Item No. 11.	Classification: Open	Date: 29 January 2015	Meeting Name: Health and Wellbeing Board
Report title:		Tobacco Control in Southwark	
Wards or groups affected:		All	
From:		Ruth Wallis, Director of Public Health, Lambeth and Southwark	

RECOMMENDATIONS

1. The board is requested to:

   a) Receive the update of Tobacco Control In Southwark
   b) Endorse the evidence based multi-pronged tobacco control approach, ensuring tobacco control is a significant element to improve health and tackle health inequalities
   c) Agree and align tobacco control priorities across the Partnership. Partnership priorities for Tobacco Control should Include:
      - Prevention: Incorporating preventing tobacco use (including shisha) within a whole school health and wellbeing approach
      - Promoting access to evidence based commissioned stop smoking services, that have a more targeted approach to supporting priority groups (pregnant women, unemployed, LTC including mental health)
      - More systematic approach and better resourcing to effectively tackle illicit tobacco sales
   d) Encourage partners to be exemplars through more “explicit” workforce / workplace polices
   e) Encourage the signing of the NHS Statement of Support for Tobacco Control by the Southwark CCG and local acute trusts

EXECUTIVE SUMMARY

2. A Health and Wellbeing Partnership Board informal seminar focusing on tobacco control was held in December 2014. This paper summarises the update provided at the seminar.

   Tobacco Control is a range of supply, demand and reducing harm strategies that aim to improve the health of the population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke. There is clear evidence that the most effective tobacco control strategies involve taking a multi-faceted and comprehensive approach at both national and local levels.

   Tobacco Control requires a structure that supports clear accountability and strategic decision making as well as allowing for a wide range of partners (local authority, health, police, fire brigade, HMRC, voluntary sector, prison service) with different fields of expertise and interests to engage at different levels. This structure locally is in the form of the Lambeth and Southwark Tobacco Control Alliance in which the core functions of advocacy, communications, planning, monitoring and evaluation occurs. The Alliance advises and oversees the development of activities relating to tobacco control in Lambeth and Southwark.

The Alliance champions tobacco control at a local level and ensures a coordinated approach to the different strands of work and that work is based on best practice.

Tobacco Control should be central to any strategy to tackle health inequalities as smoking accounts for approximately half of the difference in life expectancy between the lowest and highest income groups.

BACKGROUND INFORMATION

3. Addressing tobacco in Southwark is a priority because:

- Smoking is the major single cause of preventable ill health and premature death in Southwark.
- It is a main contributor of Health Inequalities
- Harms others through Secondhand smoke
- Harms families & communities
- Spending on tobacco contributes to Child Poverty
- Illicit tobacco fuels Crime and disrupts Community Safety

Key Southwark Facts

- 20.7% of adults smoke (estimated 46,761 people)
- 29.3% from routine and manual groups smoke.
- 3.8% women are smoking at the time of giving birth
- 73% of smokers were offered illegal tobacco in the last year
- 56.4% smokers bought illegal tobacco in the last year
- 22% of adults had smoked shisha
- 46% of secondary school pupils stated they had smoked shisha

KEY ISSUES FOR CONSIDERATION

4. Compared to the rest of the country, Southwark has similar figures for

  - Smoking prevalence
  - Smoking prevalence of routine and manual workers

Compared to the rest of the country Southwark is statistically significantly higher in:

  - Lung Cancer Registrations
  - Deaths from lung cancer (2011- 13)
  - Deaths from COPD (2011- 13)
  - Smoking attributable mortality) /100,000 (2011-13)

Smoking prevalence has reduced over the last 10 years due to:

- less young people taking up smoking
- national smoke free bans in public places enforced in 2007
- more education in regards to the harm of smoking
- encouraging people to quit with more suitable services now available
- national government commitment to a comprehensive tobacco control approach

Reasons for why the health outcomes for smoking related diseases are relatively poor in Southwark when prevalence is dropping are complex. Smoking related health outcomes relate to the level and duration of tobacco addiction of smokers and ex-smokers; exposure to secondhand smoke; the stage at which the condition was detected: and provision of appropriate primary, secondary and tertiary care.

