Nottingham City Tobacco Control Strategy

Inspiring Nottingham's Smokefree Generation

Smokefree Nottingham

2015 – 2020

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Foreword

Nottingham published its first tobacco control strategy in 2009 and since that time the percentage of adults living in the City who smoke has reduced from 37% to 28%. This success has been achieved by colleagues working in partnership to achieve our shared vision of inspiring a smokefree generation.

Smoking is our biggest health inequality and is responsible for half of the difference in life expectancy between our least and most well off communities. Tobacco undermines the health of Nottingham's citizens in every possible sense. It has a direct impact on the health of people who use it and on those who are exposed to secondhand smoke. The majority of smokers start before the age of 18 and are not fully aware of the harm it causes or how addictive it is.

This strategy provides an integrated approach to tobacco control and success is reliant upon the engagement and commitment of all stakeholders including the City Council, the NHS, the voluntary and community and business sectors. It sets out a clear vision to reduce the harm that tobacco use inflicts on our citizens and communities and it is this vision that forms the foundation for our revised Strategy. The strategy does not contain detailed lists of all the tobacco control activity that will be taking place across our City, but rather seeks to add value to existing activity through guiding, sharing and evaluating our work in addition to developing new activity.

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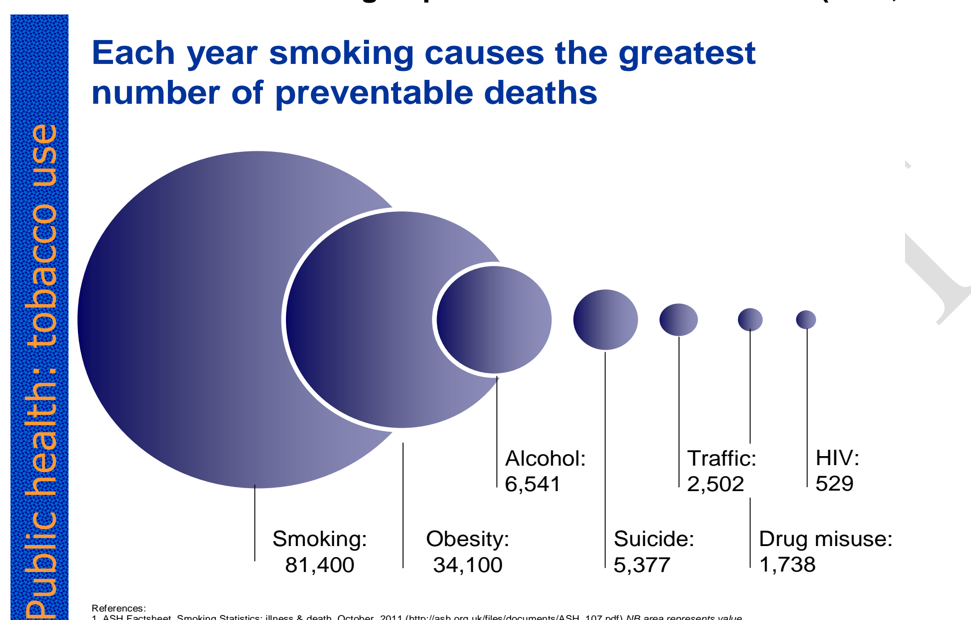
Executive Summary

Smoking is the leading cause of preventable cause of ill health and premature death. One in two regular smokers will be killed by their habit and will lose, on average, 10 years of life (ASH, 2011).

Figure 1 Contribution of smoking to preventable death in the UK (ASH, 2011)



The challenge is for partners to work effectively together to deliver our aspirations and realise our vision of inspiring a smokefree generation.

Nationally, levels of smoking continue to decline and although prevalence has reduced in Nottingham 27% of adults continue to smoke (Nottingham City Council, 2015) with wide variations between the least and most affluent areas of the City. Tobacco use disproportionately affects our most vulnerable and less affluent citizens including those living in deprived areas, children and young people, pregnant women and their unborn babies, black and minority ethnic groups, those with mental health needs and those in routine and manual jobs.

If we are to succeed in reducing levels of smoking, a partnership approach will be required to deliver this strategy. This will be led by the Nottingham Strategic Tobacco Control Group which is accountable to the Health and Wellbeing Board.

Four strategic priorities have been identified for Nottingham. We believe these to be the areas of the greatest opportunity where the greatest impacts can be made:

- Priority Action One: Protect children from the harmful effects of smoking
- Priority Action Two: - Motivate and assist every smoker to quit
- Priority Action Three: Reduce the supply and demand of illegal tobacco

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- Priority Action Four: Innovation, leadership and development in tobacco control

The challenge is for partners to work effectively together to deliver our aspirations and realise our vision of inspiring a smokefree generation.

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1. Introduction

This Tobacco Control Strategy is regarded as the long term strategy that sets the direction of tobacco control work in Nottingham. By adopting a comprehensive tobacco control programme we aim to improve the health of Nottingham citizens and achieve an adult smoking prevalence of 20% or lower by 2020.

Smoking is the single largest contributory factor to Nottingham's health inequalities (Nottingham City Council). It is a major driver for poverty and the main factor in the gap in life expectancy between the most and least affluent communities. A reduction in smoking would not only reduce this gap and improve health but would increase household incomes which would, in turn, benefit the local economy as these families are more likely to spend their money locally (Action for Smoking and Health, 2014).

Research shows that no single measure will achieve a reduction in levels of smoking and that a combination of key activities is most effective (Gilbert A, 2003). These include protection and control measures, prevention and education, provision of stop smoking services and reducing exposure to second hand smoke, alongside broader measures to tackle poverty.

