

**12 October 2022**

**Agenda Item: 4**

## **REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD**

### **SECURING A SMOKEFREE GENERATION FOR NOTTINGHAMSHIRE**

#### **Purpose of the Report**

1. To agree partners' contributions to actions arising from the Nottinghamshire Health and Wellbeing Board workshop towards securing a smokefree generation for Nottinghamshire.

#### **Information**

##### **Local Context**

2. Tobacco is one of the 9 priority areas of Nottinghamshire's Joint Health & Wellbeing Strategy 2022-2026. At the workshop in July 2022 partners agreed the vision '*To work with our local partners to create a smokefree generation for all communities in Nottinghamshire by 2040*'.
3. Smoking is a leading driver of health inequalities and disproportionately affects the poorest and most vulnerable in society. Smoking remains an addiction that predominantly develops in childhood. Much progress has been made but smoking is still the leading cause of preventable illness and premature death in England and is one of the main causes of health inequalities across Nottinghamshire. Smoking accounts for almost half the difference in life expectancy between the richest and poorest in society.
4. Smoking and tobacco use is estimated to kill 1,124 people in Nottinghamshire every year.<sup>1</sup> Despite a continued decline in smoking, 14% of adults in Nottinghamshire smoke, which is above the current average for England (13.5%) and varies across the county rising to 19.8 % in Mansfield and 18.8% in Ashfield with the lowest rate in Rushcliffe 5.9%.<sup>2</sup>
5. In Nottinghamshire, smoking rates are particularly high among routine and manual workers (27.9%). In addition, 13.3% of pregnant women smoke at time of delivery with higher rates in Mansfield (19.2%) and Ashfield (17.1%). There are higher rates of smoking among people with serious mental health conditions compared to the general population in Nottinghamshire. 20.7% of adults with serious mental health conditions are smokers compared to 14% among

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<sup>1</sup> Office for Health Improvement and Disparities, 'Local Tobacco Control Profiles', accessed at: <https://fingertips.phe.org.uk/profile/tobacco-control/data>

<sup>2</sup> Nottinghamshire Insight, 'Tobacco Control Joint Strategic Needs Assessment 2020', accessed at: <https://www.nottinghamshireinsight.org.uk/research-areas/jsna/cross-cutting-themes/tobacco-control-2020/>

the general population.<sup>3</sup> Smoking rates amongst those with a mental health condition have not fallen during the last 20 years. This is estimated to be around 60% in those with probable psychosis and up to 70% for those in psychiatric units.<sup>4</sup> An estimated 1000 young people took up smoking in Nottinghamshire in 2018 (most recent data).<sup>5</sup>

## Evidence based approach to tobacco control mechanisms

6. As detailed in the Nottinghamshire Health & wellbeing Board workshop paper 27<sup>th</sup> July 2022, the evidence for tobacco control mechanisms requires interventions at the civic, community and service level.
7. National Institute for Health and Care Excellence (NICE) guidance NG209 identified that at the service level providing systematic behavioural support plus pharmacotherapy, nicotine replacement therapy or e-cigarettes provide the most effective way to support people to quit smoking. Informing people who smoke that a range of interventions are available to help them stop smoking along with explaining how to access and refer people into stop smoking support. All smokers should be offered [behavioural support](#) (individual and group) regardless of which option they choose to help them stop. NICE identify the following options:
  - Bupropion
  - [nicotine replacement therapy](#) (short and long acting)
  - Varenicline (in August 2022 Varenicline was unavailable in the UK)
  - [nicotine-containing e-cigarettes](#)
  - Allen Carr's Easy Way in-person group seminar
8. The guidance highlights that there is a lack of long-term evidence about e-cigarette usage. It explains that the effects of e-cigarettes are monitored by the Medicines and Healthcare Products Regulation Agency (MHRA), who have not evidenced any major concerns. It should be noted that monitoring does rely on events being reported.
9. NICE committee record they supplemented this knowledge with a view that because many of the harmful components of cigarettes are not present in e-cigarettes, switching to nicotine-containing e-cigarettes was likely to be significantly less harmful than continuing smoking.

## Feedback from the Health and Wellbeing Board workshop

10. The Nottinghamshire Health and Wellbeing Board is well positioned as a partnership in working towards securing a smokefree future in Nottinghamshire. At a workshop on the 27<sup>th</sup> of July 2022, the Board and partners considered how a smokefree generation for Nottinghamshire can be achieved. **Appendix 1** provides a summary and set of recommendations from this workshop. Within the briefing paper (July 2022) and workshop attendees were presented with information on:
  - Scale of the tobacco issue nationally and in Nottinghamshire

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<sup>3</sup> GP Patient Survey [GPPS] (2018, published in Local Tobacco Control Profiles, PHOF)

