

Suffolk Health and Wellbeing Board

A committee of Suffolk County Council

Report Title:	Update on aspiring to a tobacco free Suffolk
Meeting Date:	10 March 2016
Chairman:	Councillor Alan Murray
Board Member Lead(s):	Tessa Lindfield, Director of Public Health
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What is the role of the Health and Wellbeing Board in relation to this paper?

1. This is an update to the Board on the progress made since last year's endorsement of the Aspiration to a Tobacco Free Suffolk in March 2015.

Key questions for discussion:

2. The key question for discussion is to endorse the actions and proposed approaches to reduce smoking prevalence.

What actions or decisions is the Board being asked to take?

3. The Board is asked:
a) To note the progress made towards a tobacco free Suffolk and endorse the actions planned.
b) To support the focus on reducing pregnant smokers.

Brief summary of report

4. Considerable progress has been made against the plan to deliver *Aspiring towards a Tobacco Free Suffolk*, Progress towards smoke free homes is slower than expected and supplementary actions are proposed.
5. Particular focus is given to improve mother and baby health by reducing pregnant smokers in Suffolk.

Main body of report

6. Tobacco use is the single most preventable cause of ill health in the UK. Smoking is associated with 6,881 hospital admissions and costs the Suffolk economy an estimated £165.9 million each year.
7. In March 2015, the Board endorsed the aspiration towards a tobacco free Suffolk to address the trend which shows that one in five adults is a smoker (Appendix 1).
8. There were three broad aims in the strategy.

- Creating an environment where people choose not to smoke;
 - Protecting people from second-hand smoke and supporting tobacco control interventions; and
 - Supporting and enabling people to stop smoking.
9. The detailed recommendations agreed are in Appendix 2. Evidence behind the recommendations is in the original report (See Further information).

Progress

10. The Suffolk Tobacco Control Alliance has been re-established as a multi-agency forum of stakeholders who contribute to the tobacco control agenda in a variety of ways. Chaired by Councillor Goldson, it meets quarterly to update on progress, flag opportunities and self-challenge.
11. The Alliance conducted the CLear assessment, a self-review of current tobacco control efforts which was facilitated by Public Health England. This systematic self-assessment identified gaps in prevention, innovation and learning and opportunities for additional tobacco control measures. (Appendix 3) It has helped to prioritise actions and the findings have contributed to the Alliance action plan.
12. The focus on underage sales and illicit tobacco has been maintained through a rolling programme of test purchasing for cigarettes (and alcohol) and other work with partners to reduce the supply of illicit products.
13. NICE guidance is being implemented by NHS organisations. Ipswich Hospital NHS Trust expanded smoke-free premises in October 2015. At West Suffolk Hospital NHS Trust discussions are underway to embed smoking cessation for patients, particularly elective surgical patients.
14. Public Health Suffolk has recommissioned its healthy lifestyle services to reflect the need for change and to deliver a more comprehensive service based on need.
15. Also in October 2015, legislation came into effect making it illegal to smoke in a car where children are present. Public Health England led the national communications strategy and Public Health Suffolk continues to support this locally through a range of media.
16. Children and Young People's Services have set up a small Youth Commission to engage with young people around smoking, due to report in April 2016. In addition, there are plans to utilise a range of contact opportunities with children and young people to reiterate key messages and offer interventions (as appropriate). These include online web chat, Early Help teams, Children's Centres and Youth Offender Services.
17. Progress towards an approach to promote smoke free homes has been challenging but encouraging. Work with the Suffolk Strategic Housing Partnership has led to improved information for residents aware on smoking cessation services. Exploratory work with housing associations has

commenced to scope the opportunity there to target measures at populations with higher rates of smoking.

18. The Alliance is exploring the implementation of smoke free homes programmes elsewhere, to gauge what might be possible in Suffolk.
19. A key area for urgent consideration is reducing the number of pregnant smokers in Suffolk. Across Suffolk, an average of one in ten pregnant women is a smoker. This reflects the national picture. The Alliance is working with partners locally and regionally to explore solutions in the absence of clear evidence based answers.

Key Questions

20. To endorse the actions and approaches to reduce smoking prevalence.

Action/decisions recommended

21. The actions recommended are:
 - a) To note the progress made towards a tobacco free Suffolk and endorse the actions planned.
 - b) To support the focus on reducing pregnant smokers.

Why this action/decision is recommended

22. Significant progress has been made in many areas.
23. A concerted effort is required to reduce the proportion of pregnant smokers.