Success is dependent on the investment and involvement of a wide range of partners. There is a commitment from a range of organisations across Nottingham to work together to reduce the impact of tobacco on the City. In September 2014 Nottingham City Council signed The Local Government Declaration on Tobacco Control which reinforces existing tobacco control work across the City and is a statement about the Authority's dedication to protecting communities from the harms caused by smoking. The Community Declaration on Tobacco Control has been designed to sit alongside the Local Government Declaration and is an opportunity for local organisations to make a clear commitment to support effective local approaches on tobacco control. This strategy proposes to build on the significant progress we have already made and includes delivery plans identifying actions to be taken, by when and by whom with links to national and local priorities. In line with best practice and the evidence base they include action in the areas of prevention, stop smoking support, legislation and leadership. The plans set out in this strategy are ambitious and comprehensive and will require action from a range of colleagues and organisations working collaboratively.

This strategy will be led by the Strategic Tobacco Control Group which will also agree and review a delivery plan each year. In addition to the Strategic Group, there is a need for a wider network of partners who will advocate tobacco control work and communicate key messages when required.

By creating a supportive environment, we can work together to tackle tobacco use and make a major contribution to improving the health of people in Nottingham, particularly of those in greatest need. Nottingham's future can be smokefree.

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2. The Impact of Smoking

Tobacco control contributes to the priority themes of the Nottingham Plan to 2020 (Nottingham City Council, 2015). This strategy also sits alongside continued commitment, both nationally and locally to deliver effective strategies which aim to improve life chances, alleviate poverty and reduce the inequalities faced by our communities.

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 smokefree environments will contribute to cleaner and safer neighbourhoods where citizens understand and support actions to take smoking out of the sight of children and reduce tobacco related litter.
Family Nottingham	Many children still experience significant exposure to environmental tobacco smoke in the home and car. 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, smokefree environment. Less spending on tobacco products will result in households having more disposable income thus reducing poverty.
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 secondhand 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.
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.
Green Nottingham	Reduced tobacco consumption will lead to a reduction in litter and air pollution.
Costs to the economy	A Policy Exchange study estimated that smoking costs our economy £13.74 billion. Whilst no formal study has been conducted in Nottingham, we can surmise that there would be significant benefits to our economy if smoking rates decreased. Smoking costs less affluent households a larger proportion of a smaller income, buying 20 cigarettes a day will cost over £3,000 a year. Smoking imposes large costs on both individuals and our City and is most evident in, and has greatest impact upon, our poorest communities.

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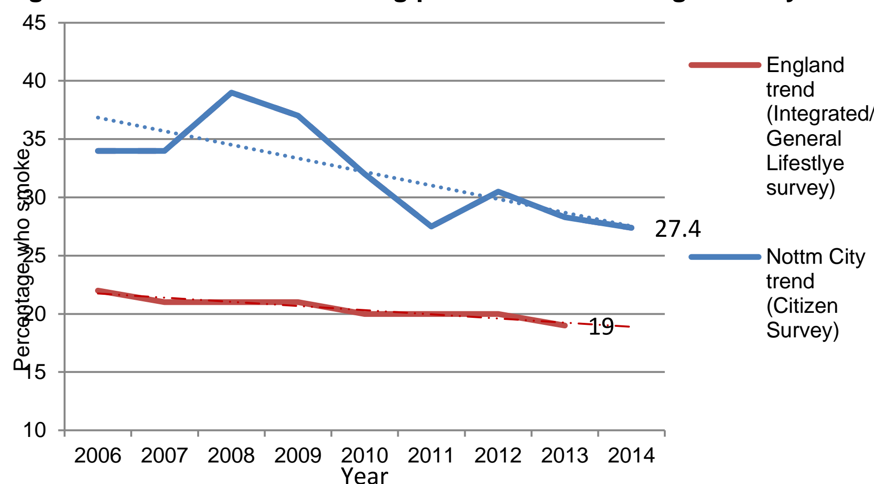
3. The Nottingham Picture

The Nottingham City Joint Strategic Needs Assessment (JSNA) chapter on Smoking and Tobacco Control was updated in 2015. This section presents some of the headline findings which are explained fully in the JSNA .

3.1. Smoking prevalence

Evidence from the local Citizen Survey indicates that that adult smoking prevalence in Nottingham City is decreasing in line with the England prevalence (figure 1) (Nottingham City Council, 2015).

Figure 2 Trend in adult smoking prevalence in Nottingham City

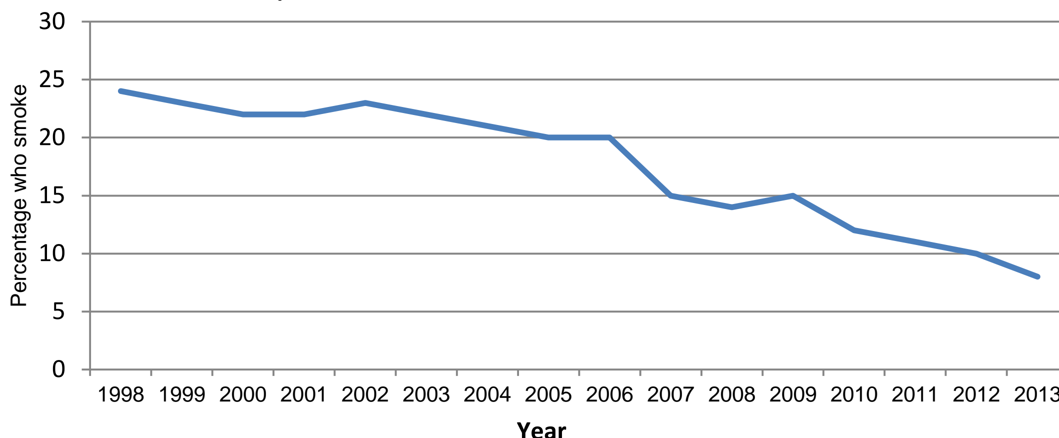


However, smoking prevalence in Nottingham City is significantly higher at 27% compared to 18% of adults in England (figure 1). This equates to around 64,000 adult smokers in Nottingham. The strategy therefore will continue to have an emphasis on decreasing overall smoking prevalence and decreasing the gap in smoking prevalence between Nottingham and England.

