

West Sussex Health and Wellbeing Board



Report Title: West Sussex Tobacco Control Strategy

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Executive Summary

This paper sets out a proposal regarding the County Council working in partnership with stakeholders to co-produce a West Sussex strategy for tobacco control. The strategy will detail the West Sussex ambition to lead tobacco control actions which will reduce health inequalities and yield economic benefits. The plan is intended to cover the period 2019 -2022; a timeframe aligned with the National Tobacco Control Plan.

The previous West Sussex Tobacco Plan was launched in 2014 and this plan ended in 2018 so needs to be replaced. The previous plan addressed the local implications of national policy at the time; broadening action from stopping smoking to wider tobacco control. The proposed future strategy will target deprived areas and people with the greatest need, based on best population data and evidence of effectiveness. It will take into account changes in context since the previous plan including resources available to stakeholders, the draft Health and Wellbeing Strategy, future plans for social care and the NHS (such as the NHS long term plan) and the Sustainability and Transformation Partnership Case for Change. It will be informed by learning from other areas (including innovations). The strategy will highlight how each stakeholder can support tobacco control as part of a whole system approach (in line with the West Sussex public health vision).

If approved ,awareness of the West Sussex Tobacco Control Strategy will be raised on No Smoking Day, 13th March 2019 at an event in an area of the county with a high smoking prevalence.

The Health and Wellbeing Board is asked to:

- 1: accept the proposal of a tobacco control strategy for West Sussex to contribute to work which helps to tackle health inequalities.

2: comment on the strategy as part of the strategy engagement process. There will be an opportunity to do this at the Board members seminar in February. An outline of the contents of the Tobacco Control Strategy is included as Appendix 1.

3. recognise how the Tobacco Control strategy supports the Health and Wellbeing strategy through taking a system leadership model, and will be invited to provide the leadership for the Tobacco Control Strategy, which is delivered through the Smokefree West Sussex Partnership.

1. BACKGROUND

1.1 Smoking is the leading cause of premature morbidity and mortality in England. This is higher than all other causes of preventable deaths combined. Smoking is also central to tackling health inequalities as smoking related death rates are higher in low income groups compared to wealthier groups.

1.2 A comprehensive tobacco control strategy for West Sussex will support the Joint Health and Wellbeing Strategy (2019 - 2024) goals in the following ways:

1.2.1 Starting well

Smoking in pregnancy rates remain stubbornly high compared to the national ambition, along the Coastal strip of West Sussex.

Improved infant and maternal outcomes, especially in most deprived areas.

Smoking in pregnancy increases risk of miscarriage, still birth and babies being born with long term medical conditions. NICE guidance recommends that women have their carbon monoxide (CO) level measured and are asked about their smoking status and that of their partner at booking. Where smoking is recorded maternity professionals need to be trained to deliver very brief advice and support the smoker to quit using the services available.

Children grow in a safe and healthy home environment with supportive and nurturing parents and carers

Breathing in other people's cigarette smoke is called passive, involuntary or second hand smoke. In the UK around 2 million children are estimated to be regularly exposed to second hand smoke. The 2010 landmark report by the Royal College of Physicians, state that "passive smoking in the home is a major hazard to the health of the millions of children in the UK who live

with smokers.” They conclude that “passive smoking is a significant cause of morbidity and mortality in babies and children.

Children being brought up in a home with tobacco are at increased risk of respiratory illness such as asthma, bronchitis, and flu. Middle ear infection risk is also increased and those children exposed to both parents smoking are significantly more at risk of needing surgery for middle ear infections. Exposure to second hand smoke has also been linked to meningitis and childhood cancer. These disorders generate over 300,000 UK GP consultations and about 9,500 admissions to hospital each year (Action on Smoking and Health (ASH), 2014)

Children and young people leaving care and healthy and independent

Living with an adult who smokes is the biggest factor influencing the smoking behaviour of young people. The What About Youth (WAY) Survey found that a higher proportion of young people in West Sussex (aged 15) are smokers compared to England.

1.2.2 Living and working well

Smoking prevalence in West Sussex, like the rest of England, is at its lowest rate since records began at 12.4%, but this hides variation across the districts and different population groups. Adults working in routine and manual occupations in West Sussex are more than twice as likely as those in professional or managerial roles to smoke. Cultural attitudes to smoking show differences between different ethnic groups, with people being born in Poland being significantly more likely to smoke compared to those born in the UK.

People are able to look after their own health and wellbeing

To reduce tobacco use needs a coordinated approach across society to address the factors that influence individual behaviour. Stop smoking services, commissioned by public health are part of the solution, but will not have the desired effect in isolation. A “make every contact count” approach is needed across the system to encourage and support smokers to access the services available. By accessing trained stop smoking advisors through the stop smoking services, smokers are 4 times more likely to quit smoking than if they try to quit by themselves. Currently smoking cessation services are available in GP practices and community pharmacies across the county. In addition a coherent and consistent, communication campaign is necessary to maintain awareness of the risks of smoking and the support available to quit.

