Title of paper: Tobacco Control in Nottingham

Director(s)/Corporate Director(s):
Dr Chris Kenny
Director of Public Health

Wards affected: All

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Relevant Council Plan Strategic Priority: (you must mark X in the relevant boxes below)

<table>
<thead>
<tr>
<th>World Class Nottingham</th>
<th>Work in Nottingham</th>
<th>Safer Nottingham</th>
<th>Neighbourhood Nottingham</th>
<th>Family Nottingham</th>
<th>Healthy Nottingham</th>
<th>Leading Nottingham</th>
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Summary of issues (including benefits to citizens/service users):

1. Tobacco use remains one of the most significant public health challenges due to the major impact it has on health, social wellbeing and health inequalities in Nottingham, where smoking prevalence is significantly higher than the England average

2. Reducing harm requires a comprehensive and collaborative approach to address the wider determinants of smoking and tobacco use; which in turn will benefit individuals, families and communities.

3. Tobacco Control including the commissioning of Stop Smoking Services will become the responsibility of the Local Authority from April 2013

4. The current investment in tobacco control interventions from the public health allocation is £1,082m; commissioning of these services will be reviewed during 2013/14 to ensure local needs identified in the Joint Strategic Needs Assessment are appropriately addressed and in alignment with the Nottingham Plan and Health and Wellbeing Strategy
Recommendation(s): The Health and Wellbeing Board is asked to:

1. Note and endorse the content of the report

2. Note the transfer of responsibilities for the tobacco agenda to the Local Authority from April 2013

3. Suggest opportunities for commissioning

4. Suggest ways where the organisations represented on the Board may work collectively to further develop tobacco control in Nottingham

1. BACKGROUND

In England:

- Over one in five adults (21%) continue to smoke in England, Smoking prevalence has fallen little since 2007 and new action is needed to drive smoking rates down further.

- Smoking remains the single biggest cause of preventable and premature death and disability in England; resulting in an estimated 81,700 preventable deaths every year (compared with Obesity 34,000 and Alcohol 8,724 deaths)

- Smoking accounts for approximately half of the difference in life expectancy between the lowest and highest income groups. Smoking-related death rates are two to three times higher in low-income groups than in wealthier social groups. In the UK about 8 in 10 non-smokers live past the age of 70, but only about half of long-term smokers live past 70. On average, those killed by smoking have lost 10-15 years of life.

- Groups where prevalence is higher or there is more risk of harm from smoking include: children and young people, pregnant women, those with mental illness, routine and manual workers, single parents on benefits, prisoners

- Treating smoking-related illnesses was estimated to have cost the NHS £2.7 billion in 2006/07, or over £50 million every week. In 2008/09, some 463,000 hospital admissions in England among adults aged 35 and over were attributable to smoking, or some 5 per cent of all hospital admissions for this age group.

- Smoking increases the risk of a wide range of conditions, including heart disease, stroke, cancer and miscarriage in adults and asthma, ear infections and meningitis in children exposed to second hand smoke.

- There are also significant costs associated with social care for people with smoking-related illnesses, workplace absenteeism, dealing with smoking-related house fires, clearing of cigarette butt litter and crime associated with illicit and counterfeit tobacco. The overall economic burden of tobacco use to society is estimated at £13.74 billion a year.

In Nottingham:

- The estimate of adult smoking prevalence in Nottingham in 2011 is 27.5% (Nottingham Citizens Survey 2012) compared with an England rate of 20%; giving an estimated 72,000 smokers in Nottingham in 2011, including 1,800 under the age of 16 (Nottingham JSNA)
There has been a consistent downward trend in prevalence though the rates mask the variation in smoking rates across the city. Smoking prevalence is thought to vary widely between communities; however these differences are often masked at Area committee level. (fig 2) Results from the 2011 Citizens Survey, are shown in Figure 1 below. In 2009 when results from the Nottingham Citizens Survey were measured at ward level, these ranged from 15% in Wollaton West to 53% in Aspley.

