

# Title of report: Tobacco Control

**Meeting: Health and Wellbeing Board**

**Meeting date: 16 September 2024**

**Report by: Natalie Johnson-Stanley, Public Health Lead**

## **Decision type**

This is not an executive decision

## **Wards affected**

All (All Wards);

## **Purpose**

The purpose of this report is to update the Health and Wellbeing Board on the recent Government Smoke Free Generation plan and the actions taken to work towards achieving a Smoke Free Generation (SFG) in Herefordshire.

## **Recommendation(s)**

**That:**

- a) **Health and Wellbeing Board welcomes and supports the Smoke Free Generation plan announcements.**
- b) **Health and Wellbeing Board welcomes the report and supports a renewed emphasis on tobacco control work to reduce smoking prevalence across Herefordshire.**
- c) **Health and Wellbeing Board member organisations are asked to actively promote and engage in activity to work towards Smoke Free Generation in Herefordshire.**
- d) **Health and Wellbeing Board members are asked to support and engage with a new Tobacco Control Alliance and the resulting Tobacco Control Plan, with reports provided annually to the Board.**

## **Alternative options**

1. Do nothing – this is not advised due to the impact smoking has on poorer health outcomes and widening health inequalities, in addition to the increasing demand smoking related ill-health places on the health and social care system.

## Key considerations

2. Virtually every indicator of disadvantage is associated with higher smoking rates. As a result, the health and financial impact of smoking is borne disproportionately by the most disadvantaged and marginalised in society.
3. Smoking therefore drives and exacerbates wider inequalities with people living in the most deprived areas four times more likely to smoke than those living in the least deprived areas.
4. In 2019, the government set an objective for England to be Smokefree by 2030, meaning only 5% of the population would smoke by then. Without achieving this objective, the government will simply not meet its commitment “to extend healthy life expectancy by five years by 2035” and fulfil the ambition to save more lives as part of a new 10-Year Cancer Plan.
5. In 2022, the government commissioned an independent review (Kahn Review: Making Smoking Obsolete) into tobacco control in England which identified a number of recommendations that would enable Government to achieve its objective of being Smokefree by 2030. An update on the Kahn Review was brought to Health and Wellbeing Board in September 2022.
6. Following this review, In October 2023 the government announced “Stopping the start: a new plan to create a Smoke free generation”, outlining the ongoing devastating impact and health inequalities which are caused by tobacco use in the UK. The paper presents a detailed analysis of public health problems relating to tobacco use and the more recent phenomenon of youth vaping in the UK. The Command Paper proposes measures to address these Public Health problems, which can be summarised as follows:
  - a. To bring forward legislation that will ensure that children turning the age of fourteen, or younger, will never legally be sold tobacco. The Tobacco and Vapes Bill was introduced in the House of Commons on 20 March 2024, following which the Public Bills Committee is due to report imminently and third reading take place.
  - b. To increase investment in stop smoking services.
  - c. To support the use of vaping devices for existing tobacco smokers who wish to stop. The “Swap to Stop” scheme will provide up to one million free vapes in England (in conjunction with local services).
  - d. A suite of measures to protect and discourage children from vaping
7. Smoking prevalence in Herefordshire is currently 12.2% (Fingertips, 2022) which remains lower than the national and regional average, and a reducing trend since 2017. However, smoking remains the leading cause for differences in life expectancy in the county, and there are challenges within certain population groups, for example, smoking prevalence in adults working in routine and manual occupations (28.6%) remains much higher than the general population (12.2%).
8. Adults with severe mental illness (40%) and long term mental health conditions (28.2%) are also much more likely to smoke in Herefordshire than the general population. Although similar to the national average, Herefordshire ranks second worst out of its statistical significant neighbours.
9. As part of the Smoke Free Generation: Stopping the Start Plan, all local authorities across England will receive grant funding to expand and enhance local stop smoking services. Local Stop Smoking Services Grant (LSSSG). The extra ring-fenced investment is available for local authorities who maintain existing spend on stop smoking services and support from the public health grant, and report outcomes in the stop smoking services collection.

10. In Herefordshire the LSSSG will be used to scale up our existing community services, to treat, and support more smokers. It will also provide vital capacity to help develop wider tobacco control measures, such as setting up a tobacco control alliance working with key partners to tackle local issues. Upskilling and training staff to enhance existing support and extend reach, and explore additional interventions, providing greater choice and treatment options for the smoking population.

