

Report to HEALTH AND WELLBEING BOARD

Update on Tobacco Control

Portfolio Holder:

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Purpose of the Report

This paper provides an update on tobacco control across Oldham.

Recommendations/Requirement from the Health and Wellbeing Board

To note the progress made against the three key actions set out in the tobacco control action plan

Request that the Board commits to continued support of the tobacco control agenda including:

- Consider next steps of the CLear self-assessment process
- Support the implementation of the CURE project in Royal Oldham Hospital
- Support the continuation of the Supporting a Smokefree Pregnancy Scheme
- Support the improvement of access to stop smoking treatments including e-cigarettes

Update on Tobacco Control

1 Background

1.1 On 14th March the Health and Wellbeing Board (HWB) agreed the outcomes and actions for Oldham's Tobacco Control Action Plan and a vision to create a smoke free borough. The outcomes were:

- Outcome 1: Reduce the number of tobacco users in Oldham
- Outcome 2: Reduce exposure to second-hand smoke (focusing on children and young people)
- Outcome 3: Reduce tobacco related health inequalities

1.2 Three key actions from the plan were identified as priorities to lay the foundation of the overall plan and contribute to the achievement of the outcomes outlined above, they are:

- Complete the first phase of the CLear process
- Review the Council's smoking policy
- Reduce the number of women who smoke during pregnancy

1.3 CleaR stands for Challenge, Leadership, Results and is a self-assessment tool that local areas can use which provides time out to review work on tobacco control scoring themselves against a range of questions that look at local priorities, services, leadership and results.

A workshop took place in October 2017 facilitated by Public Health England. A range of partners both internal and external to the Council attended and contributed. A focus was given to Oldham's position on leadership, smoking in pregnancy and mental health due to time constraints and identified need.

2 Current Position

2.1 CleaR

The workshop that took place in October 2017 highlighted areas which are working well and gaps across the system, connections were made between attendees and actions formed as to how gaps could be addressed. This has resulted in some positive joint working for example; between the Council, the provider of stop smoking services and Pennine Care who have been preparing to go smoke free on mental health wards from 1st April 2019.

The next step of the CLear process offers Councils the option to invite a 'peer-assessment' team to add rigour. The peer-assessment team make a report for the Council to decide how to move forward. The assessment which has since released version 2, can be done year after year to track progress.

2.2 Smoke free policy

The Council's smoke free policy goes live on 1st April 2019. The lead in time to the implementation has been well planned and commenced in January. There has been regular consultation throughout with managers and unions alongside a comprehensive communications plan, which has so far been received well.

To date signage has been provided for 74 Council sites and railing banners for 110 children's play sites, 23 parks, 7 cemeteries and 2 country parks. It has also provided posters and leaflets as part of the communications plan. However, this does not cover every Council site in Oldham, it includes the highest used sites by both staff and the public.

A press release will go out on 1st April informing the public of the Smoke Free Oldham policy.

2.2 Supporting a Smokefree Pregnancy Scheme (SaSFPS)

The primary aims of the SaSFPS are to improve the health of pregnant women and to reduce health risks to their unborn children. In this context, the key objective of the intervention is to encourage pregnant smokers to stop smoking.

The main goals of the scheme are;

- to support pregnant smokers to set a quit date and achieve a CO validated 4-week quit
- to provide enhanced support to those women who have set a quit date and achieved a 4-week quit, within the scheme, to remain smokefree throughout the pregnancy and for 3-months post-partum

Which is structured around the following elements;

- Enhanced cessation support
- A financial incentive/ reward for achieving and maintaining smokefree status
- Support from a Significant Other (SOS)

Data from the first year shows (although a delay in some data):

- 104 women recruited onto the scheme
- 16% of participants are teenagers and 56% of women are 25 yrs. and above
- 78% of participants identified as white British
- 5% any other white background
- 2% mixed white and Caribbean
- 8% Asian or Asian British Pakistani
- 74% of women identified themselves as either never worked or unemployed for more than 1 year (51%) or in routine and manual occupations (23%)
- 56% of women live with 1 or more smoker
- 40% of the women participating in the scheme, set a quit date and remained quit at the 4-week quit key monitoring point

Training for midwives in risk perception has recently been completed, which should further increase the engagement of pregnant women with the stop smoking service.

Funding for this scheme which includes a Maternity Support Worker (MSW) has been funded through GM, this funding will come to an end in May 2020. Discussions about the sustainability of the scheme including the MSW post are set to begin with providers and commissioners.

This work sits alongside the Saving Babies Lives care bundle element 1: Reducing Smoking in Pregnancy and the recently published NHS Long Term Plan.

2.4 CURE (Conversation, Understand, Replace, Experts and Evidence-base treatments)

The Greater Manchester tobacco control plan Making Smoking History (MSH) advocates a comprehensive, whole system approach to tackling tobacco. The CURE programme is an integral component of delivering this plan and is included in its strategy, delivering a service and pathway for patients admitted to acute care, taking advantage of a unique teachable moment.

The Royal College of Physicians document 'Hiding in Plain Sight: treating Tobacco Dependency in the NHS' is a call to action for the NHS to deliver comprehensive treatment for tobacco addiction as part of core activity and responsibilities.