The most recent Local Tobacco Profiles for England report that death and illness attributable to tobacco in Nottingham is significantly worse than England and the East Midlands including for example, Lung cancer registrations which for 2008-10 were 70.1 per 100,000 population; twice the level of Rushcliffe.

Smoking in Nottingham accounts for at least half of the ten year gap in life expectancy between the most and least affluent wards. (Wollaton West and St Anns)

The prevalence of smoking in pregnancy in Nottingham is high and has reduced little over the last five years; it was 18.5% in 2011/12 compared to 13.2% in England. The national ambition is reduce prevalence to 11% or less by the end of 2015.
Nottingham is currently on track to meet the challenging Nottingham Plan target to reduce the prevalence of smoking to 20% by 2020; however, continued progress will require significant contribution from all partners across all areas of tobacco control.

Figure 3 smoking prevalence target reductions and achievement

Tobacco Control strategy in Nottingham

The Nottingham Tobacco Control Strategy is currently being updated. This will contribute to the priority of themes of the Nottingham Plan 2010-2020 and support the delivery of the indicators in the Public Health and NHS Outcomes Frameworks:

Tobacco and the Nottingham Plan 2010-2020

World Class Nottingham
Smoke free areas offer more attractive environments for citizens and tourists. A healthier population participates more in cultural, sporting and leisure opportunities.

Neighbourhood Nottingham
Reducing levels of smoking will reduce the amount of tobacco related litter in our neighbourhoods. The creation of smoke free environments will contribute to cleaner and safer neighbourhoods where citizens understand and support actions to take smoking out of the sight of children and renormalize smoking.

Family Nottingham
Many children still experience significant exposure to environmental tobacco smoke in the home and car, which has a detrimental effect of their health and wellbeing. Motivating and supporting adults to quit and preventing the uptake of smoking amongst young people will ensure more children are able to grow up in a safer, smoke free environment. Less spending on tobacco products will result in households having more disposable income.

Working Nottingham
Reduced tobacco consumption will result in a healthier workforce, a reduction in absenteeism and improved productivity. Improved health due to a reduction in smoking amongst young people and reduced exposure to second hand smoke should result in less absenteeism from school, further or higher education. This strategy and its associated action plan emphasises the importance of innovative education about tobacco and will result in greater awareness of related health and associated economic issues.
**Safer Nottingham**
Counterfeit and illicit tobacco undermines price-based efforts to reduce smoking and there are links between fag houses and serious organised crime. Raising awareness of illegal tobacco and reducing the supply and demand will deter fag houses and shops from their illegal activities.

**Healthy Nottingham**
Reducing the number of people who smoke and the harm associated with smoking is one of the key aims of the Healthy Nottingham theme. Reduced tobacco consumption leads to better health and has the potential to reduce health inequalities. Restrictions on areas where people can smoke will reduce exposure to second hand smoke.

**Nottingham Plan Headline Target: To reduce smoking prevalence to 20% by 2020**

**Green Nottingham**
Reduced tobacco consumption will lead to a reduction in litter and air pollution.

The progress and success of the strategy will be determined through several outcome measures including:

- Smoking prevalence rates
  - Among adults (18+)
  - Among 15 year olds (this indicator is included as a placeholder in the Public Health Outcomes Framework but the measure is still to be developed)
  - In pregnancy (measured at time of delivery)
- New Leaf 4-week and 12 month quit numbers
- Children’s self-reported exposure to tobacco smoke in the home and in cars (D-Vibe survey)
- Illicit tobacco and Trading Standards achievement

**Smoking related indicators in the Public Health Outcomes Framework:**

Domain 2: Health Improvement:

- Smoking status at time of delivery
- *Smoking prevalence – 15 year olds (Placeholder)*
- Smoking prevalence – adult (over 18s)

Domain 4: Healthcare public health and preventing premature mortality:

- Mortality from causes considered preventable
- Mortality from all cardiovascular disease (including heart disease and stroke)
- Mortality from cancer
- Mortality from respiratory diseases