11. Breakdown of LSSSG:

Financial Year	2024/25	2025/26	2026/27	2027/28	2028/29
Amount	£226K	£226K	£226K	£226K	£226K

12. Numbers of people supported following LSSSG:

Current Rate 22/23	Year 1 Total (25%) Increase	Year 2 Total (50%) Increase	Year 3 Total (125%) Increase	Year 4 Total (150%) Increase	Year 5 Total (150%) Increase
393	550	707	1,178	1,335	1,335

13. LSSSG will provide much needed additional resource and capacity to further support the population, helping to drive down the smoking prevalence in Herefordshire, in particular segments of the population where smoking prevalence is higher than the county average.

14. Action to tackle smoking in Herefordshire currently consists of a range of services. Herefordshire Stop Smoking Service, provides accessible evidenced based support for all smokers, delivered through a team of Health Trainers based in the local Talk Community Service, providing a flexible and responsive service meeting the needs of the population. The number of people referred to the service during Q1 2024/25 was 192, with 143 people setting a quit date.

15. Smokefree Generation funding has now enabled the recruitment of a further 3 x full-time Healthcare Trainers to the Herefordshire Stop Smoking Service – due to start in the first week of September – in addition to 1 x HC08 Team Lead.

- a. Public Health working with Healthy Trainers and the Press & Publicity Officer regarding service expansions due to use of LSSSG grant, and upcoming Stoptober campaign.

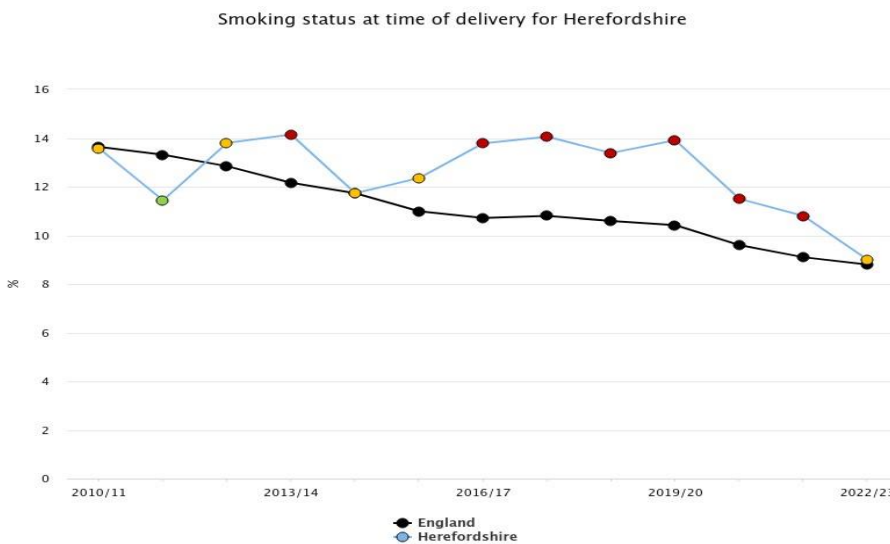
16. Each Primary Care Network (PCN) is in the process of developing a local plan to address key health inequalities in their area utilising the Core20+5 method and power BI system. As part of this work, PCNs and Public Health are working collaboratively to improve coding and the sharing of smoking status data, as smoking cessation positively impacts all five clinical areas of health inequalities.

17. NHS Long Term Plan, Tobacco Dependency Pathway has enabled more patients who smoke to access support whilst receiving care in Hospital. Tobacco Dependency Treatment (TDT) services co-ordinated by NHS partners which is offered to patients admitted to hospital/maternity bookings on an opt-out basis as part of the NHS Long Term Plan. The Healthy Lifestyle service deliver the community Stop Smoking service, and as an addition operate as an in-reach model to patients identified through these pathways, including the mental health pathway. Following this hospital based support, ongoing support (to total 12-weeks support) will be provided on discharge – either continuing with the local stop smoking service or through designated community pharmacies (i.e. those that elect to provide the service).

18. Maternity Services have made significant progress in 2023/24 with the smoking prevalence of pregnant smokers reducing to 9%. This achievement is largely due to the increased support and capacity provided through an in-house stop smoking team located within maternity services offering support to all pregnant women who smoke. Reducing smoking prevalence during pregnancy is a key indicator within the best start in life action plan – a priority of the Herefordshire Health and Wellbeing Strategy.