<sup>4</sup> NHS Digital. 1.23 Smoking rates in people with serious mental illness (SMI) [Internet]. 2016 [cited on 10/7/19]. Available at: [digital.nhs.uk/data-and-information/publications/clinical-indicators/ccg-outcomes-indicatorset/current/domain-1-preventing-people-from-dying-prematurely-ccg/1-23-smokingrates-in-people-with-serious-mental-illness-smi](https://digital.nhs.uk/data-and-information/publications/clinical-indicators/ccg-outcomes-indicatorset/current/domain-1-preventing-people-from-dying-prematurely-ccg/1-23-smokingrates-in-people-with-serious-mental-illness-smi)

<sup>5</sup> Nottinghamshire Insight, 'Tobacco Control Joint Strategic Needs Assessment 2020', accessed at: <https://www.nottinghamshireinsight.org.uk/research-areas/jsna/cross-cutting-themes/tobacco-control-2020/>

- Establishment of a Nottingham and Nottinghamshire Tobacco Control Alliance
  - Findings of the Challenge Leadership and Results (CLEAR) process for Nottingham and Nottinghamshire
  - Emerging issues such as illicit tobacco
  - NHS long term plan work on the maternal pathway and mental health inpatients pathway
  - Lived experience was illustrated through case studies
  - Summary of the Khan Review
  - Vision for Nottinghamshire
  - Update on the Tobacco Declaration.
11. Partnership commitment was then sought to actions arising from the CLEAR process, the vision and signatory to Tobacco Declaration agreed.
12. Workshop members reviewed the evidence of the use of e cigarettes. Attendees were also provided with the opportunity of discussing using e-cigarettes as a quit aid through group discussions. Groups were asked to explore three areas in relation to e-cigarettes including:
- a) clear and consistent messaging: how can we use clear and consistent messaging to promote the use of e-cigarettes as a quit aid without promoting them to those that don't currently smoke? What are you aware of that already exists and what are the gaps?
  - b) understanding government's direction on e-cigarettes: locally what can we do to support the government's direction on e- cigarettes? From your current roles and work with residents is this understood / clear?
  - c) the use of cigarettes as a smoking cessation tool: what are the barriers and opportunities to your organisation adopting this approach? What do you think is needed locally or within your organisation to utilise e-cigarettes as a quit aid?
13. Key feedback from the discussions included:
- Support for using e-cigarettes as a quit aid for treating tobacco dependency
  - Clear and consistent messaging regarding e-cigarettes is required
  - An updated, agreed consensus statement on the use of e -cigarettes as a quit aid to clarify and confirm the position for Nottinghamshire Health and Wellbeing Board
  - Pilot the use of e-cigarettes as a quit aid
  - Engage with communities and community champions about e-cigarettes as a quit aid
  - Ensure e-cigarettes are not appealing to young people
14. At the end of the workshop partners made pledges to deliver on tobacco control within their own organisation as detailed in **Appendix 1**. **Appendix 2** contains the Nottingham and Nottinghamshire Framework which provides additional outputs and outcomes for partners to deliver on to secure a smokefree generation.

### Other Options Considered

15. As tobacco is a priority for the Health and Wellbeing Board as outlined in its Joint Health and Wellbeing Strategy for 2022 – 2026 and therefore action is required, no other options were considered.

## Reason/s for Recommendation/s

16. The Health and Wellbeing Board recognise that tobacco related harm is a key priority in Nottinghamshire and have identified these actions which when delivered by Board partners have the potential to make a positive impact on Nottinghamshire residents. The overall aim being to *'To work with our local partners to create a smokefree generation for all communities in Nottinghamshire by 2040.'*

## Statutory and Policy Implications

17. 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

18. There are no direct financial implications arising from this report.

## RECOMMENDATION(S)

The Nottinghamshire Health and Wellbeing Board is asked:

- a) To approve and adopt the vision *'To work with our local partners to create a smokefree generation for all communities in Nottinghamshire by 2040.'*
- b) To sign up to the Nottingham and Nottinghamshire Tobacco Declaration and agree to take relevant action on smoking and tobacco, and for previous signatories to recommit to the Declaration.
- c) To commit to actions arising from the CLear process and the Nottingham and Nottinghamshire Framework for Action (Appendix 2).
- d) To ensure partner organisations have identified tobacco related outputs and outcomes (Appendix 2) they will deliver on and add these to the organisational pledges as detailed in Appendix 1.
- e) To review and endorse the consensus statement on e-cigarettes (Appendix 3).

**Cllr John Doddy**

**Chair of the Nottinghamshire Health and Wellbeing Board**

**For any enquiries about this report please contact:**

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### **Constitutional Comments (GMG 27/09/22)**

19. This report falls within the remit of the Health and Wellbeing Board to consider.

### **Financial Comments (DG 28/09/2022)**

20. 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.

- Nottinghamshire Health & wellbeing Board workshop paper (27 July 2022)

### **Electoral Division(s) and Member(s) Affected**

- All