**Smoking related indicators in the NHS Outcomes Framework:**

- Domain 1: Preventing people from dying prematurely:
  - Under 75 mortality rate from cardiovascular disease
  - Under 75 mortality rate from respiratory disease
  - One- and five-year survival from lung cancer
  - Under 75 mortality rate from cancer
The Tobacco Control Action Plan for Nottingham

Protecting children from the harmful effects of smoking

We intend to:

- Discourage young people from taking up smoking through the delivery of effective programmes in schools and colleges, community development and the media
- Reduce young people’s access to tobacco;
- Reduce the supply and demand of illicit and counterfeit tobacco; and
- Encourage those young people who already smoke to quit.
- Raise awareness on the dangers of second hand smoke and its impact on health;

Motivating and assisting every smoker to quit

We intend to:

- Increase the uptake of NHS stop smoking services;
- Increase the number of referrals to NHS stop smoking services via NHS, social care and other colleagues;
- Target delivery and ensure services are accessible to those citizens with the greatest need
- Increase access to the specialist stop smoking service during pregnancy.

Reduce crime – tackling the supply and demand of illicit and counterfeit tobacco

We intend to:

- Raise awareness on the dangers of second hand smoke and its impact on health;
- Ensure workplace smoke free policies are effectively implemented;
- Reduce the wider harm associated with smoking
- Reduce the supply and demand for illicit and counterfeit tobacco, encouraging citizens to report suspicious activity and ensuring compliance with the law.

Current services and interventions:

Supporting people to stop smoking

- The New Leaf NHS Stop Smoking Service is the main provider of support to help smokers wanting to stop. Over 5,800 people set a quit date in 2011/12 with 2,866 not smoking at the 4 week stage. (49%) Of these, around 20% are still not smoking after a year compared to 15% nationally. This is significantly more effective than giving up unaided, and is assessed as one of the most cost effective interventions to improve health outcomes.

- New Leaf works in partnership with local GP clusters, pharmacists and local businesses to offer a comprehensive package of services, including a personalised cessation package. The service’s clinics have been developed in locations across the City to improve access. Regular health equity audits of the New Leaf service are conducted to ensure that it is accessed by those people living in communities with high smoking prevalence

- New Leaf run a dedicated pregnancy and family service which works with community midwives and Children’s Centres to proactively identify pregnant women who are smokers to offer advice and information. The specialist service provides a comprehensive and flexible cessation service to pregnant smokers and their families, including providing home visits.
• New Leaf are also commissioned to provide brief intervention training to frontline staff so they are confident and competent in asking and advising about smoking and referring on to local cessation services.

Protection from tobacco-related harm

• The Nottingham Strategic Tobacco Control Group provides strategic leadership and oversees implementation of locally targeted tobacco control measures.

• The Smoke Free Homes project aims to encourage families to change their smoking behaviour and make a promise to keep their home smoke free. It is promoted by frontline workers in community settings and offers a useful tool if individuals are not yet ready to stop smoking but would like to protect the health of their family. It aims to reach 2,000 homes, of which at least two thirds should be homes where smokers reside.

• Smoke free playgrounds and school gates - Signs were designed for local school children, asking adults not to smoke in key areas where children are likely to be present. These have been put up in primary schools and every city playground.

• ‘Fresh Futures’ – young people’s smoke free peer mentoring and action group; focus on the prevention of the uptake of smoking, training youth workers and others about tobacco.

• Illicit and counterfeit tobacco – Trading Standards enforces tobacco regulations, including underage sale of tobacco, the smoke free legislation and the new picture warnings on tobacco packs. Nottingham City Council is the local lead agency on work to tackle illicit tobacco. Training sessions to raise awareness of illicit and counterfeit tobacco are delivered to large and small retailers across the city, public houses and the Police. Trading Standards also carry out routine visits to a significant number of small retailers to give advice and supply statutory tobacco age restriction signs and refusals books to help traders comply with the law.

• The ‘Fake Campaign’ and funding of an enforcement officer post within the trading standards department enabling sharing of intelligence and resources with partners, such as the police and HMRC.