- a. Community and Maternity Smoking Cessation Service (CaMSCS): service has been designed to enable healthcare professionals and patients to be referred (directly or indirectly and where they consent) to a community pharmacy of their choice to start their smoking cessation treatment, including providing medication and support as required.
- b. Risk Perception Intervention (RPI) clinic in maternity to be re-instated following training for maternity staff to be conducted on 9 October 2024 by iPiP (Improving Performance in Practice). This is an intervention for those who are still smoking at their 12-week scan (dating scan), who are often those that have been harder to reach and engage with the stop smoking service. Staff will be trained to consistently deliver standardised brief interventions at antenatal booking appointment and provide a clear, enhanced referral pathway from maternity services into Stop Smoking Services (SSS). Systematic identification of smokers using carbon monoxide (CO) screening and opt-out referral to SSS are critical elements of this booking intervention.

19.



20. Smoking status at time of delivery (SATOD (9%) is no longer significantly higher than national average, reducing from 14.1% in 2017/18, this was largely due to additional smoking cessation support being placed within maternity services. Reducing smoking prevalence during pregnancy is a key indicator within the best start in life action plan, a key priority of the Herefordshire Health and Wellbeing Strategy.

21. In addition to increasing investment in smoking cessation services, the government have introduced an innovative project called 'Swap to Stop'. This programme aims to boost smoking cessation work at a grass roots level by providing up to one million vapes and starter kits across England, to enable services to support even more adult smokers to make a "quit" attempt. Vaping

is significantly less harmful than smoking tobacco, and this offer has been included as part of the Herefordshire Stop Smoking Service.

- a. 149 vape kit vouchers have been distributed to those utilising 'Swap to Stop' via the online portal (links received via email or text referrals).
- b. A 'Train the Trainer' package is currently being developed by the PH Team in order to widen the Swap to Stop offer. This will focus on training staff to provide Very Brief Advice (VBA)+ and Swap to Stop vaping kits to individuals identified as current smokers. VBA+ involves asking patients about their current smoking status and advising them on the best methods of stopping smoking available to them. Training will be provided for staff working within Wargrave, Belmont & Cantilupe Primary Care Network (PCN), North & West PCN and Talk Wellbeing. The training will subsequently be rolled out to other partners, such as housing associations and the National Probation Service staff. Individuals will be followed up at 4 weeks to record their quit status.

22. Whilst vaping has an important role as an alternative to smoking amongst adults, the number of children and young people using and accessing vape products is concerning. SFG measures to protect and discourage children from vaping are welcome. However, LSSSG cannot be used to fund this type of activity, although it is envisaged a programme of work led by public health to raise awareness of the risks of vaping to young people will continue. Currently there is no evidence to suggest that vaping is a gateway to smoking cigarettes.

23. Public Health have implemented a local vaping programme developing communication materials for practitioners, parents, carers, and young people to raise awareness of the risks and issues associated with youth vaping. Schools and colleges are also being supported through a training offer - 8 schools have undertaken this training - and have also recently developed a joint awareness-raising campaign in partnership with Healthwatch, including a range of short video clips raising awareness of the risks of vaping to young people. This activity is being undertaken through the ['Healthy Schools'](#) programme:

- a. Following the Healthy Schools event on 19 June 2024, 30 schools have signed up to the programme.
- b. 'Healthy Schools' was created to support and celebrate the good work in schools around health and wellbeing. The Healthy Schools framework provides a template for teaching, planning, tracking and monitoring health and wellbeing in primary, secondary and SEN schools within four areas: Physical activity, Healthy eating/oral health, PSHE and mental health. We have also recently produced the 'Healthy Tots' framework for Early Years settings - a condensed version focusing on 3 key areas of Physical Activity, Healthy Eating/Oral Health, and Lifestyle Influences. The programme's 'wheel' assessment tool uses 5 segments to mark, support and assess: policy, environment, teaching and learning, CPD, and training and partnerships. Within each area the programme provides criteria with shared evidence, best practice to support a school to showcase, and implement good health and wellbeing in a whole school approach.
- c. Currently schools do not need to evidence activity relating to tobacco control, though plans to bring this area into an audit format are being considered. Whilst it is not currently mandatory, vaping training (i.e. dangers of youth vaping, safe disposal of vapes etc) has been added as a key part of support offered through the programme, and all schools are encouraged to participate with the training.
- d. The Healthy Schools team and Healthwatch Herefordshire engaged with students from Hereford College of Arts on a vape awareness project. 38 students designed posters to raise awareness of the risks of vaping to young people, with two final designs then

selected to represent the students' concerns on the long term effects of vaping on children's health.

