

Bath & North East Somerset Council	
MEETING:	Wellbeing Policy Development and Scrutiny Panel
MEETING DATE:	20 th September 2013
TITLE:	Draft B&NES Tobacco Control Strategy 2013 - 2018
WARD:	ALL
AN OPEN PUBLIC ITEM	
List of attachments to this report:	
Draft B&NES Tobacco Control Strategy 2013 – 2018	
B&NES CLear Peer Assessment for Excellence in Tobacco Control June 2013	

1 THE ISSUE

1.1 Smoking is still the single biggest cause of premature death and disease nationally and locally. Life expectancy varies in Bath & North East Somerset by up to 6.3 years for men in the most deprived areas and by 3.5 years for women. Smoking accounts for approximately half this difference in life expectancy. The existing B&NES Tobacco Control Strategy *Breathing Free* was written in 2006. Significant progress has been made nationally, regionally and locally since then and it is appropriate now to update local strategy in the light of this and set priorities which are in line with the new opportunities for public health and the changing local landscape within public services.

2 RECOMMENDATION

The Wellbeing Policy Development and Scrutiny Panel is asked to agree that:

- 2.1 The draft B&NES Tobacco Control Strategy is supported and taken forward for endorsement by B&NES Health and Wellbeing Board
- 2.2 The Strategy is refreshed in 2016 to update priorities and recommendations to ensure relevance to emerging local, regional and national issues.

3 FINANCIAL IMPLICATIONS

3.1 Each year in B&NES it is estimated that smoking costs society £39.9 million including the cost of lost productivity due to early death, sickness absence and smoking breaks as well as cost of NHS care, domestic fires and litter.

3.2 Annually smokers in B&NES spend approximately £45.3 million on tobacco products, approximately £1,700 per smoker per year. This contributes roughly £34.5 million in duty to the exchequer leaving an estimated annual funding shortfall of £5.5million. This shortfall is even greater if the lost tax revenue from illicit tobacco, which funds the activities of organised criminal gangs, is added into the equation.

3.3 Tobacco Control Investment in Bath & North East Somerset 2012/13

Specialist Support to Stop Smoking services ¹	375,138
Smoke Free South West Regional Programme ²	79,032
Tobacco Control activity (inc. ASSIST programme) ³	72,000
Total £	526,170
Medication via GP's and Pharmacists ⁴	260,647

The above investment is funded by Public Health Grant (£526,170) and B&NES Clinical Commissioning Group (£260,647).

3.4 Stop smoking services are one of the most cost effective interventions in public health care, and evidence shows that people are four times more likely to quit smoking if they have support.⁵ Treating nicotine dependence produces a good return on investment compared to the cost of treating a wide range of smoking related chronic conditions. Preventing young people from taking up smoking in the first place reduces long term costs to health and social care through avoidance of treatment and care of people with diseases such as lung cancer, coronary heart disease, chronic obstructive pulmonary disorder and stroke for example.

3.5 The cost per 4 week quitter⁶ in B&NES for 2010/11 was £480 per person compared to a South West average of £548 (CO validated & self-reported, including medication).⁷

¹ Specialist Stop Smoking support services are delivered through GP surgeries, pharmacies, GWH maternity services, Avon & Wiltshire Partnership NHS Trust and Sirona Care and Health.

² All local authorities in the South West collectively fund Smoke Free South West to undertake campaign, advocacy and professional network services. B&NES contribution is currently 40.5p per head of population.

³ ASSIST is an evidence based peer education programme in Secondary Schools. Other Tobacco control work includes Smoke Free Play areas, smoke free policy work, training for staff and local campaign co-ordination.

⁴ All medications to support cessation are funded by B&NES Clinical Commissioning Group

⁵ Godfrey et al (2005) The cost-effectiveness of the English smoking treatment services: evidence from practice. Addiction, Volume 100, Issue s2

⁶ A 4 week quitter is defined as a treated smoker whose quit status at four weeks from their quit date (or within 25 to 42 days of the quit date) has been assessed either face-to-face or by telephone, text, email or postal questionnaire.

⁷ Willis N Options appraisal of Stop Smoking Service Delivery in South West. Commissioned by South West Directors of Public Health (March 2012)

- 3.6 The NHS threshold for cost effective interventions is £20,000 per Quality Adjusted Life Year (QALY) gained⁸. Support to stop smoking interventions typically cost £1080 per QALY and are considered one of the best buys in terms of public health.
- 3.7 Across the Avon area (Bristol, B&NES, South Gloucestershire, North Somerset) NHS Public Health departments invest over £3.8 million in tobacco control programmes annually, including specialist support to stop services.
- 3.8 By comparison, the Avon Pension Fund currently invests £11.8 million in Imperial Tobacco and British American Tobacco.⁹ This is one area where Local Authorities with their new responsibilities for Public Health have an opportunity to look strategically at how money is invested to effectively support public health policy.
- 3.9 The recommendations contained in the draft Strategy can be delivered within the current Public Health Grant. The recommendation relating to Harm Reduction policy, in response to newly issued NICE Harm Reduction guidance (June 2013), could have financial implications for B&NES Clinical Commissioning Group (CCG) as the guidance recommends extending the provision of Nicotine Replacement Therapy to people for longer periods of time than currently prescribed and to people who would find it hard to give up smoking abruptly. Therefore the extent to which these guidelines can be adopted locally will need to be agreed with the CCG.