Rollout has begun with a launch of CURE at Wythenshawe hospital in October. This is the flagship hospital leading this transformation funded pathway for Greater Manchester Cancer and the highest priority for improving the health of our local population. Greater Manchester Cancer has secured transformational health funds to help develop and implement this service across Greater Manchester. Royal Oldham Hospital is in the first wave of hospitals asked to rollout CURE and an initiation meeting has been scheduled for 10th April.

By implementing the CURE model in Oldham the following benefits have been estimated:

| | |
|--|------------|
| Reduction in re-admission numbers | 973.44 |
| Cost savings from reduction in re-readmissions | £1,566,265 |
| Lives saved within 1 year | 495 |

More information can be found in Appendix 1.

2.5 Great Manchester Fire & Rescue Service (GMFRS)

In October 2018 Oldham launched the annual Stoptober campaign with a town centre event hosted by GMFRS, Turning Point (provider of drug and alcohol services), Positive Steps (provider of stop smoking services) and Oldham Council.

The event also saw the official signing of a partnership agreement between the organisations named above. The agreement aims to encourage close partnership working and sets out a number of common objectives such as;

- Provide commissioned public health services and service users with training and information on how to refer or self-refer to GMFRS for a Safe and Well visit.
- Provide GMFRS personnel with training and information on public health and its commissioned services with a particular focus on Stop Smoking and Drug and Alcohol services.
- Increase the number of appropriate referrals from GMFRS to Stop Smoking and Drug and Alcohol services.
- Integrate advice about Stop Smoking & Drugs and Alcohol Services into assessments, advice and interventions delivered by GMFRS.
- Raise awareness of the public health services commissioned by Oldham Council amongst GMFRS personnel and service users.
- Work together on mutually beneficial initiatives and campaigns including Stoptober, Mental Health awareness week, Drug and Alcohol awareness and other campaigns appropriate for this partnership.
- Identify and utilise opportunities to share resources and assets

An action plan for the next 12 months accompanies the agreement.

2.6 E-cigarettes - latest findings

The National Institute for Health Research has recently released its findings from its trial of e-cigarettes (EC) versus nicotine replacement therapy (NRT) within UK stop smoking services (TEC).

It was found that:

- The % of people abstinent for 52 weeks using; EC 17.7% v NRT 8%
- High ongoing EC use in abstainers; 9% still using NRT v 80% still using EC
- Cost of NRT (1 product) for 3 months = £120
- Cost of EC starter pack including 30ml bottle of tobacco flavoured liquid = £30.25

In conclusion:

- EC generate higher quit rates than NRT
- They achieve this at a much lower cost
- EC starter packs (with advice to clients to find and buy further supplies that fit their needs) should become one of SSS treatment options

The trial also found:

- E-cigarettes are far less harmful than smoking
- In the UK EC are well regulated
- Regular use among young people remains low
- There is little risk from passive exposure
- EC are helping smokers to quit... but not as much as they could
- We risk scaring smokers out of quitting
- e-cigarette friendly services draw more quitters and deliver better quit rates

3 Stop Smoking Services

3.1 The number of people accessing stop smoking services has been decreasing year on year both locally and nationally.

The table below shows the number of 4-week quits and quit rates from 2015/16 to 2017/18. The decrease in 4-week quits saw a greater reduction from 2015/16 to 2016/17 than in subsequent years and quit rates have been maintained.

| | Number of quits | Quit rate |
|---------|------------------------|------------------|
| 2015/16 | 787 | 52% |
| 2016/17 | 637 | 46% |
| 2017/18 | 606 | 46% |

(2018/19 data is available June 2019)

Stop smoking services have been in existence for almost 20 years and although models of delivery have evolved over this time, some of the processes and mechanisms that support delivery haven't developed with the changing landscape such as the introduction of e-cigarettes. We know that the people who are continuing to smoke are some of the most addicted smokers such as those suffering from poor mental health, routine and manual workers and pregnant women. These groups require more intensive support and easier access to services and treatments.

One example of this, is access to stop smoking treatments such as nicotine replacement therapies and e-cigarettes. Currently treatments are requested by the stop smoking service from a GP practice, which takes up to 48 hours. This is because the money sits within the CCG prescribing budget. This is a barrier for people wanting to start their quit attempt at the point they decide to do so. Having a delay between a stop smoking consultation and receiving products can be the difference between a person starting a quit attempt or returning to the stage of contemplation. This has also been highlighted as a barrier to the success of the Support a Smokefree Pregnancy Scheme.

Access could be improved by utilising pharmacies so that people could go directly to a pharmacy (many of which have extended opening hours) from their stop smoking consultations and collect their stop smoking products immediately. Pharmacies could then claim the cost back from the CCG, similar to the minor ailments scheme. This would eliminate the need for GP involvement, saving them time which could better utilised, given the current pressures in primary care.

Another option could be to disaggregate the costs of stop smoking treatments from the prescribing budget so that it could be managed in a different way which could also include an e-cigarette offer.

These options will be further explored as part of the Thriving Communities and Health Improvement workstream of Oldham Cares.

4 **Recommendations**

4.1 The Health and Wellbeing Board is asked to:

To note the progress made against the three key actions set out in the tobacco control action plan

Request that the Board commits to continued support of the tobacco control agenda including:

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