Figure 3 Smoking prevalence in Nottingham City

The proportion of young people who smoke in England has decreased significantly over the last 20 years (figure 3) (Health & Social Care Information Centre, 2014). Public Health England is seeking to build upon this strategy with their ambition for England to have a tobacco-free generation by 2025 (Public Health England, 2014). This is defined as a smoking prevalence of 5% or less amongst 15 year olds. This ambition is supported by this strategy.

Figure 4 Percentage of 15 year olds who smoke regularly (1998-2013) (Health & Social Care Information Centre, 2014)

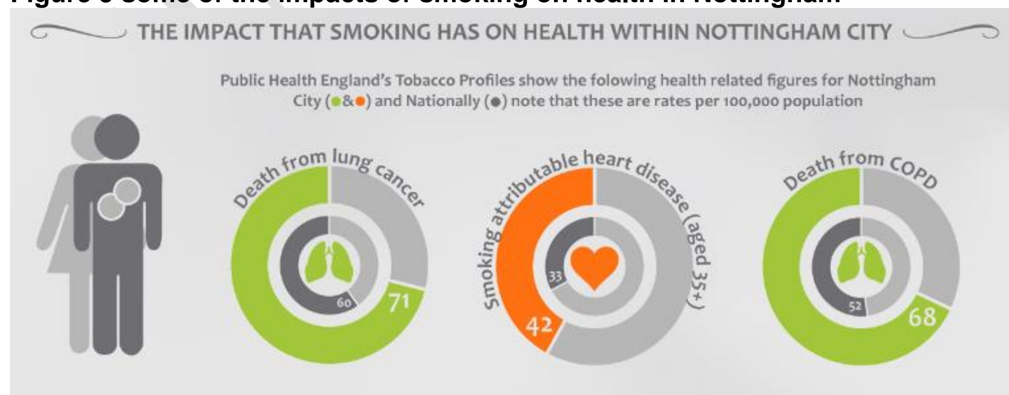


Smoking prevalence in the 2014 Citizen Survey was significantly higher amongst adult participants with one or more children living in their home than participants with no children in their home. In the 2013 Citizen survey it was found that 22.3% of households allowed smoking in the home. This increases to 37% amongst people in council houses and 47% of households where people were unemployed.

3.2 Health consequences

Nottingham has significantly higher rates of smoking attributable deaths than England which includes lung cancer and chronic obstructive pulmonary disease (COPD) (figure 2) (Public Health England, 2014). Also, high rates of heart disease due to smoking. A reduction in smoking in the city through implementation of this strategy will therefore reduce this disease burden and improve the health of citizens.

Figure 5 some of the impacts of smoking on health in Nottingham



3.3 Environmental and Economic cost of tobacco use

It is estimated that in Nottingham City around 268,000,000 filtered cigarettes (including filtered roll-ups) are smoked each year resulting in 46 tonnes of waste annually (Action on Smoking and Health, 2014.). The total household expenditure on tobacco in Nottingham is estimated at £119M per year and that citizens contribute £69.1m to the tobacco duty through the purchase of tobacco products (figure 2).

It is estimated that each year smoking costs 'society' in Nottingham approximately £88m (Action on Smoking and Health, 2014.). Current and ex-smokers who require care in later life as a result of smoking related illnesses cost Nottingham City Council an additional estimated £3m per year and £2.2m in costs to individuals who self-fund their care. The total annual costs to the local NHS Clinical Commissioning Group and NHS Trusts and Providers due to smoking related ill health are approximately £11.0m.

Action on smoking through this strategy will reduce the burden of smoking on household budgets and the cost to the NHS, City Council and other partners.

Figure 6 Environment and economic cost of smoking in Nottingham

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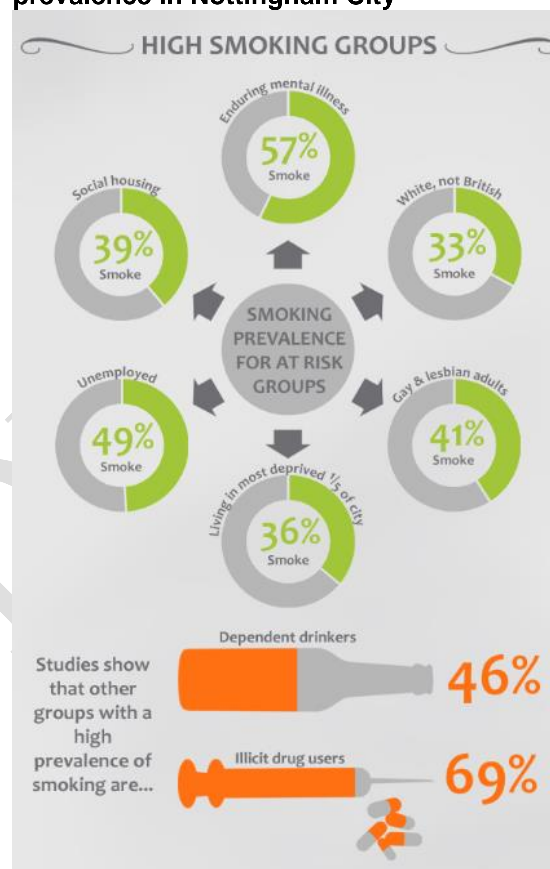
3.4 Smoking and Health Inequalities

Smoking is a major cause of health inequalities and is a critical factor in the difference in healthy life expectancy between the rich and the poor. Although levels of smoking have fallen over the last number of years, this has not occurred to the same extent in lower socio-economic groups (Health & Social Care Information Centre, 2014). Increased tobacco control action has led to significant declines in smoking prevalence but no decline in inequalities.

There is evidence to show that poorer smokers are physically more addicted to nicotine and are therefore less likely to succeed in quitting smoking. (Hiscock, Bauld, Brose, & McEwen, 2012) There is also strong evidence on tobacco control interventions and policies that have a positive impact on reducing smoking uptake and prevalence (ASH, 2015), however, there is less known about what is effective in reducing tobacco related inequalities. For tobacco control this means as well as supporting comprehensive policies, we have to use our local data and evidence to target our efforts and resources to communities and population groups that need them most.