Alternative options (if appropriate)

24. None.

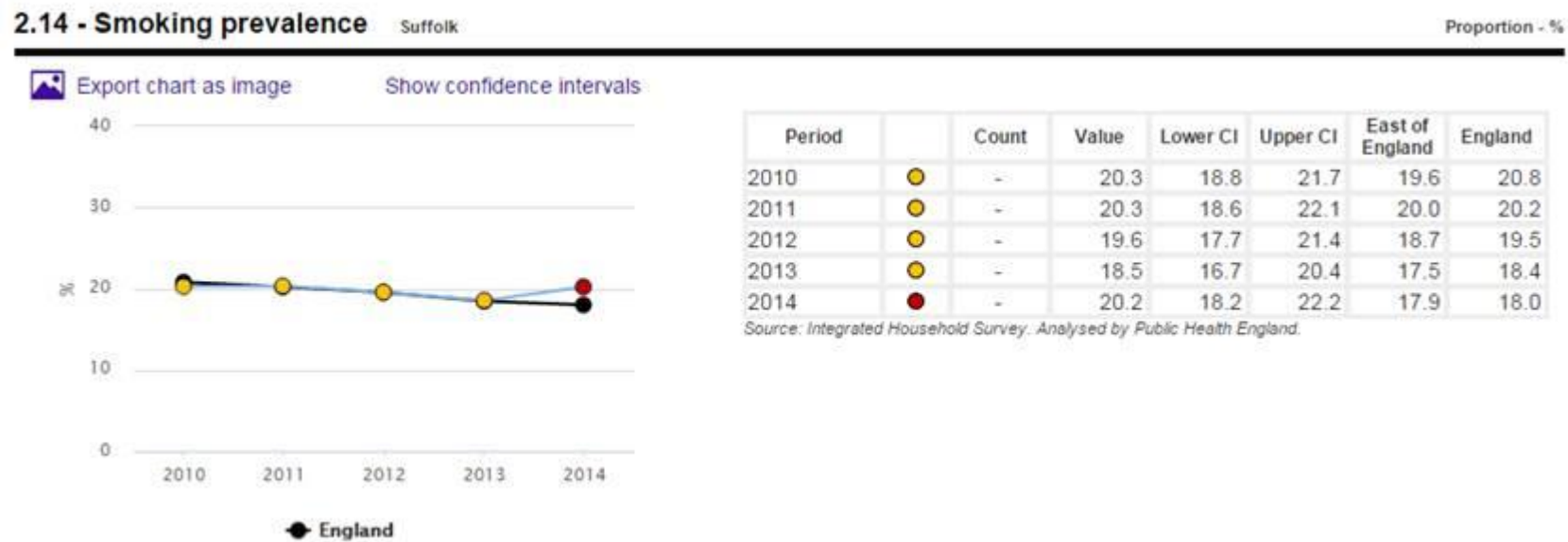
Who will be affected by this action/decision?

25. People in Suffolk who smoke, who are at risk of smoking or are exposed to second hand smoke, with a focus on children and young people.

Sources of Further Information

- a) [Report to Suffolk Health and Wellbeing Board 15 January 2015 - Aspiring to a tobacco-free Suffolk](#)
- b) [Report to Suffolk Health and Wellbeing Board 26 March 2015 - Aspiring to a tobacco-free Suffolk](#)
- c) CLear assessment December 2015

Smoking trend data (Source: Public Health Outcomes Framework)



2015 Agreed recommendations

Prevention: Creating an environment where young people choose not to smoke	
1	Support young people to develop and implement smoking prevention programmes for schools and youth organisations. (Lead agencies Public Health, Children & Young People, SCC).
2	Take every opportunity to ensure staff do not smoke around children and vulnerable adults. (All members of the HWB)
3	The focus on illicit tobacco should be maintained, including intelligence gathering for HMRC and underage sales. (Lead Agencies: All members of HWB)
4	Sponsor a strengthened Tobacco Alliance to work across the system ensuring that the membership is appropriate for delivery of the strategy. (All members of the HWB)
Protection: Protecting people from second-hand smoke and supporting Tobacco Control interventions	
5	Ensure Suffolk is ready to implement the legislation making it illegal to smoke in a car where children are present, by October 2015. (Public Health, Suffolk Fire & Rescue, SCC).
6	Work towards establishing a smoke free homes movement in Suffolk. (Local Authorities and the Suffolk Strategic Housing Partnership)
7	Continue to use our political and economic influence to support Tobacco Control initiatives. (Local Authorities)
8	Ensure robust evaluation of the service changes agreed with the stop smoking service which aim to deliver a more comprehensive system based on population need (Lead Agencies: Public Health Suffolk)
Cessation: Supporting and enabling people to quit smoking	
9	NHS organisations should implement NICE guidance concerning tobacco use including: <ul style="list-style-type: none"> • Ensuring buildings and grounds are smoke free • Routinely offering Nicotine Replacement Therapy to those admitted to hospital and to those visiting out-patients and clinics if appropriate • Signposting patients to stop smoking services especially elective

	<p>surgical patients who will need an anaesthetic</p> <p>(All NHS members of the H&W Board and their service providers).</p>
10	<p>Ensure front line staff are trained across the public sector to deliver MECC (Make Every Contact Count). There should be a particular emphasis on referrals from our most vulnerable communities (Lead Agencies: All members of the HWB).</p>
11	<p>Place greater contractual emphasis on supporting prisoners to stop smoking and work with Prison Governors to gain support. (Lead Agencies, Public Health Suffolk)</p>