• Health promotion activity including Decade of Better Health campaign and Change Makers cancer and heart disease prevention work.

• The Healthy Schools Programme - This project provides universal support to schools in developing and implementing a comprehensive policy and programme for drug education, including tobacco. Currently, 85% of City schools have full Healthy Schools Status, including having implemented a no-smoking strategy. Schools are required to ensure that children, young people, staff and parents/carers are involved in the development and implementation of a smoke-free site. They must also provide information on local services to children and young people, including the New Leaf Stop Smoking Service.

• In addition, schools are encouraged to participate in the Drug Aware Programme, a standard for schools that builds on existing provision to develop an effective, evidence-based approach to drug and alcohol issues, including tobacco.

Research in Nottingham

• Nottingham City is committed to participating in local research and developing the evidence base for effective tobacco control and smoking cessation services. The following pieces of research are currently underway:

• The UK Centre for Tobacco Control Studies is currently leading three projects as part of a £2 million National Institute of Health Research grant for smoking cessation research which is being led by the University of Nottingham:
Effectiveness of a smoking cessation service designed to ensure smokers admitted to hospital are offered support and appropriate pharmacotherapy before and after discharge to help them stop smoking;

Development and assessment of the impact of a mobile, community-based smoking cessation service to take services to smokers living in deprived areas;

Development and testing the use of Nicotine Replacement Therapy to help smokers abstain from smoking inside the home, and hence reduce children’s exposure to second-hand smoke.

An assessment of the extent of point of sale display of tobacco products in retail outlets in a sample of districts of Nottingham, and a study of customer perceptions and responses to the displays (including spontaneous purchase or brand-switching of tobacco);

A study of awareness of Point of Sale displays among Nottingham secondary schoolchildren, and the impact of exposure on smoking behaviour.

Options for further development

- Using the information in the JSNA, the Tobacco Strategic Group have identified the following development opportunities to reduce smoking prevalence and associated harm in Nottingham during 2013/14:

  - Develop workforces across the partnership to be competent, confident and effective in promoting a smoke free lifestyle by improving the range of brief intervention training and advice provided, and the implementation of the ‘making every contact count’ programme.
  - Further work to prevent the uptake of smoking among children and young people, particularly through education, services in contact with children and the media
  - Take smoking out of the sight of children by promoting smoke free homes and zones.
  - Reinforce pricing and age restricted sales policies through cracking down on the availability of illicit and counterfeit tobacco.
  - Work with city employers to support their development of ‘gold standard’ workplace tobacco control policies
  - Support national initiatives to reduce smoking prevalence, such as plain packaging.
  - Develop a Nottingham City and Nottinghamshire County Tobacco Control Alliance to work more effectively and efficiently to tackle the wider determinants of tobacco harm.

2. REASONS FOR RECOMMENDATIONS (INCLUDING OUTCOMES OF CONSULTATION)

- Many people continue to smoke and many children are brought up in a household where there are smokers. Despite a reduction in smoking prevalence Nottingham still has very poor tobacco related health outcomes when compared with England and this needs to remain a high priority if further improvements are to be made.

- We have a successful smoking cessation service which goes some way to provide support for those ready to quit, however the main challenge is to prevent people (children) from starting to smoke and to target those who may need extra support to reduce smoking and to ultimately quit.

- We must ensure that the best evidenced based support is provided for those who want to reduce their harm by smoking, however only some of this may be tackled by individuals alone. There is good evidence to demonstrate that strategic, community and political means have good effect.

- The opportunity within the new arrangements for health and social care with the collaboration of partners to improve health at local level through the health and Wellbeing Board presents an opportunity to pool efforts and resources to make a bigger difference by working
collaboratively, and that some areas where previously progress has been slow or difficult, may be overcome but the partnership addressing issues collectively.

- The Local Authority with their new responsibilities to improve population health including leadership of the tobacco control agenda will be in a strong position to drive change and extend reach to the wider community in Nottingham.

