

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 14 September 2016
AGENDA ITEM:	9
SUBJECT:	Tobacco Control and stop smoking services
BOARD SPONSOR:	Rachel Flowers, director of public health, Croydon Council

BOARD PRIORITY/POLICY CONTEXT:

Reducing the prevalence of smoking makes a significant contribution to the delivery of two of the six priorities of Croydon's joint health and wellbeing strategy:

- Preventing illness and injury and helping people recover.
- Preventing premature death and long term health conditions.

It also contributes to:

- Supporting people to be resilient and independent.
- Giving our children a good start in life

It supports the Council to meet the ambitions for Croydon of **growth, liveability** and **independence** through helping our residents to be as independent as possible.

And helps to deliver the NHS Five Year Forward View which calls for a "radical upgrade in prevention and public health"

Relevant national and international policy:

- Government's 'Healthy Lives, Healthy People: a tobacco control plan for England', 2011¹
- Local Government Declaration on Tobacco Control²
- European Union Tobacco Products Directive³
- WHO Framework Convention on Tobacco Control⁴

RECOMMENDATIONS

- 1.1 This report recommends that the health and wellbeing board
- notes the transition of stop smoking services into the Live Well Programme
 - supports the proposed wider tobacco control approach.

2. EXECUTIVE SUMMARY

- 1.1 This paper comprises a summary of the work being delivered to reduce the smoking prevalence in Croydon.

¹ <https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>

² <http://www.smokefreeaction.org.uk/declaration/#Signatories>

³ http://ec.europa.eu/health/tobacco/docs/dir_201440_en.pdf

⁴ <http://apps.who.int/iris/bitstream/10665/42811/1/9241591013.pdf?ua=1>

- 1.2 Tobacco control in Croydon has two main strands: a stop smoking service (SSS) that is commissioned by public health; and broader tobacco control activities that are undertaken by several services within the council.
- 1.3 By the end of 2016/17, Stop Smoking Services will be delivered through the Councils' Live Well Programme, an integrated, holistic, health behaviour change service that aims to help people to stop smoking, maintain a healthy weight, drink alcohol sensibly, be physically active and be happy.
- 1.4 One of the most significant developments in tobacco harm reduction in recent years has been the introduction of e-cigarettes which are 95% less harmful than combustible cigarettes. The Council is exploring the role of e-cigarettes not only in the Live Well Programme but also in the council's health and wellbeing policies for its workforce.
- 2.1 Smoking is the leading cause of ill health and premature death in Croydon and the single biggest cause of health inequalities. Stop smoking services deliver significant financial 'return on investment' benefits, with every £1 spent delivering an estimated £5.36 back to the local economy⁵.
- 2.2 Some groups are particularly vulnerable to tobacco related harm and require extra support: children and young people (CYP), people with mental illness, pregnant women, and people with long term conditions (LTC). These groups will be supported in Live Well.
- 2.3 Across several measures of smoking prevalence, Croydon has higher need than in London and, in some cases, higher than England. In Croydon almost 18% of adults, and 7% of young people aged 15 are smokers. Almost 7% of pregnant women are smokers at the time of delivery.
- 2.4 In 2015/16, Croydon's SSS network of approximately 80 providers enabled almost 3,500 people to set a quit date. Service quality was high with over half (52%, 1,800 people) successful as 4 week quitters. Of these, 40% were still quit at 12 weeks.
- 2.5 A wider range of broader tobacco control measures were undertaken over the last year. Whilst there are areas of good practice, there needs to be a strategic tobacco control plan drawing these strands together.
- 2.6 Over the coming months, Croydon plans to focus on:
 - The transition of the stop smoking services to the Live Well Programme.
 - Delivery of an e-cigarette workforce pilot within the council staff
 - Through the Live Well Alliance, developing a strategic tobacco control plan that reviews and prioritises wider tobacco control initiatives.

3. DETAIL

Introduction

- 3.1 This report aims to inform the board about the work undertaken over the last year to reduce smoking prevalence in Croydon and reduce the harms from tobacco.
- 3.2 Following papers on tobacco control presented to the HWBB in February and June 2015, Croydon Council renewed its strategic commitment to tobacco harm reduction through signing the Local Government Declaration on Tobacco Control.