The strategy will therefore put a particular emphasis on targeting interventions to groups and communities that have the highest smoking rates and need the most support such as groups summarised in figure 6. These issues are explained further in the JSNA chapter.

Figure 7 Groups with high smoking prevalence in Nottingham City



4 What is tobacco control?

Research shows that no single measure will achieve a reduction in levels of smoking (Gilbert A, 2003). Tackling the harm caused by smoking requires a partnership approach, working on a wide scale and should not be seen as the responsibility of any one organisation.

Tobacco control is an evidence-based approach to tackling the harm caused by tobacco use and smoking. The hexagon diagram below highlights the holistic model of tobacco control with multi-agency partnership working at its heart (figure 7).

Organisations working in isolation cannot provide a reduction in smoking prevalence on the scale that is needed. Tobacco control programmes require a comprehensive and co-ordinated approach to establish effective smoke free policies. Evidence based initiatives are needed to encourage and support tobacco users to quit and to prevent the uptake of smoking amongst children and young people. It is vitally important therefore that tobacco control should not be viewed as simply the domain of the health sector. It requires a multi-agency approach and must be viewed as 'everybody's business'.

Figure 8 Elements of Tobacco Control (Department of Health, 2008)

4.1 An evidence based approach

Reducing tobacco use is especially difficult because tobacco is a legal product, easily available, highly addictive and the tobacco industry continues to be creative in how their products are promoted.

Evidence based interventions utilise the best current available evidence to make decisions and develop action plans and policies for addressing public health issues and are widely promoted as being effective in reducing tobacco use.

The evidence base for smoking cessation and stop smoking services is well documented (National Institute for Health and Care Excellence., 2013). A combination of intensive behavioural support sessions and pharmacotherapy, as provided through specialist services, is recognised as the most effective approach to quitting. However, identifying best practices for preventing smoking and reducing exposure to second hand smoke is less clear, often due to a lack of monitoring and evaluation. Implementation of proven measures including taxation of tobacco, graphic warnings on tobacco packaging, smokefree laws, mass media campaigns and restrictions on tobacco advertising have demonstrated success. (Commission, 2014) Innovation in tobacco control is important but we must ensure that new activities do not detract from interventions that are proven to be effective.

Return on Investment

It has been shown that for every £1 invested in smoking cessation £10 is saved in future health care costs and health gains (Public Health England, 2014).

Reducing smoking prevalence by 1% percentage point a year over 10 years would prevent 69,000 premature deaths (Public Health England, 2014).

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5 National and local drivers

5.1 National Government

The Coalition Government published *Healthy Lives, Healthy People: A Tobacco Control Plan for England in 2011* (Department of Health , 2011).*It is expected that a new plan will be published in 2016.*

5.2 Public Health Outcomes Framework 2013-2016

The Public Health Outcomes Framework (PHOF) had 3 indicators in the health improvement domain which Nottingham City is rated to be significantly worse than the England average (Public Health England, 2014):

- 2.03 – Smoking Status at the time of delivery
- 2.14 Smoking prevalence – routine and manual groups
- 2.14 Smoking Prevalence (adults)
- 2.15 Smoking Prevalence - 15 year olds (Placeholder- the methodology for this has not been agreed)

It also contains indicators relating to reducing premature mortality from smoking related diseases including cardiovascular disease, respiratory disease and cancer.

5.3 CCG Outcomes Framework 2014/15

The outcomes framework for CCGs had 2 indicators relating to smoking in 2014/15 (NHS England, 2015):

- Reducing premature death in people with severe mental illness - severe mental illness: smoking rates.
- Reducing deaths in babies and young children – Maternal smoking at delivery

5.4 Council Plan 2015-2019

The Nottingham City Council Plan includes reducing smoking in pregnancy by a third, and to deliver a rolling programme of smoke free public spaces where local people want them.

5.5 Nottingham Plan 2010-2020

The Nottingham Plan (Nottingham City Council, 2015) has a target to reduce smoking prevalence amongst citizens aged 18 years and over to 20% by the year 2020. The smoking prevalence in England was 20% in 2010 when the target was set and 39% in the city as measured by the Residents (now Citizens) Survey.

5.6 Nottingham Children's and Young People's Plan (CYPP) (2015.16)

Promoting the health and wellbeing of babies, children and young people is one of the priorities of the CYPP. The following indicator is included:

• % of women reporting smoking at the time of delivery

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5.7 Local Government Declaration on Tobacco Control

The Declaration commits the Council to:

- Reduce smoking prevalence and health inequalities and to raise the profile of harm caused by smoking to our communities
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use
- Participate in local and regional networks for support
- Protect tobacco control work from the vested interests of the tobacco industry
- Monitor the progress of our plans against our commitments and publish the results
- Join the Smokefree Action Coalition

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6 Vision, Priorities and Principles

6.1 Our Vision

To inspire a smokefree generation.

It is important to recognise that it is children who start smoking, not adults. Almost two thirds (65%) of smokers start before they are aged 18 (Health & Social Care Information Centre, 2014). Children who grow up in households where those around them smoke are 3 times more likely to become an adult smoker. Exposure to household smoking (role models) generates about 20,000 new smokers by the age of 16 each year (Leonardi-Bee, 2011).

The proportion of 15 year olds who smoke regularly in England has declined from over 20% in 1998 to 5.5% in 2014 with a higher proportion of 6.7% estimated to be smoking in Nottingham City (Public Health England, 2015). This represents a significant downward trajectory and an opportunity to secure a *smokefree generation.* Having a "tobacco free" generation by 2025 is a vision of Public Health England who state that the best way to achieve this is by helping children to stop smoking, by reducing smoking in the world around them (Public Health England, 2014). Public Health England describes this as prevalence of regular smoking amongst 15 year olds of 5%. This will be a challenge for more disadvantaged areas such as Nottingham where smoking prevalence is highest.

Nottingham city will work towards a smokefree generation by continuing to develop on its approach to comprehensive tobacco control outlined in this strategy.