24. Tobacco Control has also taken place through the Council's Trading Standards Team which prioritises enforcement activities aimed at tackling the illegal tobacco trade, including the supply of illegal nicotine inhaling products (vapes), and preventing the sale of all types of tobacco products to children (under 18 years).

a. Trading Standards (TA) team visiting vape retailers on an intelligence led basis to seize illegal goods and prosecute for underage sales – this is done by TS using underage test purchasing volunteers. This has led to a number of successful prosecutions for the underage sales of vapes this year so far.

b. Illicit cigarettes and tobacco seized:

Year of Seizure	Amount Seized	Weight of Seized Goods
2020	10,060	4.4kg
2021	130,460	31.8kg
2022	67,420	16.05kg
2023	9,980	8.65kg

c. Illicit vapes seized:

Date	Disposable e-cigarettes seized	E-Liquids	Retail Value (approx.)
1 January 2023 > 31 December 2023	578	0	£7,200 Disposable
1 January 2022 > 31 December 2022	1193	1092	£14,920 Disposable £13,150 Liquid Combined- £28,070

25. Achieving the Smokefree objectives requires a broad, cohesive, coordinated system-wide approach across primary, secondary, and tertiary prevention levels. Therefore, establishment of a new multi-agency Tobacco Control Alliance across Herefordshire is recommended. The alliance will form a local partnership working to reduce smoking rates and tackle health inequalities involving a wide range of members from inside and outside local authorities. In 2021, 54% of local authorities had a local Tobacco Control Alliance and 63% had engaged with their Integrated Care System to address smoking (ASH, 2023). Evidence from ASH (Action on Smoking & Health) shows that in 2020, local authorities with a tobacco control alliance delivered a wider, more comprehensive range of tobacco control activity than those without a tobacco control alliance, likely demonstrating the additional resource and expertise working with partners brings. Formulation of the Alliance is in line with West Midlands Public Health Alliance plans to 'Reinvigorate the Tobacco Control network for the region'.

- a. Alongside establishment of the Alliance, a CLear (Challenge, Leadership, Results) self-assessment is being undertaken on all current tobacco control activity across Herefordshire. This will provide: a clear picture of local action to address harm from tobacco; an opportunity to bring local partners together to discuss the range of local tobacco control efforts and reinforce efforts and priorities by identifying opportunities/gaps in provision; a baseline measurement in order to benchmark work on tobacco control over time.
  - i. A deep-dive CLear assessment has already been undertaken on tobacco control/smoking cessation activity within pregnancy and maternity services.
- b. Utilising the results of the CLear assessment, the Alliance will develop a county-wide Tobacco Control Plan. This will contribute directly to ensuring Herefordshire achieve the Government's Smokefree targets of 5% smoking prevalence by 2030.

## Community impact

- 26. In addition to the health impact, tobacco use has a significant impact on the local economy, community and the local health and social care system. A report published in April 2024 by 'Action on Smoking and Health' found that tobacco costs Herefordshire £128 million per year.
- 27. Smoking negatively affects earnings and employment prospects. The cumulative impact of these effects amounts to productivity losses of £78.8 million.
- 28. In Herefordshire alone, it is estimated that smoking costs the county £47 million due to costs associated with lower productivity, health care, social care and fire costs
- 29. The combined cost of smoking-related medical treatment via hospital admissions and primary care services is £5.64 million. It is currently estimated that 1,859 hospital admissions were attributed to smoking in 2019/20.
- 30. Smoking materials are a major contributor to accidental fires. Smoking-related fires result in annual losses of £1.16 million. About seven Smoking-related fires are attended by the Fire and Rescue Service each year.
- 31. Giving children the best start in life is a priority of the Herefordshire Health and Wellbeing Strategy. Tobacco Smoke (second-hand smoke) can directly affect the health of children, but that also, children who grow up in homes where adults smoke are 3-4 times more likely to smoke as adults. Furthermore, around 66% of all smokers become addicted to tobacco by the time they reach eighteen years old.
  - a. Reference Community and Maternity Smoking Cessation Service (CaMSCS), point 18.
  - b. Smokefree Sidelines project: Smokefree Sidelines is a Silver-Standard project run in partnership with the Herefordshire Football Association (FA). This project will provide football clubs – where children train or play football – across the county with the knowledge and resources needed to convert their clubs into completely smoke free zones.
    - i. The project aims to reduce harm from second-hand/environmental smoke on children and young people; contribute to supporting existing smokers to quit and discourage new smokers from starting by further cutting down the space available for smoking and ensuring it is not seen as a normal part of everyday life; smoke-free spaces also reduce impact of smoking on the environment.