^{5 5} Cost of smoking in Croydon, independent study by McKinnon Partnership, 2010

3.3 In recent months, Croydon participated in two systemic reviews of smoking and tobacco control: the London wide Sector Led Improvement programme and a CLear self-assessment. Recommendations included:

- Leadership - identify senior level champion from HWBB.
- Embed and see clear links across to key strategic plans.
- Commissioning - develop mental health, maternity, children and young people's service provision to have more impact on smoking prevalence.
- Tobacco Control Partnership - develop plan for organisation and involve key stakeholders.
- Communication – develop a standalone communication strategy for Tobacco Control.
- Innovation – identify innovative ways of using technology to increasing quit rate and delivering services.
- More focused prioritisation
- Stronger links with partners including regulatory services, schools, the healthy schools programme, other addiction and anti-social behaviour services, volunteers, students and young people.

3.4 Tobacco control in Croydon has two main strands: a stop smoking service (SSS) commissioned by public health; and broader tobacco control activities that are undertaken by several services within the council. The evidence-based SSS aims to provide support to residents aged over 12 years who want to quit smoking through 4 to 12 weeks of behavioural support and medication such as NRT (Nicotine Replacement Therapy). Wider tobacco control activities cover schools based work, local campaigns, enforcing licensing restrictions about under age sales and training of the wider workforce.

3.5 Over the last few months, the priority for the SSS has been delivering quits through the network of approximately 80 providers across the borough and preparing for the integration of the service into the Councils' Live Well Programme, an integrated, holistic, health behaviour change service that aims to help people to stop smoking, maintain a healthy weight, drink alcohol sensibly, be physically active and be happy.

3.6 The Live Well Programme has three parts:

- **Just Be....** A behaviour change website that will provide tailored information on healthy living, health assessments, podcasts, videos, apps, information about local services and advice on healthy behaviours
- **MI Change** – face to face interventions targeted at higher risk groups who need extra support to change one of more health behaviours.
- **Live Well Alliance** – a strategic borough wide partnership that will oversee lifestyle health promotion and behavioural change within communities.

Each part will provide elements that contribute to reducing the prevalence of smoking.

3.7 The budget for SSS and broader tobacco control is funded entirely from the ring-fenced public health budget. At the start of 2015/16, the budget was £1,053K however, in summer 2015, the government announced a mid-year cut of 6.2% to the national public health budget and Croydon, as for all councils in

the country, was required to identify mid-year savings. The SSS and tobacco control budget was therefore reduced by £200k. In 2016/17, the budget will be integrated into the wider Live Well budget.

4. E-cigarettes

- 4.1 One of the most significant developments in tobacco harm reduction in recent years has been the introduction of e-cigarettes. These battery powered devices deliver nicotine in a vapour rather than in smoke. Because the health harms in combustible cigarettes arise from the smoke, not from the nicotine content, vaping is safer than smoking and government bodies have estimated that vaping is 95% less harmful than smoking⁶. E-cigarette use has increased in recent years with an estimated 3m users in the UK. Although there are concerns that e-cigarettes could renormalize the act of smoking, thereby encouraging take up by young people, the evidence so far is that the vast majority of vapers, an estimated 98%, are smokers or ex-smokers.⁷
- 4.2 A recent report by the Royal College of Physicians recommended that in the interests of public health, the use of e-cigarettes, (as well as NRT and other non-tobacco nicotine products) should be promoted as widely as possible as a substitute for smoking⁸. Public Health England is providing leadership in this area, advising local areas to consider the potential of e-cigarettes as a harm reduction tool, and providing regular updates to the evidence base to support the development of national and local e-cigarette policies. PHE have recently developed guidance on the use of e-cigarettes within the workplace⁹.
- 4.3 The Council is exploring the role of e-cigarettes not only in the Live Well Programme but also in the council's health and wellbeing policies for its workforce.

5. The harms and costs associated with smoking.

- 5.1 Smoking is the leading cause of ill health and premature death in Croydon and the single biggest cause of health inequalities. It is responsible for half the 9 year difference in life expectancy between the most and least deprived wards in the borough and causes almost 500 deaths each year¹⁰.
- 5.2 Smoking costs Croydon between £84-£110 million per year and reducing smoking prevalence would reduce Croydon's smoking-related NHS Health care costs by an estimated £10m¹¹ and costs of smoking-related long term conditions by an estimated £3m to the local authority and £2.25m to self-funders. Smoking cessation delivers significant financial 'return on investment' benefits, with every £1 spent delivering an estimated £5.36 back to the local economy¹². Stopping smoking can increase household incomes; in 2015, a 20-

⁶ E-cigarettes: an evidence update. Public Health England (August 2015)

⁷ Electronic Cigarettes. Parliamentary Office of Science and Technology. POSTNOTE number 533 August 2016

⁸ Nicotine without Smoke: Tobacco Harm Reduction, Royal College of Physicians, 2016

⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/534586/PHE-advice-on-use-of-e-cigarettes-in-public-places-and-workplaces.PDF

¹⁰ Quantifying the cost of Smoking in Croydon, The MacKinnon Partnership, June 2010

¹¹ ASH ready reckoner for DsPH 2014. www.ash.org.uk/localtoolkit/docs/Reckoner.xls

¹² Cost of smoking in Croydon, independent study by McKinnon Partnership, 2010

a-day smoker of a premium cigarette brand was estimated to spend about £3,000 a year on cigarettes¹³.