6.2 Strategic Priorities

The Tobacco Control Strategy is driven by the following strategic priorities:

1. Protecting children from the harmful effects of smoking
2. Motivate and assist all smokers to quit
3. Reduce the supply and demand of illegal tobacco
4. Innovation, leadership and development in tobacco control

Reducing health inequalities caused by smoking is a cross cutting theme integral to all the four priority actions.

In addition to the development of local interventions, we aim to enhance national activity and, where appropriate, collaborate with regional colleagues to increase the impact of our local actions. These priorities are explained more fully in the following sections.

6.3 Key Principles of the strategy

The tobacco control strategy adopts the following principles:

- Reducing health inequalities is essential to reducing smoking prevalence
- We will take a partnership approach
- All tobacco control activities will be anti-smoking not anti-smoker
- Services will be developed and delivered in line with current best practice and best available research
- Local tobacco control activity should be developed through effective citizen engagement
- The needs of different populations across the City will be taken into consideration
- Non-smoking will be promoted as the social norm
- Resources should be targeted to the areas of greatest need

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6.4 Delivery of the strategy

The Nottingham Strategic Tobacco Control Group is a collection of partners from a range of organisations who work collaboratively to co-ordinate and steer the tobacco control agenda in Nottingham. The group has identified our tobacco control vision and will identify priority actions which will achieve the objective of reducing levels of smoking and health inequalities.

The Strategic Group is the key driver in pushing forward the tobacco control strategy and is accountable to the Health and Wellbeing Board.

Local action means:

- Taking a comprehensive approach
- Working in partnership
- Driving down inequalities
- Focusing on interventions with the best evidence base

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Tobacco Control Strategy Overview Nottingham City: 2015-2020

VISION

Smoke free Generation

AIM

To reduce the number of smokers in the city.

OUTCOMES

- Reduction in disease and death due to smoking
- Cleaner neighbourhoods
- Reduced absenteeism from work and improved productivity
- Reduced tobacco related crime
- Reduced costs to NHS and Social Care
- More disposable income for households

LOCAL TARGETS AND MEASURES

Nottingham Plan 2010-2020: Reduce the proportion of adults who smoke to 20% by 2020.

CCG Quality Indicator: Reduction in the number of people with severe mental illness who are currently smokers.

Council Plan 2015-2020: Reduce smoking during pregnancy by a third.

STRATEGIC PRIORITIES

1. **Protecting children from the harmful effects of smoking**
2. **Motivate and assist all smokers to quit**
3. **Reduce the supply and demand of illegal tobacco**
4. **Innovation, leadership and development**

PRINCIPLES FOR DELIVERY

- Reducing health inequalities is essential to reducing smoking prevalence
- We will take a partnership approach
- All tobacco control activities will be anti-smoking not anti-smoker
- Services will be developed and delivered in line with current best practice and best available research
- Local tobacco control activity should be developed through effective citizen engagement
- The needs of different populations across the City will be taken into consideration
- Non- smoking will be promoted as the social norm
- Resources should be targeted to the areas of greatest need
- A shared strategic approach among partners with clear vision and leadership

DELVERY OF THE STRATEGY

Health and Wellbeing Board
Strategic Tobacco Group
City Council
NHS
Citizens

7 Nottingham Tobacco Control Strategic Priority Actions

7.1 Priority Action One: Protect children from the harmful effects of smoking

Challenges for Nottingham

- There is evidence that smoking prevalence amongst 16 and 17 year olds in the City is higher than the England average (JSNA, 2015).
- There are currently no services or initiatives that specifically seek to reduce smoking initiation amongst children and young people (JSNA, 2015)
- There are no services or initiatives aimed at reducing smoking in the home or exposure to second-hand smoke amongst children (JSNA, 2015)
- It is important to not only protect children from the harmful effects of second hand smoke but also smoking behaviour (JSNA, 2015)

To achieve this priority action we will:

- Discourage young people from taking up smoking
- Reduce young people's access to tobacco
- Ensure high levels of legislative compliance are maintained
- Reduce the supply and demand of illegal tobacco
- Encourage those young people who already smoke to quit
- Promote the right of all children and young people to be protected from the dangers of secondhand smoke
- Develop initiatives that promote smokefree outdoor environments where children and young people are present
- Develop interventions to reduce the exposure of children to second hand smoke in different settings including the home
- Encourage City schools to adopt gold standard smoke free policies that promote a smoke free lifestyle for the whole school community (NICE guidance PH 23)
- Continue to provide specialist support for all pregnant smokers and their families

We know what works to reduce the uptake of smoking and increase cessation in adults. We know much less about what works to reduce inequalities in smoking, particularly in young people. (Stead & Lancaster, 2012)

A dual approach to youth smoking – prevention, cessation and protection
Reduce Demand:

- Individual aspirations and desirability (positive image, beliefs, skills)
- Social norms (acceptability, smoking related attitudes, social norms)
- Addiction (cessation, delay uptake)

Reduce Supply

- Access
- Availability
- Affordability

What makes a difference to youth smoking?

Strategies that work have:

- Reduced parental smoking
- Reduced tobacco related imagery

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- Reduced affordability and accessibility
- Reached the whole population – what works for adults, generally works for children

Prevention
Around two thirds of adult smokers report that they took up smoking before the age of 18 with over 80% starting before the age of 20 (Health & Social Care Information Centre, 2014). Early uptake of smoking is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting and higher mortality. There is limited evidence to support smoking cessation services specifically for young people and it is acknowledged that prevention strategies are more successful.

Nationally education on smoking has formed part of the Personal Health and Social Education (PHSE) programme in both primary and secondary school; however, research suggests that interventions do not prevent but rather delay the uptake of smoking. (Sandford, 2003) There are a small number of evidence based prevention interventions available in relation to preventing the uptake of smoking amongst children and young people. It appears that the most effective way of reducing the uptake of smoking amongst young people is to have comprehensive tobacco policies in place that apply to the whole population (Public Health England, 2014).