Policy implications

5. A range of interventions working in synergy is required to reduce tobacco use. An evidence based multi-pronged approach should consist of interventions to:

- Stop the promotion of tobacco, thereby reducing uptake
- Make tobacco less affordable
- Effectively regulate tobacco products
- Reducing exposure to second hand smoke
- Help tobacco users to quit

There are elements of these interventions being implemented in Southwark but often not at the quality and scale to make significant impact. Currently peer education programmes are delivered in only three Southwark schools each a year. Last year Southwark trading standards seized 146,800 illegal cigarettes, 1.6kg counterfeit and 23kg smuggled hand rolled tobacco and 26kg shisha. However, local intelligence indicates that more resources are required to effectively tackle illegal sales.

32% of 453 Southwark pupils interviewed indicated that they lived in homes where smoking occurred. The implementation of a smokefree homes programme is adhoc. A smokefree playground policy is currently being considered.

The number of smokers that accessed the local stop smoking service and set a quit date in 2013-14 was 1,320 (per 100,000 population) similar to the national average. Of these, 563 (per 100,000 population) quit at 4 weeks, this is 125 (per 100,000 population) less than the national average. This equates to 43% quit rate compared to 51% nationally. A poor quit rate is defined below 35% of quitters accessing a particular stop smoking service. The stop smoking service overall in Southwark has achieved over 39% for the last 3 years.

Low quit rates can be caused by poor administrative and quality issues.

- Administrative issues
    - Errors in the recording of data and coding
    - Inconsistent use of templates
    - High lost to follow up (some lost to follow up are unrecorded quitters)

- Quality issues
    - Stop smoking advisors skills and competences vary – all are encouraged to have annual training. Clients need to be seen on a weekly basis due to the need for behavioural support. Many practices do not always adhere to this regime and behavioural support is limited.
    - Medication – there is a lack of routinely offering Varenicline (Champix), the most effective treatment. The majority of patients received Nicotine replacement therapy (51%) and only 17%

received “Champix”

Community and equalities impact statement

6. The smoking prevalence in routine and manual workers has reduced minimally over the last 10 years. There is a strong link between tobacco use and those from lower socio-economic groups and mental health users. Death rates from tobacco are two to three times higher among disadvantaged social groups than among the better off.

Evidence suggests that the following groups are more likely to be smokers:

- Those in routine and manual occupations
- Those with a mental disorder (which includes those with mental illness or alcohol problems or substance misuse problems)
- Those living in unstable circumstances e.g. low income, homeless
- Young adults
- Those from certain ethnic groups

Lambeth and Southwark Public Health is in the process of conducting a health equity audit of the Southwark stop smoking service. An initial analysis of the profile of users has been done, but the quality of the available service data is poor. For instance 57.8% of patients had no socio-economic status recorded compared to the national average of 13.8%. Of those who had been coded, the majority of smokers accessing the service were not working and had never worked or been unemployed for over a year (24%), were retired (16%), or were sick and unable to work (14%). Those in managerial and professional occupations, as well as those in intermediate occupations were more likely to report a successful quit than other groups (60%). Older smokers were more likely to report successfully quitting than younger smokers. There was little difference in successful quit rates between males and females. Black (39%) and mixed (35%) ethnic groups were slightly less likely to self report a successful quit than others.

The Health Equity Audit once completed, will provide more understanding of whether those with greatest need have the same opportunity of stop smoking service access and successful quitting as the rest of the population.

Legal implications

7. N/A

Financial implications

8. Reducing smoking prevalence is one of the Public Health outcomes; financial implications will depend on the locally agreed level of ambition to reduce smoking in Southwark. Resources will be required for all the evidenced based interventions, in addition to smoking cessation service which has been proven to save £10 in future health care costs for every £1 invested.

BACKGROUND PAPERS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Ruth Wallis, Director of Public Health, Lambeth and Southwark	
Report Author	Bimpe Oki, Consultant in Public Health, Lambeth and Southwark	
Version	Final	
Dated	21 January 2015	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Strategic Director of Children's and Adults' Services	No	No
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