- 5.3 Some groups are particularly vulnerable to tobacco related harm: children and young people (CYP), people with mental illness, pregnant women, and people with long term conditions (LTC). Currently, services are incentivized to target these populations.
- 5.4 **Children and Young.** Smoking is not an 'adult choice'. Two-thirds of adult smokers report that they took up smoking before the age of 18. The younger the age of uptake of smoking, the greater the harm because early uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, and higher mortality.¹⁴
- 5.5 **People with Severe Mental Illness.** People with mental illness have the highest smoking prevalence in society¹⁵ and are up to four times more likely to smoke than the general population¹⁶. Whilst in the general population rates of smoking have diminishing over recent years, this reduction has not been replicated amongst people with severe mental illnesses (SMI) such as schizophrenia and bipolar disorder.¹⁷ On average, people with these conditions die 15 to 20 years earlier than the general population, partly as a result of higher smoking rates.¹⁸
- 5.6 **Pregnancy.** Smoking during pregnancy increases the risk of complications such as miscarriage, a low birth weight baby, premature birth and infant deaths. In the UK, it causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year^{19,20}. Effects can be life-long with evidence that smoking in pregnancy may have a negative impact on long term physical growth and intellectual development of the child.²¹
- 5.7 **Long term conditions.** Many long-term conditions such as diabetes, cardiovascular disease and respiratory disease are caused or exacerbated by smoking. People who smoke have longer average stays in hospital, poorer outcomes from surgery and need social care support at a younger age²².

6. Need in Croydon

- 6.1 Across several measures of smoking prevalence, Croydon has higher need than in London and, in some cases, higher than England:
- Smoking prevalence among adults is higher than the London average

¹³ The economics of tobacco. ASH: 2015

¹⁴ Young People and Smoking. ASH. July 2015

¹⁵ ASH. Smoking and mental health. London: March 2016

¹⁶ The Royal College of Physicians. Smoking and mental health London, RCP, March 2013

¹⁷ Smoking and mental health. ASH: March 2016

¹⁸ Smoking and mental health. ASH: March 2016

¹⁹ Smoking Cessation at Pregnancy. A call to action. ASH: 2013

²⁰ Royal College of Physicians, Passive smoking and children, London, Royal College of Physicians, 2010.

²¹ Smoking and reproduction. Ash 2013

²² Smoking: Long term conditions. ASH

(17.9% vs 16.3%) and higher than in England (17.9% vs 16.9%)²³. There are approximately 58,000 smokers living in Croydon. As is the case, nationally, smoking is more common in deprived wards with the prevalence of smoking in Fieldway (29.3%) almost three times higher than in Sanderstead (11.2%).²⁴

- In Croydon, the percentage of pregnant mothers who are smokers at the time of delivery is higher than the London average (6.9% vs 4.9 %,) although lower than the England average (6.9% vs 11.4%).²⁵ This equates to approximately 351 women who still smoke at the time of delivery²⁶.
- In Croydon, smoking prevalence at age 15 is higher than in London (7.2% vs 6.1%), but lower than in England (7.2% vs 8.2%).
- Use of other tobacco products (including shisha) at age 15 (4.4%) is higher than both the London average (4.0%), and the England average (2.6%).²⁷

7. Progress over the last 12 months

7.1 Croydon undertakes a range of measures to reduce the prevalence of smoking. In addition to the stop smoking services to support people who want to quit, the borough undertakes several activities: running local campaigns; training for the wider workforce so that they are able to raise awareness of the harms of smoking and in some cases, offer brief interventions; work within schools to prevent the uptake of smoking in young people; action taken against shisha and illicit tobacco. Croydon participates in London wide and national networks and learning sets to share best practice.