Children and exposure to second hand smoke
Children and infants face the highest level of second hand smoke exposure in the home as they are often unable to remove themselves from smoky environments. With smaller airways than adults, faster rates of breathing and less developed immune systems, children and infants are generally more vulnerable to any adverse health effects compared with adults (Royal College of Physicians, 2010). Smoking prevalence in the 2014 Nottingham Citizen's Survey was significantly higher amongst respondents with one or more children living in their home compared to respondents with no children living in the home (JSNA, 2015). Exposure to second hand smoke is a particular issue for children living in less affluent areas where adult prevalence is higher and quit attempts are lower (Royal College of Physicians, 2010).

Children who live with parents or siblings who smoke are up to 3 times more likely to become smokers themselves than those living in non-smoking households (Leonardi-Bee, 2011), therefore reducing adult prevalence has a more direct effect on children.

Smoke free outdoor public places have a significant role to play in normalising smoke free environments and showing our young people that smoking is the exception rather than the rule. (Tobacco Control Advisory Group, Royal College of Physicians, 2010)
Although there is little evidence to show that outdoor exposure to second hand smoke carries significant health risks, there is an increasing body of evidence that demonstrates that outdoor second hand smoke can be comparable to indoor levels under certain conditions. (Sureda, Fernandez, Lopez, & Nebot, 2013)

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7.2 Priority Action Two: - Motivate and assist every smoker to quit

Challenges for Nottingham

- There is a positive correlation between smoking prevalence and deprivation. Several wards have exceptionally high levels of smoking which are significantly higher than the City average and almost twice the national average (JSNA 2015)
- Smoking rates continue to be significantly higher amongst routine and manual groups in the City (JSNA, 2015).
- Smoking prevalence is particularly high amongst adults from eastern European countries who have settled in the UK including Nottingham (JSNA, 2015).
- Adults who drink at levels which harm their health and adults with substance misuse problems have very high rates of smoking (JSNA, 2015)
- Smoking prevalence is much higher amongst adults with poor mental wellbeing and amongst adults with mental health problems who smoke especially those with serious and enduring mental health problems (JSNA, 2015).
- Available national and local evidence suggests that smoking prevalence is particularly high amongst lesbian, gay, bisexual and trans (LGBT) groups (JSNA, 2015).
- There is a need to increase take up of very brief advice providing the opportunity for all citizens to receive good quality signposting or referral to New Leaf (JSNA, 2015).

To achieve this priority action we will:

- Actively encourage and support people to stop smoking through the provision of high quality, evidence based services
- Increase the uptake of NHS stop smoking services
- Increase the number of referrals to NHS stop smoking services via NHS and other colleagues and partner organisations
- Target delivery and ensure services are accessible to those citizens with the greatest need
- Ensure workplace smokefree policies are effectively implemented
- Increase access to the specialist stop smoking service during pregnancy
- Develop specific pathways and treatment models for people with different levels of mental health problems
- Ensure pathways and appropriate service models exist for people with drug and alcohol problems who wish to stop smoking
- Engage with groups with high smoking prevalence including eastern European, people of mixed/dual heritage and LGBT smokers.
- Seek to provide a whole system approach to very brief advice creating opportunities and encouraging health and social care colleagues, voluntary sector and service providers to access training.
- Encourage smokers also using e-cigarettes to stop smoking.
- Encourage smokers who want to use e-cigarettes to seek out their local NHS stop smoking services where they can get evidence based behavioural support and pharmacotherapies.
- Ensure that the local NHS stop smoking service is equipped to support quitters who are also using e-cigarettes.
- Support partner organisations to develop clear and well thought out policies on e-cigarette use in different settings.

Overall, Nottingham has seen a reduction in smoking prevalence since reporting began in 2009 (JSNA, 2015). Enabling an integrated stop smoking approach is essential to achieve the tobacco control objective of motivating and assisting every smoker to quit and to de-

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normalise smoking. It is important to continually promote the message that stopping smoking completely is the best option and that it is achievable.

Local NHS Stop Smoking Services are extremely cost effective and behavioural support combined with the use of quitting aids (nicotine replacement therapy) can increase a smoker's chance of quitting significantly (National Institute for Health and Care Excellence, 2008). The All Party Parliamentary Group on Smoking and Health described the services as one of the most cost-effective interventions provided by the NHS and concluded that commissioning of stop smoking services should be a priority for Local Authorities. It is important that services are accessible to all smokers but in particular to pregnant women, low income and routine and manual groups. (Health and Social Care Information Centre, 2015) However, the number of people accessing stop smoking services has declined significantly over the past 3 years in England so that the number accessing in 2014/15 is lower than in 2004/05 (Health and Social Care Information Centre, 2015).

Electronic Cigarette (E-cigarettes)
The 2015 Public Health England commissioned report into the evidence base associated with e-cigarettes (McNeil, 2015) found that around one in 20 of the general adult population in England (and GB) use e-cigarettes. Current users are almost exclusively smokers or ex-smokers and use among long-term ex-smokers is considerably lower than among recent ex-smokers. E-cigarettes are the most popular quitting aid in England whilst local stop smoking services (LSSS) provide the most effective support. In 2014/15, quitters who have combined e-cigarettes with LSSS have experienced exceptionally high successful quit rates. The report recommends that smokers who have unsuccessfully tried other methods of quitting could be encouraged to try e-cigarettes and that local stop smoking services should also offer behavioural support. These are approaches that will be developed locally in light of the continuing emerging evidence base on e-cigarettes.

Nottingham Smoking Cessation Service
As smoking remains one of the main causes of preventable ill health, early death and disability, it is essential that Nottingham citizens know where they, their family, friends and colleagues can get help and advice on how to stop smoking.

The CityCare Partnership hosts the New Leaf Nottingham City Stop Smoking Service which was established in 2000. It is the current sole provider of stop smoking support for Nottingham City and over the years it has greatly expanded its range and remit. New Leaf works in partnership with a wide range of stakeholders including Clinical Commissioning Groups, G.Ps, the City Council, Nottingham University Hospital Trust, Nottinghamshire Healthcare NHS Trust, Community Pharmacists, the voluntary and third sector and workplaces to promote and increase access to the service.

