Nottinghamshire County Council

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

APPROVAL OF JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER: TOBACCO CONTROL

Purpose of the Report

1. To request that the Health & Wellbeing Board approve the refreshed Nottinghamshire Tobacco Joint Strategic Needs Assessment (JSNA) chapter.

2. This report contains an executive summary of the chapter. The Health & Wellbeing Board is requested to approve the full chapter which is available as an appendix to this report and available for review on Nottinghamshire Insight.

3. To consider the themes in appendix 2 that have been identified as part of the CLeaR workshop held on Tuesday 3 December 2019, and identify if any further actions are required.

Information

4. Tobacco use remains a significant public health challenge. The main method of tobacco consumption is through smoking. Smoking is still the leading cause of preventable illness and premature death in England; in 2016, around 78,000 were attributable to smoking in the UK, representing 16% of all deaths. Smoking causes harm to the heart (it doubles the risk of a heart attack), the lungs (it causes 84% of lung cancer and 83% of Chronic Obstructive Pulmonary Disease deaths) and the brain (it increases the risk of stroke by at least 50%) amongst many other health impacts (Public Health Engalnd, 2018). .

5. Smoking also has a significant financial impact, costing the country approximately £12.5bn per year, including £2.4bn to the NHS and £8.9bn from lost productivity (Actionon Smoking & Health, 2019).

6. The percentage of people who smoke in Nottinghamshire is 15.4%. This is above the current England average and varies widely across the county, rising to 23.1% in Mansfield and 3.6% in Rushcliffe. Smoking prevalence is higher amongst certain groups, such as routine & manual (R&M) workers (26.7%), people with serve mental illness (40.5%). It therefore contributes to social inequalities (e.g. routine & manual workers in Newark & Sherwood are more than six times more likely to be a smoker than the rest of the population). Nottinghamshire also continues to have a higher rate of smoking during pregnancy than the England average (14.7% versus 10.8%) (Public Health England, 2019).

7. This chapter is a refresh of the 2015 Tobacco chapter. It considers all forms of smoking and tobacco consumption, alternate methods of nicotine delivery, such as e-cigarettes and the wider effects of tobacco upon the community, across all ages and takes into account the wider determinants of health. The smoking of illicit substances is out of scope and considered separately in Substance Misuse: Young people and adults (2018).

8. Notable changes in Nottinghamshire since the previous JSNA was published include;
    -   In April 2016, Smokefree Life Nottinghamshire run by Solutions 4 Health became the new provider for Nottinghamshire's stop smoking service
    -   Smokefree polices have been implemented across all prisons nationally
    -   There has been a national increase in the use of e-cigarettes as an aid to quitting smoking with a better understanding of associated health risks.
    -   The development of Integrated Care Systems (ICSs), Integrated Care Partnerships (ICPs) and Primary Care Networks (PCNs).

9. A summary of the responses to the preceding assessment can be found in appendix 1 of the chapter.

10. This JSNA chapter has been endorsed by the Tobacco task & finish group, a virtual group made up of key stakeholders and partners across Nottinghamshire involved in working to reduce the harm from tobacco.

Unmet needs and service gaps – What we still need to improve

11. An overview of the unmet needs and service gaps identified in this chapter include:

Stopping smoking
-   A stop smoking approach that takes into account different personal factors such as age, sex, sexual orientation, ethnicity, level of education, mental health, levels of motivation and previous quitting methods or attempts.
-   Services or support that is widely known, easily accessible and with as few barriers as possible.
-   The need to focus on geographical inequalities in smoking prevalence, with districts such as Ashfield, Newark and Sherwood and Mansfield having a much greater smoking prevalence than the rest of the county.
-   The ongoing social inequalities in smoking prevalence which require equalising, particularly affecting groups such as routine & manual workers and those with a mental health condition.
-   The ongoing challenges with smoking in pregnancy- the Nottinghamshire smoking at time of delivery (SATOD) rate is significantly higher than the England average.
-   The utilisation of popular novel technologies, such as e-cigarettes, as an adjunct to Nicotine Replacement Therapy (NRT) and behavioural support to help people to quit smoking.
-   The links between stop smoking services and other lifestyle services, particularly those that may play a role in relapse prevention.