7.2 In 2015/16, Croydon's SSS was delivered by a network of approximately 300 advisors across 80 sites including Croydon Health Services, several outreach sites in deprived areas, general practices and pharmacies. The network enabled almost 3,500 people to set a quit date (SAQD). Service quality is good with over half (52%, 1,800 people) successful as 4 week quitters. Of these, 40% were still quit at 12 weeks. Overall, approximately 31% (i.e. 1,082) of people seen by the services were members of our target groups. Details of the services for targeted groups are shown in Table 1:

Table 1: Croydon Stop Smoking Service performance for targeted groups. 2015/16

Item	Activity	Performance
Pregnant Women	Specialist service provided at Croydon Health Services. Midwives trained to deliver smoking cessation. Two clinics in areas of higher deprivation	<ul style="list-style-type: none"> • Total pregnant women who SAQD: 117 • Total 4-week quitters: 61 (52%) • Total 12-week quitters: 38 (62% of 4-week quitters were successful at 12-week)

²³ Local Tobacco Control. Public Health England. [On-line](#) [Accessed 1/08/2016]

²⁴ Croydon JSNA 2015/16

²⁵ Croydon Joint Strategic Needs Assessment Croydon Key Dataset 2015/16. Croydon: 2016

²⁶ Public Health Outcome Framework [Accessed 18/08/2016]

²⁷ Croydon JSNA 2015/16

People with Mental Health	Innovative harm reduction pilot offering support through group sessions to helping people to cut down prior to stopping, or to reduce the amount they smoke until they are ready to set a quit date.	<ul style="list-style-type: none"> Total people with mental health issues who SAQD: 48 Total 4-week quitters: 16 (33%) Total 12-week quitters: 9 (56% of 4-week quitters were successful at 12-week)
Long Term Conditions	Specialist service delivered mainly at CHS, and also through a network of providers across the borough.	<ul style="list-style-type: none"> Total people with LTC who SAQD: 815 Total 4-week quitters: 449 (55%) Total 12-week quitters: 228 (51% of 4-week quitters were successful at 12-week)
People living in deprived areas	Outreach mobile bus located in various venues across the borough in areas of higher deprivation.	<ul style="list-style-type: none"> Total people who SAQD: 389 Total 4-week quitters: 211 (54%) Total 12-week quitters: 116 (55% of 4-week quitters were successful at 12-week)
Young People	General service sees children aged 12 and over	<ul style="list-style-type: none"> Total people aged under 25 who SAQD: 98 Total 4-week quitters: 46 (47%) Total 12-week quitters: 12 (27% of 4-week quitters were successful at 12-week)

Broader tobacco control measures are undertaken across the council and activity over the last year is summarized in Table 2. Whilst there are areas of good practice, a key recommendation from the sector led improvement and clear assessment is that Croydon develops a strategic tobacco control plan.

Table 2: broader tobacco control measures

Area	Aim	Achievements
Schools work	Led by Healthy Schools, aims to prevent young people from taking up smoking. Tobacco education which involves providing evidence of policies on drugs education, opportunities both within and outside the curriculum to support C&F Partnership priorities and PSHE curriculum.	<ul style="list-style-type: none"> Over 50% of schools engaged in the scheme and offering a holistically education package underpinning the national curriculum and equipping CYP with skills to avoid risk behaviours and understand the health impact of drugs (including smoking).
Do you Pass training of retailers	Led by Trading Standards, "Do You Pass" is a nationally accredited training programme for businesses covering the sale of all age restricted products including tobacco & nicotine inhaling devices. PHC and Trading Standards are the first to offer a combined free training session to SMEs in the Borough that includes not just the accredited training but also a unique PH introductory talk on the issues of young people and tobacco.	<ul style="list-style-type: none"> Every shop selling age restricted products in the Borough has been personally visited by officers and offered the free training. Over 300 people trained since the programme started in 2012, putting Croydon into the top three DYP trainers in the country.
Shisha bars	Led by Food and Safety Team, aims to improve compliance with the law.	<ul style="list-style-type: none"> 14 Shisha bars have been identified as operating in Croydon. Inspections were carried out by the Food and Safety Team: 4 premises were found to be not compliant with the legislation. The Food and Safety Team are working with these businesses to provide guidance and ensure businesses comply with smoke free legislation and understand health risks around Shisha.