4 THE REPORT

- 4.1 Our vision is for a Smoke Free Bath and North East Somerset, where children and young people grow up free from the harms caused by tobacco.
- 4.2 Smoking related deaths and diseases in B&NES are lower than the English average and smoking prevalence is less than South West and England rates. However there are still over 23,000 smokers in B&NES, the majority from disadvantaged communities.
- 4.3 Smoking rates are much higher amongst people with mental health problems and people who work in routine and manual jobs in B&NES. There are higher rates of smoking amongst young pregnant women in B&NES and those who live in poorer areas. Young people are three times more likely to take up smoking if people in their family smoke. The cost of smoking exacerbates inequalities as poorer families are more likely to smoke. This leads to a demand for illegal tobacco which brings organised crime into communities and enables young people to have access to cheap tobacco. Tobacco control is central to any strategy to tackle inequalities according to Marmot (2010).
- 4.4 This draft B&NES Tobacco Control Strategy aims to reduce health inequalities by:
- Preventing young people from starting to smoke
 - Encouraging smokers to quit

⁸ A QALY is a standard and internationally recognised method to compare different drugs and treatments to measure their clinical effectiveness. A QALY gives an idea of how many extra months or years of life of a reasonable quality a person might gain as a result of treatment. Cost effectiveness is measured as £ per QALY, if a treatment costs more than £20,000-30,000 per QALY, then it would not be considered cost effective.

⁹ <http://www.avonpensionfund.org.uk/financeandinvestments/faqs.htm#1>
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- Reducing the harm from smoking through exposure to toxins from second hand smoke and harm to existing smokers

Local action will focus on achieving these aims through the following evidence based strands of Tobacco Control:

- Multi agency partnership working
- Normalising smoke free lifestyles
- Reducing exposure to second hand smoke
- Restricting supply of tobacco
- Helping people to quit
- Ensuring effective communications and marketing

- 4.5 The B&NES Tobacco Action Network is currently chaired by Public Health and has a membership representing the key stakeholders and service providers in the area. This includes Public Protection, Maternal and Child Health services, specialist cessation support providers, Fire & Rescue, school & youth services and mental health services.
- 4.6 The role of the TAN is to support workforce development, intelligence gathering, co-ordination of communications and marketing and the promotion of evidence based practice across the tobacco control community. The Tobacco Action Network will develop an Action Plan to take forward the recommendations within the Strategy and will oversee its monitoring and evaluation.

5 RISK MANAGEMENT

- 5.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

6 EQUALITIES

- 6.1 An EqIA has been completed. No adverse or other significant issues were found.

7 CONSULTATION

- 7.1 Ward Councillor; Cabinet Member; Policy Development and Scrutiny Panel; Staff; Other B&NES Services; Service Users; Local Residents; Community Interest Groups; Youth Council; Stakeholders/Partners; Other Public Sector Bodies; Section 151 Finance Officer; Chief Executive; Monitoring Officer

- 7.2 The B&NES Tobacco Action Network organised a multiagency workshop in May 2012 to review performance and priorities. Twenty people attended representing a range of professions/bodies including School/College Nursing, Maternity Services, District Nursing, Trading Standards, Specialist Stop Smoking Team, Local Pharmaceutical Committee, Smoke Free South West and Councillor representation from Wellbeing PDS. The issues raised in this workshop formed the outline for the draft Strategy.

- 7.3 The draft Strategy was then circulated for consultation amongst a wide range of professional groups including: Children's Trust Board Healthy Lifestyle Sub Group, Young People's Substance Misuse Group, Trading Standards, Children's

Centres, Health Visiting team, Avon Fire Service, Avon & Wiltshire Partnership, Local Pharmaceutical Committee, Public Health and Sirona Care and Health.

7.4 From Jul – Oct 2012 the draft Strategy was available to the public on the B&NES Council website consultations page. Representatives from the DAFBY Young People's group were consulted face to face and the document was also circulated via other networks including Bath Racial Equality Council and B&NES Care Forum.

7.5 Action on Smoking and Health (ASH) developed a model for Peer Assessment of Excellence in Tobacco Control (CLear) during this period and the Tobacco Action Network decided to use this as a way to test assumptions and gain some objective feedback on our performance and future plans. The CLear model focuses on three areas; Vision and Leadership, Challenging your services and Results and provides a structured, evidenced based approach to achieving excellence in local tobacco control. Following a self-assessment exercise in Spring 2013, a Peer Assessment Day took place in June 2013. The assessment team included representation from Smoke Free South West, ASH and North Somerset Council.

7.6 The external assessors report accorded closely with our self-assessment and made some recommendations for additional areas of improvement. These have been included in the recommendations in the draft Strategy.

8 ISSUES TO CONSIDER IN REACHING THE DECISION

8.1 Social Inclusion; Customer Focus; Sustainability; Human Resources; Property; Young People; Human Rights; Corporate; Health & Safety; Impact on Staff;

9 ADVICE SOUGHT

9.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

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Background papers	
Please contact the report author if you need to access this report in an alternative format	