## Putting Health at the Heart of Nottingham and full Council debate

In February 2010, a full Council debate was held on smoking and healthy weight, with morning workshops attended by local community members and partnership organisations from each of the nine City neighbourhood areas, as well as a group of young people. There were a wide range of issues raised; the key points and proposed actions from each of the areas are detailed below:

<table>
<thead>
<tr>
<th>Area 1</th>
<th>Target Young People</th>
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<tr>
<td></td>
<td>Peer pressure – need teenage champions and sport role models, particularly for young males.</td>
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<td>Target Adults</td>
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<td>Educate parents on the impact of smoking on children’s health.</td>
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<th>Area 2</th>
<th>Positive Education including</th>
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<td>visual images of damage and related diseases</td>
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<td>family sessions</td>
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<td>Communication campaign</td>
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<td>educate all</td>
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<td>develop aspirations for people to want to look after their health</td>
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<td>more incentives for young people</td>
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| Area 3 | West Area want a zap enforcer squad to address fag houses, shop vans, and smoking at school gates and bus stops. This will be supported by more activities (for kids) and flexible support from NHS groups to help give up. |

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<th>Area 4</th>
<th>Target a specific area with a range of approaches and different groups eg. younger people and older people</th>
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<tr>
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<td>Talk to smokers – see what they want</td>
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<td></td>
<td>Use ‘Kid Power’ – Schools, Art and Drama</td>
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<th>Area 5</th>
<th>Look at how effective work in relation to the reduction of tobacco usage is in the following areas:</th>
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<td>control and enforcement</td>
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<td>education and communication</td>
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<td>health, wellbeing and stopping smoking</td>
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<td>reducing deprivation</td>
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<th>Area 6</th>
<th>Get mandates from local people.</th>
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<td>Council staff to drive a plan engaging with local people to find local solutions.</td>
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<td>Find local buddies to support people.</td>
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<td>Use ex-smokers to drive this forward as role models.</td>
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<th>Area 7</th>
<th>Education of all areas of the community.</th>
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<td>Area 7 is often overlooked because it is not seen as a ‘deprived’ area.</td>
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<th>Area 8</th>
<th>De-normalise the smoking culture in areas</th>
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<td>Tackling illicit supplies</td>
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<td>Look at specific areas to identify similarities for the way forward.</td>
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<th>Area 9</th>
<th>Target – No smoking outside school gates</th>
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<td>Area assessment of what has and has not worked.</td>
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<td>Action day on ‘No smoking day’ in March</td>
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<td>Targeting a group who want to give up but need help, particularly parents to help children break the intergenerational cycle.</td>
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| Young People | Snatcha Patch is a campaign to make free nicotine patches available in shops and other public places where tobacco is on sale as an easy to find alternative |
3. **OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

The opportunity to work more closely with Nottinghamshire County Council’s Public Health Team to align approaches and create greater efficiencies where beneficial and appropriate to citizens.

The opportunity to improve the reach and impact of tobacco control strategy and interventions through the partnership and organisations represented by Health and Well Being Board members.

4. **FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)**

The Public Health allocation currently provides £1,082m to fund smoking cessation services and tobacco control interventions. These will be reviewed during 2013/14 to ensure ongoing action to bring about improvements for the Nottingham population, including more effective working practices across the partnership.

5. **RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)**

None

6. **EQUALITY IMPACT ASSESSMENT**

Has the equality impact been assessed?

- Not needed (report does not contain proposals or financial decisions) [√]
- No [□]
- Yes – Equality Impact Assessment attached [□]

7. **LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

- Nottingham City Tobacco Control Strategy (Draft)
- Nottingham City Tobacco Control Action Plan (Draft)
- Nottingham Health and Well Being Strategy (Draft)

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**


NHS Outcomes Framework 2013-14


Nottingham JSNA, accessed through Nottingham Insight
http://www.nottinghaminsight.org.uk/insight/jsna/jsna-home.aspx

Nottingham Citizens Survey

Local Tobacco Profiles
http://www.tobaccoprofiles.info/tobacco-control