Tobacco smoking exacerbates inequalities between the most and least deprived in the county. There are at least 73,413 households in West Sussex with at least one smoker. The average number of cigarettes smoked among current smokers in England in 2017 was 16 cigarettes per day. Daily consumption is thought to vary with age, with those aged 25-34 years consuming the highest number of cigarettes (23 per day in 2017 £9.89, £3,609.85 per year) compared to those aged 60 years and over (consuming on average 8 cigarettes per day £3.44,

£1,255.60 per year). Those aged 16-24 years consume on average 19 cigarettes per day £8.17, £2,982.05 per year).

When net income and smoking expenditure is taken into account, 24% of West Sussex households with a smoker, fall below the poverty line. If these smokers were to quit an estimated 5,362 households in West Sussex would be elevated out of poverty.

1.2.3 Ageing well

Older adults stay healthier, happier and independent for longer

Smoking costs West Sussex more than £196 million per year across health and social care, sickness absence and fires. The total additional spending on social care as a result of smoking for adults aged 50 and over during 2015/16 in West Sussex was approximately £20,703,951 (ASH 2017).

The latest data for West Sussex (2015- 2017) indicates there were almost 4,000 smoking attributable deaths among those aged 35 and over. Whilst mortality related to smoking is declining modestly, there is still a heavy burden on hospital services. Public Health England estimate that smoking attributable admissions in 2016/17 cost £24.90 per capita in West Sussex (those aged 35 plus).

Over the last five years smoking related admissions in West Sussex have increased by 13% (equating to more than 800 admissions per year). In comparison the number of smoking related admissions in England have increased by 8%.

1.3 The tobacco control strategy supports the system leadership model being developed by the Health and Wellbeing Board, providing the opportunity to

- Tell the West Sussex Story
- Working across organisational boundaries
- Developing a preventative ethos
- Being accountable to residents
- Innovation and improvement

1.4 In July 2017 the Department of Health and Social care published "Towards a smoke free generation: a tobacco control plan for England."

1.5 The objectives of the national plan are to

- Reduce the number of 15 year olds who regularly smoke from 8% to 3% or less.
- Reduce smoking among adults in England from 15.5% to 12% or less.
- Reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population.
- Reduce the prevalence of smoking in pregnancy from 10.5% to 6% or less.

1.6 To reduce tobacco use needs a coordinated approach across society to address the factors that influence individual behaviour. Stop smoking services, commissioned by public health are part of the solution, but will not have the desired effect in isolation.

1.7 "The mission of comprehensive tobacco control programmes is to reduce disease, disability and death related to tobacco use. A comprehensive approach-one that optimizes synergy from applying a mix of educational, clinical, regulatory economies and social strategies has been established as the guiding principle for eliminating the health and economic burden of tobacco use " (US Surgeon General, cited in the Tobacco Control Plan for England)

1.8 The driving ethical principal of tobacco control is that of fairness. A fairness for children and young people to grow up in an environment where smoking is not seen as the norm, for smokers to get help to quit, and for people to live and work without being exposed to the hazards of second hand smoke

1.9 The Department of Health identified 10 High Impact Changes to address tobacco control, and the West Sussex strategy will consider each of these and how they impact on individual choice, the community and the wider environment.

1.10 The West Sussex Tobacco Control plan was last updated in 2014. This plan ended in 2018 and needs to be renewed.

2. PROPOSALS

2.1 This report recommends the revision of the current Tobacco Control Plan for West Sussex to run from April 2019 to March 2022, in line with the national plan.

2.2 The new West Sussex Tobacco Control Strategy would consider the data available and national policy to identify the challenges that exist within the county. The strategy will determine a whole system approach, with actions for the next three years agreed by the membership of the Smokefree West Sussex Partnership. The action plan will be based on the Department of Health ten high impact changes and will consider the effect on the individual, the community and the environment.

2.5 The members of the Smokefree West Sussex Partnership on behalf of the organisations they represent are responsible for the delivery of the action plan, and raising the awareness of the impact of tobacco in a community

2.6 The Smokefree West Sussex Partnership consists of representation from the District and Borough Wellbeing teams, NHS Trusts, Health4 Families, West Sussex Trading Standards, West Sussex Fire and Rescue Service.

2.7 Once the strategy has received sign off, it will be launched at an event on 13th March, No Smoking Day, 2019. The venue for the event will be in one of the Districts with the highest level of smoking. The Board members from the Health and Wellbeing board will receive invitations to the event. It will also be used as an opportunity to provide an update session for the trained stop smoking advisors from across the county.

3. NEXT STEPS

3.1 The Health and Wellbeing Board accept the proposal of a tobacco control strategy for West Sussex to contribute to work which helps to tackle health inequalities.

3.2 The Board will be asked to comment as part of the strategy engagement process. There will be an opportunity to do this at the Board members seminar in February. An outline of the contents of the Tobacco Control Strategy is included as Appendix 1.

3.3 The Board members recognise how the Tobacco Control strategy supports the Health and Wellbeing strategy through taking a system leadership model, and will be invited to provide the leaders for the Tobacco Control Strategy which is delivered through the Smokefree West Sussex Partnership.

Appendix 1: Outline of the Tobacco Control Strategy 2019 -2022

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