The service offers a comprehensive package of evidence based service including intensive behaviour change support delivered by specialist advisors. Service delivery has been developed and expanded overtime to provide support in more than 50 local sessions across the city including evening and week-end provision and dedicated telephone support to improve equitable access.

During 2015/16 New Leaf and its commissioners agreed targets to build on existing work prioritising hospital patients, people with mental health problems, pregnant women and routine and manual groups.

Numbers accessing and setting a quit date through NHS Stop Smoking services declined nationally by 23% from 2013/14 to 2014/15, with New Leaf seeing a reduction of 21% accessing their service during the same period (Health and Social Care Information Centre, 2015). Reasons for this may be cited as a reduced number of smokers overall and an increase in the use of electronic cigarettes. Of the total of those setting a quit date in

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2014/15 across Nottingham City 56% were either unemployed for over a year, unable to work through illness, a home carer (unpaid) or in a routine and manual occupation.

Smoking in pregnancy
Smoking is harmful to the mother and the unborn child (National Institute of Clinical Excellence, 2010). Risks associated with smoking in pregnancy include complications during labour, low birth weight, miscarriage and premature labour. Despite these risks a significant number of women continue to smoke throughout their pregnancy. There are clear and established links between smoking in pregnancy and disadvantage with women in more deprived areas more likely to smoke than those in more affluent areas (Health & Social Care Information Centre, 2014).

Mental health and substance misuse
More than 40% of all tobacco consumption is by those with a mental illness (McManus, 2010). Over 50% of those smokers say they would like to stop but are less likely to be offered help to do so (Szatkowski & McNeill, 2013).

Smokers with mental health problems are more likely to smoke more heavily with the heaviness of their smoking related to the severity of their illness (Royal College of Physicians, 2013). There is also considerable evidence to show high rates of smoking amongst health professionals who work in mental health settings. (Khara & Okoli, 2011) Surveys have revealed that people with all categories of mental health problems have higher levels of smoking. However, much higher rates of smoking have been observed among those living in mental health institutions with nearly three quarters reporting as smokers (McManus, 2010).

A systematic review (Taylor, 2014) found significant improvements in anxiety, depression, and stress following smoking cessation. The size of the effect was as large amongst patients with mental health problems as with those without, and similar or larger than those of antidepressant treatment for mood and anxiety disorders. This supports the view that smoking cessation is positive for mental health, and that it is the withdrawal symptoms from smoking that cause worsening of mental health symptoms rather than smoking improving them.

There is a strong relationship between smoking and substance misuse and treatment. The majority of studies show that adding smoking cessation therapy to substance abuse treatment programmes yields higher overall drug and alcohol abstinence *(Tsoh et al, 2011).* There is an unmet clinical need of smoking cessation support not being delivered to this high prevalence population. (Thurgood, McNeill, & Brose, 2015)

Smoking and ethnicity
Levels of smoking vary greatly between different ethnic groups and between men and women within these groups (Millward & Karlsen, 2011). Adherence to religious traditions which discourage tobacco use may account for part of these differences. While smoking prevalence has declined amongst the general adult population this pattern does not seem to be reflected in some black and minority ethnic communities. (Millward & Karlsen, 2011) Tobacco use among these groups has important implications when planning health services, tackling health inequalities and lifestyle related disease and providing stop smoking services.

LGBT (lesbian, gay, bisexual, transgender) groups
Research suggests that a higher percentage of gay and lesbian adults and teenagers are regular smokers compared to the rest of the population and that among LGBT communities a high proportion are heavy smokers (National Centre for Smoking Cessation and Training and Public Health England, 2014).

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7.3 Priority Action Three: Reduce the supply and demand of illegal tobacco

Challenges for Nottingham

- Illegal tobacco is a significant source of the tobacco smoked in the city (JSNA, 2015)
- Trading Standards do not have a dedicated resource to work on illegal tobacco (JSNA, 2015)

To achieve this priority action we will:

- Increase awareness of the dangers of illegal tobacco
- Reduce the supply and demand of illegal tobacco
- Ensure high levels of compliance are maintained
- Establish a local evidence base on illegal tobacco in Nottingham
- Allocate resources to tackle illegal tobacco
- Work at a supra-local level where appropriate

Price is the single most effective lever in helping smokers to stop. This is especially the case for young people and those on a low income who are disproportionately affected by the high cost of tobacco (Tackling Illict Tobacco for Better Health partnership., 2014). Access to cheap illegal tobacco undermines tobacco tax policies and harms health by potentially increasing tobacco use. In order to tackle the problem effectively a range of actions need to be taken at international, national, regional and local levels.

Illegal tobacco brings crime into our communities and neighbourhoods and increases cases of nuisance and noise. The age of sale for tobacco is 18 years however the sale of illegal products is completely unregulated and allows young people easy access. The buying and selling of illegal tobacco is not an innocent crime. It is linked to serious and organised crime including people trafficking, drug and firearms smuggling (Tackling Illict Tobacco for Better Health partnership., 2014).

It is important to avoid the message that genuine tobacco is safer or better quality than the fake versions. All tobacco is harmful and cigarettes kill half of all smokers whether they are legal or not.

Cheap illegal tobacco undermines everything that tobacco control programmes put in place to reduce health inequalities and the seriousness of its impact in our communities should not be underestimated.

The Fake Campaign

The Fake Campaign enables Trading Standards to communicate with citizens using a consistent and effective message and provides a safe means for citizens to report the availability of illegal tobacco. Trading Standards is committed to working in partnership to make a difference in this area and to reduce the supply of illegal tobacco across the City. The service works in partnership with Nottinghamshire Police, HM Revenue and Customs (HMRC), citizens, local businesses, stop smoking services and regional colleagues to stop the sale and distribution of these goods by seizing any illegal products sold from any premises including private addresses. Key to success is the ability of Trading Standards to secure local intelligence and act upon it.