Preventing uptake
- Evaluation of early-intervention programmes, such as ASSIST.
- To reach more young people through social media awareness campaigns around the dangers of tobacco and the benefits of being smoke-free that are tailored to acknowledge the variations in local populations.

Reducing harm from tobacco use
- The demand and supply of illegal tobacco and be aware of the potential for the supply of newer counterfeit products, such as e-cigarettes.
- A harm reduction approach, as specified in NICE guidance, for those who are unwilling to stop smoking or unable to stop completely, enabling the stop-smoking service to reach further into the smoking population.
- Enforcement of existing legislation designed to protect others from second-hand smoke (e.g. the ban on smoking in private vehicles with under-18s present).
- Supporting the promotion and dissemination of guidance on safer smoking practices.
- Embedding routine brief advice on smoking and a healthy conversation approach across Nottinghamshire.
- Consistent knowledge and information on partner organisations work that supports the tobacco declaration.
- Supporting mechanism that allow for tobacco control activity to be planned and implemented across Nottinghamshire.

Recommendations for consideration by commissioners

12. The recommendations identify key changes needed to address key tobacco priorities for residents in Nottinghamshire. In most cases they represent measures that should be taken alongside or in addition to current arrangements and levels of investment.

Recommendations	Lead Organisations			
	Local Authority	Service Providers	District & Borough Councils	Others
Overall Tobacco Control Approach				
An approach that;				
• targets the communities in which smoking prevalence is highest .	✔	✔	✔	
• engages further with known priority groups, such as young people, pregnant women, and routine & manual workers in order to address smoking inequalities.	✔	✔		

	Recommendations	Lead Organisations			
		Local Authority	Service Providers	District & Borough Councils	Others
1	• engages with 'at-risk' groups not currently targeted, such as the LGBT community, certain ethnicities and other minority groups.	✓	✓		
	• addresses the challenge of reducing smoking prevalence in those suffering from a mental health condition.	✓	✓		
2	Informed future commissioning arrangements through understanding local in-depth insights in to the local population.	✓	✓	✓	✓
Stopping Smoking					
3	A clear position guided by current evidence in the use of e-cigarettes as an effective quit method and to understand any cultural influences on their use.	✓	✓		
Preventing the Uptake					
4	Understand the impact of the ASSIST peer led programme locally.	✓	✓		
5	Understand the role for wider evidence-based prevention programmes across the county.	✓			
Reducing harm for Tobacco use					

	Recommendations	Lead Organisations			
		Local Authority	**Service Providers**	**District & Borough Councils**	**Others**
6	Locally self-assess work on a broad range of tobacco control issues through; • Evaluating local action on tobacco control • ensuring that local activity follows the latest evidence-based practice • identifying priority areas for development and help with effective planning • monitoring improvements to services over time	✓	✓	✓	✓
7	Target those that trade in illegal tobacco.	✓	✓	✓	
8	Continue to support efforts to reduce the harm from tobacco use through; • Mass media campaigns • Extending smokefree environments • Supporting and enforcing current and emerging legislation • Safer smoking practices for those who continue to smoke	✓	✓	✓	✓

*NB – **services providers** includes but not limited to local stop smoking services, trading standards, acute, maternity and mental health trusts, primary care, youth services*
***Others** includes but not limited: Nottinghamshire Fire & Rescue Service, Integrated Care System and Integrated Care Partnership partners, Nottingham University, Public Health England, HM Revenue & Customs*

Other Options Considered

13. The recommendations are based on the current evidence available and will be used to inform decision making processes.

Reason/s for Recommendations

14. The chapter has been written to reflect current local issues.

Statutory and Policy Implications

15. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

16. There are none arising from this report.

RECOMMENDATIONS

1) That the Health & Wellbeing Board approves the Tobacco Control Joint Strategic Needs Assessment (JSNA) chapter.

2) Consider the identified themes in appendix 2 that emerged from Tobacco CLeaR workshop held on 3 December 2019, and support further information being presented to the Health & Wellbeing Board on Wednesday 4 March 2020.

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Constitutional Comments

17. The proposals set out in this report fall within the remit of this Board.

Financial Comments (DG 18/12/19)

18. There are no direct financial implications arising from this report.
Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Electoral Division(s) and Member(s) Affected

- All