- ii. Potentially wide-reaching project: 63 clubs with 366 teams across Herefordshire. Estimated 3,000 spectators/club officials in attendance on any weekend.
- iii. Current Silver-Standard provision includes policy for clubs to sign; promotional materials including banners for around the pitches, posters for use across whole club, t-shirts, selfie-boards. If the project is a success the intention would be to roll out a Gold-Standard provision next year which would involve expanding the project to include rugby clubs, cricket clubs, and other sporting establishments.

## **Environmental Impact**

32. Achieving smoke free will have a significant impact on the environment, reducing the polluting effect of cigarette litter (plastics, heavy metals and other toxins) on land and water courses. There would also be a reduction in activity required by Herefordshire Council in order to collect and deal with cigarette litter. It is estimated that around 4 tonnes of cigarette litter (66% cigarette butts) are dropped on the streets of Herefordshire every year, and 9 tonnes of waste created overall, most of which ends up in landfill. Tackling the issue of smoking supports both the smoker and wider population health improving the conditions for people to live healthier lives.
33. The burden on the NHS will be significantly reduced and in turn its huge carbon footprint Smoking materials are a major contributor to accidental fires, smoking related fires result in annual losses of 58.9K.

## **Equality duty**

34. Tobacco use, primarily in the form of smoking cigarettes correlates with deprivation. It adds to and amplifies health inequalities, and reduces the life expectancies of smokers, and in many cases, the people who live with them. Supporting the commitment for Herefordshire to become smoke free through evidence-based interventions will reach groups within the population who are more at risk of smoking, ensuring equity of support and avoiding discrimination.

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

## **Resource implications**

35. The LSSSG is available for local authorities who maintain existing spend on stop smoking services and support from the public health grant, and report outcomes in the stop smoking services collection.



36. Public Health have decided to fund the Smokefree Sidelines project, following agreement from the PHLT, and will be applying for the relevant funding to help achieve this.

## Legal implications

37. This report is for the Health and Wellbeing to note and promote. Health and wellbeing boards are responsible, as per Health and Social Act 2014, for encouraging integrated working between health and social care commissioners and therefore the recommendations as set in the recommendations are in line with the functions of the Health and Wellbeing Board as set out in paragraph 3.5.24 of the council's constitution..

## Risk management

38. Smokefree generation grant funding is fixed-term. Activities associated with this will be reflected against funding term.

39. Risks associated with recruitment of suitable candidates. In order to mitigate for this risk, roles will be offered internally prior to external advertisement.

40. Failure to achieve national metrics relating to Smokefree generation funding. A robust process for monitoring activity on a monthly is in place and will be monitored through the Tobacco Control Alliance.

41. Risk of activities not taking place. If we do not proceed, health inequalities related to smoking prevalence will continue to widen and impact health outcomes, and demand placed on the health and social care system will increase.

## Consultees

## Appendices

## Background papers

None

## Report Reviewers Used for appraising this report:

Please note this section must be completed before the report can be published		
Governance	Henry Merricks-Murgatroyd	Date 05/09/2024
Finance	Karen Morris	Date 06/09/2024
Legal	Sam Evans	Date 06/09/2024
Communications	Luenne Featherstone	Date 06/09/2024
Equality Duty	Click or tap here to enter text.	Date Click or tap to enter a date.
Procurement	Click or tap here to enter text.	Date Click or tap to enter a date.

Risk Jessica Karia Date 06/09/2024

Approved by Hilary Hall Date 06/09/2024

[Note: Please remember to overtype or delete the guidance highlighted in grey]

**Please include a glossary of terms, abbreviations and acronyms used in this report.**