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7.4 Priority Action Four: Innovation, leadership and development in tobacco control

Challenges for Nottingham

- We continue to face challenges in engaging key stakeholders
- A consistent, coherent and coordinated communications strategy is needed
- Reaching high priority groups including routine and manual, pregnant women, young people, LGBT groups, mental health, substance misuse and long term conditions through effective communications remains a challenge (JSNA, 2015)

To achieve this priority we will:

- Continue to support and endorse the principles set out in the Local Government Declaration on Tobacco Control
- Encourage and support public, private and voluntary sector partners to sign the Community Declaration on Tobacco Control
- Ensure our vision for tobacco control is widely understood and shared by others across partner organisations
- Ensure senior elected members and colleagues assert a clear ambition for tobacco control in the city
- Establish a broader network of partner organisations involved in a tobacco control partnership
- Develop a consistent, coherent and coordinated communication strategy
- Extend and promote smoke free environments where citizens want them
- Support new tobacco control legislation with effective communication across the city
- Continue to support and endorse the principles set out in the Local Government Declaration on Tobacco Control
- Ensure clinical leadership champions are identified and engaged

Partnership Working

A comprehensive tobacco control agenda requires a structure that supports clear accountability and strategic decision making as well as allowing for a wide range of partners with different expertise to engage with the agenda at different levels. Reducing smoking prevalence requires a co-ordinated multi-agency, multi-sector approach with clear outcomes to which managers and leaders at every level are held accountable (Department of Health, 2008). Responsibility for tobacco needs to be joined up and cross boundary.

In order to create a joined-up approach and tackle tobacco control as a shared priority a strategic partnership, with members able to work together is fundamental. A strong partnership will bring together all of the proposed actions in this strategy, taking an ad-hoc approach will fail to have any impact on reducing smoking prevalence and in turn inequalities. By working in partnership with a range of partners the harmful effects of tobacco use and the benefits of quitting can be better communicated while the wider health needs of our citizens will be met more effectively. Partnerships are an asset in moving the tobacco control agenda forward.

Leadership

Effective tobacco control needs to be driven by local priorities, local action and local leadership. (Department of Health, 2008).

In order to drive change and reduce smoking prevalence leadership is necessary at all levels.

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Around 1 in 5 Nottingham citizens are raising their risk of premature death as a result of smoking. We need to build structure around our tobacco control strategy and ensure it is supported by an effective and integrated delivery plan. Strong and effective leadership is essential to provide the political will, strategic thinking and high level recognition that tackling smoking in Nottingham is a priority.

Local Government Declaration on Tobacco Control
Nottingham City Council signed the Local Government Declaration on Tobacco Control in September 2014. It is based on Nottingham's Declaration on Climate Change and developed by Newcastle City Council as a response to the enormous and ongoing damage smoking does to our communities. It is a commitment to take action, a statement of the Council's dedication to protecting their local communities from the harms caused by smoking, a demonstration of local leadership and an acknowledgement of best practice.

Nottingham City and Nottinghamshire County Councils have developed a Community Tobacco Control Declaration. Local businesses and organisations are being encouraged to sign up which will extend the value and impact of the Local Government Declaration.

Motion on Tobacco Control
Along with the Local Government Declaration on Tobacco Control Nottingham Councillors gave their support to a Motion on tobacco control. As well as recognising that illicit and counterfeit tobacco funds and supports serious and organised crime and increases children's access to tobacco, the Motion pledged a number of actions including:

- Maximising the powers held by the Council to tackle illicit and counterfeit tobacco
- Continue to work with citizens and colleagues to prevent the uptake of smoking amongst children and young people
- Building on the success of smoke free playgrounds and where local people want them, designate further smoke free spaces

Communications
Communication is central to tobacco control. Effective communications activity brings together the different elements of tobacco control, raises awareness of tobacco control issues and strengthens public support for the agenda.

Establishing a communications component as part of a strategic approach to tobacco control, for both internal and external communications, is vital. We must ensure that all partners are on message and that clear and consistent messages are being relayed to local citizens.

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8 Strategy, Implementation, Monitoring and Reporting

- The Nottingham Strategic Tobacco Control Group will be responsible for implementation of the Strategy and is accountable to the Health and Wellbeing Board.

- Performance data in relation to the outputs listed and collated in the Action Plans will be collated and reported to the Strategic Tobacco Control Group bi-annually.

- An annual review process will be undertaken to ascertain the effectiveness of the strategy and associated delivery plans. This will be subsequently used to inform effective commissioning and to overcome any potential obstacles to delivering the strategy.

8.1 Measuring our success

The Public Health Outcomes Framework includes 4 health improvement indicators which are relevant to this strategy:

- Smoking status at time of delivery
- Smoking prevalence - adults
- Smoking prevalence – 15 year olds
- Smoking prevalence – mental health patients

8.2 Local Targets

- The Nottingham Plan has a target to reduce adult smoking prevalence to 20% by 2020.

- The Nottingham Children and Young People's Plan includes an indicator of the percentage of pregnant women smoking at time of delivery

- Supporting the delivery of the actions addressed in the Motion on tobacco control

- The Nottingham City Council Plan from 2015 to 2020 has an indicator to reduce smoking in pregnancy by a third and an indicator to roll out a programme of smoke free outdoor public spaces where people want them.

8.3 Resources

Implementation of the strategy will be dependent on resources, both financially and in kind from all partners. Considering the current economic climate, the activities detailed in the action plans have aimed to build on opportunities to work smarter and in partnership, thus reducing the need for additional resources wherever possible.

8.4 Tobacco Control is everybody's business

Underpinning the Nottingham tobacco control strategy is the recognition that to effectively reduce the impact of tobacco use within our communities a multi-agency approach is required. Stakeholders from across a range of organisations including local government, the NHS, private and voluntary sectors all have valuable contributions to make in shaping tobacco control strategies and policies and delivering priority actions.

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