12% prevalence by 2022. The challenge is for Ashford is that it has 5 years to reduce smoking prevalence by a further 5.4%.

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Tel: 03000 416696 (07850 210919)

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## Ashford Smoking Task and Finish Group

### Terms of Reference

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#### **Purpose:**

to deliver a tobacco control action plan in Ashford to achieve a reduction in the prevalence of smoking across the district and the de-normalisation of tobacco, thus:

- Reducing the harmful effects of tobacco on the Ashford population.
  - Reducing health inequalities caused by tobacco
  - Reducing the economic burden of tobacco on our communities
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#### **Objectives:**

The Group will fulfil the purpose through:

##### Collaboration

1. agreeing the activities and measures and outcomes of the Action Plan. tobacco control;
2. providing a co-ordinated approach to addressing tobacco control through key interventions
3. providing a high level of challenge and strategic support to delivering the tobacco control programme
4. contributing resources and commitment to the delivery of the Action Plan
5. providing multi-agency support and advice to the Stop Smoking agenda.
6. Contributing to innovative ideas to help reduce the smoking prevalence and social norm of smoking.

##### Advocacy for Tobacco Control

7. championing the cause of stopping smoking and tobacco control within the organisations and networks of members of the Board.
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#### **Membership:**

Public Health Specialist (Deborah Smith) - Chair  
Ashford Borough Council (Cllr Brad Bradford)  
Ashford Borough Council (Christina Bailey)  
Kent Stop Smoking Services – KCHFT (Sarah Martin)  
Kent Stop Smoking Services – KCHFT (Susan Piddock)  
Ashford One You Project Manager – KCHFT (Tracey Tomkinson)  
East Kent CCG Childrens Commissioning (Jade Price)  
East Kent CCG Childrens Commissioning (Jane Kirby)  
South Ashford Community Network (Bob Shrubb)  
EKHFT Midwife with lead in SIP (Rachael Garrett)

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#### **Frequency of Meetings:**

The Group will meet monthly.

If members are unable to attend a meeting, they will endeavour to send a representative

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Do you smoke when your child is not around?  
Do you cuddle your baby after smoking?  
If so, your **child's health is still at risk**



**3rd** HAND SMOKING KILLS.

Your child can inhale residual tobacco smoke which remains on your skin, hair, clothes, furniture and in your car after you have smoked.

**GO SMOKE FREE**

- ✓ Smoke free house
- ✓ Smoke free car
- ✓ Smoke free family

Kent Stop Smoking Service are here to help you go smoke free:

Call: **0300 123 1220**

Visit: [www.kenthealthandwellbeing.nhs.uk](http://www.kenthealthandwellbeing.nhs.uk)

## Appendix 4

### Proposed ASHFORD SMOKING ACTION PLAN 2017/18

#### ASHFORD TASK AND FINISH GROUP

Theme	Aim	How this will be achieved:	Progress	Lead	Cost
<b>1.Smokefree William Harvey Hospital</b>	Support William Harvey Hospital to a Smokefree Hospital status with no smoking enforced within all areas of the hospital grounds (in compliance with NICE guidance PH48)	<p>Engage with William Harvey hospital to deliver a Smokefree policy</p> <p>Make NRT available on all wards across the hospital</p> <p>Provide on-site Quit smoking programmes delivered by SS advisers</p> <p>Introducing enforcing role across hospital grounds</p> <p>Litter enforcement Contractor to issue FNPs</p> <p>Update signage in appropriate areas of the hospital grounds</p> <p>Introduce policy to encourage medical staff to identify smokers and refer to quit services</p> <p>Promote Stop Smoking within the hospital building</p>	<p>Meeting took place on 1/9/17</p> <p>Awaiting further contact with Trust to:</p> <ul style="list-style-type: none"> <li>*Revise policy</li> <li>*Address litter</li> <li>*Increase enforcement</li> <li>*SS Advisers</li> <li>*train staff</li> </ul>	Rachael Garrett, Debbie Smith	

Theme	Aim	How this will be achieved:	Progress	Lead	Cost
<b>2. Smoking in Pregnancy</b>	<p>Reduce smoking prevalence in pregnant women</p> <p>Consider adding consultation room in One You shop for SIP delivery by Rachael 1 day pwk</p>	<p>Improved rates of identifying women who smoke.</p> <p>More women who smoke to be referred to Stop Smoking support</p> <p>More women encouraged to accept support from services and go on to quit smoking.</p> <p>Increased number of quitters</p> <p>Promotion of Smokefree homes</p> <p>Promote and/or develop Smoking in Pregnancy campaign</p>	<p>Rachael: *Midwife contact to increase acceptance of service</p> <p>*Operating clinics in One You from eo Sept</p>	Rachael Garrett	
<b>3. Increase the number of Quitters in Ashford</b>	Increase the number of smokers in Ashford quitting using stop smoking services.	<ul style="list-style-type: none"> <li>• Increase number of referrals of Ashford smokers into the Stop Smoking Service</li> <li>• Work with GPs and CCGs to increase referrals into stop smoking services</li> <li>• Pro-active targeted approach (eg. Workplaces) to identify smokers and encourage to set quit date with stop smoking services</li> </ul>	<p>*AHWB report to include recommendations to increase referrals in Ashford</p> <p>*Dedicate Oct meeting to GPs &amp; CCGs?</p> <p>*Brad to contact Chamber of Commerce</p>	<p>Sarah Martin</p> <p>Brad</p>	
<b>4.E-cigarettes</b>	Work with Vape retailers to support more people to quit smoking completely.	<p>Engage with Vape retailers/suppliers on the implementation of legislation.</p> <p>Work collaboratively to encourage</p>	No Further developments at this stage	Sarah Martin	

		smokers/vapers to quit smoking			
<b>5.Quit Coaches</b>	Reduce the number of young people who smoke	<p>Train Youth Worker staff to become Quit Coaches</p> <p>Identify young people who smoke and motivate/ incentivise them to quit</p> <p>Deliver Stop Smoking support to young people in a way that meets their needs</p> <p>Work towards achieving Quit status among young people who smoke</p>	Debbie meeting Jim on 8/9/17 to broaden Quit Coach offer to other workers with YP. Pt YWkrs in particular find difficulty in obtaining time to complete level 1.	Debbie/Jim	
<b>6.One You shop</b>	Increase number of people who quit smoking by accessing the Ashford One You shop.	<p>Promote stop smoking support to people who access the One You shop</p> <p>Identify smokers through Health Checks, Health MOTs, Health Trainers and other generic services offered in One You.</p> <p>Offer the One You shop as a drop in facility to help people quit smoking</p>	190 in-depth discussions and interventions from Feb-June 2017. 25% come from the top 7 IMD wards	Debbie Smith/Tracey Tomkinson	
<b>7. Campaigns Strategy</b>	Develop Multi-partnership to maximise potential to encourage people to stop smoking and live in a smokefree environment	<ul style="list-style-type: none"> <li>• Campaigns in areas where people smoke</li> <li>• One You targeting SIP</li> <li>• One You on Billboard</li> <li>• Work towards Smokefree Town centre</li> <li>• Roll out Smoke Free School Gates</li> </ul>	Next agenda dedicated to developing this work	Christina Bailey	