Campaigns	Led by PH, aims to raise awareness in Croydon residents of the harms of smoking and encourage engagement with stop smoking services	<ul style="list-style-type: none"> • Stoptober • No-Smoking day • Health Harm campaign/New Year resolution • Healthy workplace
Training	Led by PH, it aims to equip wider workforce with skills to discuss the benefits of stopping smoking with their customers and clients and, in some cases, offer brief interventions	<p>Over 100 Staff trained in the following teams :</p> <ul style="list-style-type: none"> • Croydon Gateway • Homeless Team • Access Croydon staff • Turnaround centre for young people • Midwives • MIND in Croydon • Primary Care • Voluntary sector • CHS Respiratory Team • CHS Junior Doctors
Illicit tobacco	Led by Regulatory services, aims to reduce the circulation of illicit tobacco.	<ul style="list-style-type: none"> • Croydon Trading Standards recently achieved a major success in raiding an illegal tobacco factory churning out hundreds of thousands of pounds-worth of fake branded rolling tobacco, making their largest seizure ever.

8. Future Direction

8.1 Over the coming months, Croydon intends to focus on:

- The transition of the stop smoking services to the Live Well Programme.
- Delivery of an e-cigarette workforce pilot within the council staff
- Through the Live Well Alliance, developing a strategic tobacco control plan that reviews and prioritises wider tobacco control initiatives.

Live Well Programme

8.2 Under the Live Well programme, there will be wider access to innovative digital support such as mobile phone apps, website tools, podcasts and videos that can support people living and working in Croydon to stop smoking. The face to face services will be targeted exclusively at groups with higher need: people living in deprived areas, pregnant women, people with a serious mental illness and those with long term conditions. The programme will explore the role of e-cigarettes in supporting quit attempts in line with evidence based guidance from the NCSCT (National Centre for Smoking Cessation and Training)²⁸.

E-cigarettes

8.3 Public Health have a joint lead role in the Council's workforce wellbeing agenda. In partnership with local colleagues, staff, Public Health England, and other local authorities, the team will commence a 6 month pilot to test approaches to vaping as an alternative to smoking cigarettes. The aim of the pilot is to reduce smoking prevalence in the council's workforce. The model is yet to be finalised, but the options being explored include:

- Restricted use of e-cigarettes (permission restricted to certain floors/areas/work-bases/staff groups)
- Permitted use of e-cigarettes in contained demarcated areas (outdoors or indoors; possibly with behavioural support)

²⁸ National Centre for Smoking Cessation and Training. [<http://www.ncsct.co.uk/>]

Wider tobacco control initiatives

8.4 The proposed Live Well Alliance will provide the strategic partnership that can oversee and support the development of a prioritised tobacco control action plan. This will draw on the recommendations made by the Sector Led Improvement programme and the CLear assessment.

9. CONSULTATION

9.1 As part of the SSS programme, consultations to improve the service have been carried out through a series of stakeholders' events involving the network of providers, and patient satisfaction surveys involving service users. The SSS GP champion regularly attends GP forums to discuss the program and provide feedback; and the LPC is involved through the Behavioural Change Alliance.

9.2 With the integration of Stop Smoking Services into the Live Well model, a market engagement exercise was carried out to determine if there was a market available to develop an integrated lifestyle service. This exercise showed that this was an emerging market place, so the decision was made to explore an internally provided service (Live Well).

10. SERVICE INTEGRATION

10.1 At the end of 2016/17, the SSS will be integrated and delivered through the Councils' Live Well Programme and the budget will be integrated into the wider Live Well budget.

10.2 The Live Well Programme will integrate current lifestyle services (Stop Smoking, Weight Management, Physical Activity and Alcohol prevention and early intervention) into a person-centred, holistic lifestyle service that will support people with multiple health behaviours and targeted at residents with the greatest needs. The Live Well Programme will interface with, and complement, other services, such as children and young people's services, drugs and alcohol treatment services, SLAM's 'recovery college' and others.

11. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

11.1 There are no financial and risks implications arising from this report.

12. LEGAL CONSIDERATIONS

12.1 There are no legal considerations arising from this report.

13. EQUALITIES IMPACT

13.1 Stop Smoking service offered to the general population, however it prioritises specific target groups based on national policy and groups with greater needs and high risk. The following interventions have been developed based on national policy and local assessment of needs.

13.2 Specific training offered to address illegal underage sale to protect children and young people from effects of tobacco.

- 13.3 Tailored services developed and implemented to facilitate access to people with disabilities – particularly, people with severe mental health issues.
- 13.4 Specialised SSS services in place to support pregnant women throughout pregnancy and after childbirth, and to protect and assure children have the best start in life.
- 13.5 An initial Equalities Impact Assessment has been completed on the online platform of the Live Well model. A full equality analysis will be completed in line with the launch of the in-house behaviour change service.

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BACKGROUND DOCUMENTS none
