



Doncaster Council

Report

Agenda Item No. 8
Date: 5 September 2019

**To the Chair and Members of the
HEALTH & WELLBEING BOARD**

TOBACCO CONTROL UPDATE

EXECUTIVE SUMMARY

1. This report summarises:
 - Our current position with regard to Tobacco Control
 - Performance
 - Strategy & Action Plan
 - Tobacco Control Review:
 - The reasons for reviewing our Tobacco Control Activity
 - The review process we have undertaken so far
 - The proposed next steps
 - Smoke-free Doncaster
 - The consultation work undertaken
 - The draft proposal for discussion
 - The priorities recommended

RECOMMENDATIONS

2. That the Health & Wellbeing Board:
 - **Note the report** including its appendices:
 - The CLear Peer Assessment
 - The proposed response to this
 - The Smoke-free Doncaster consultation
 - The Smoke-free Doncaster proposal
 - The latest dashboard
 - The revised strategic approach and plan-on-a-page
 - **Discuss and agree any amendments to the priorities**
 - **DECISION: Endorse the recommendations** in the report (subject to amendments discussed during the meeting), including sign-off by all organisations. These are summarised below:
 - CLear:

- Publish the report on the council website
 - prioritise some of the recommendations for immediate action
 - agree all the responses to the recommendations and work through them over time
 - repeat our self-assessment in 12 months' time to track how our score changes
 - consider commissioning a CLeaR peer re-assessment in 2022
- Revised strategic approach and plan-on-a-page
 - Agree the revised strategic approach (subject to amendments discussed and agreed in the meeting)
- **RECOMMENDATION TO CABINET / FULL COUNCIL**
 - Smoke-free
 - Agree for the Smoke-free Doncaster proposal to go to Cabinet / Full Council

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

3. Reviewing our approach to tobacco control, re-balancing towards prevention and increasing quit attempts and taking up some big opportunities so that we can improve our performance and reduce the ill-health, death and inequalities from smoking.

BACKGROUND

4.1 Our current position

4.1.1 Performance

Performance is currently monitored through the Tobacco Control dashboard. This is attached as a separate document. The latest performance against our headline goals is shown below. As outlined in this report, we plan to change these targets, which are no longer realistic, so that we can still achieve them but over a longer timeframe.

Goal	Current performance towards goal
Reduce the prevalence of 15 year olds who regularly smoke to 3.0% by 2022	We don't have trend data for this measure. Latest data is 8.9% in 2014/15
Reduce smoking prevalence amongst adults in Doncaster to 10% or less by 2022	19.7% of the Doncaster population smoke (CI: 17.1-22.4) ¹ , this is the fourth highest within Yorks & Humber
Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population	31.6% prevalence in routine & manual workers in 2017 It had been improving, but in the last monitoring periods the gap appears to have widened

4.1.2 Strategy & Action Plan

Our Strategy & Action Plans are monitored through the Tobacco Control Alliance, which meets quarterly. At present, the majority (c.80-90%) of our resources are

¹ PHE Fingertips, 2017 data, accessed October 2018

spent on supporting people to quit smoking, with significantly less spent on prevention activities such as communications and social norms campaigns.

4.2 Reviewing our Tobacco Control Activity

4.2.1 Reasons for review

We decided to review our overall approach because:

- Smoking is still the leading cause of preventable death: each year an estimated 675 people die early in Doncaster due to smoking – an average of 13 people per week².
- Smoking prevalence in Doncaster is flat-lining: after dropping steadily until 2015, for the last three years, smoking prevalence has stayed around 19.5% - in other places smoking has continued to fall³.
- Health Inequalities are widening: in 2017, prevalence was 31.6% for routine and manual workers, which was an increase on 2016⁴.
- Our performance is not on-track to hit our goals – and these goals have now become unrealistic.
- Our strategy does not have interim targets.
- Our action plan does not clearly link to our performance monitoring.
- We wanted to take advantage of some opportunities:
 - To improve accountable leadership: this would include consideration of how to ensure the strategy is owned by the partnership as a whole
 - Prevention: Breathe2025 and how we can stop people from starting smoking, especially children and young people, this would incorporate social norms and communication work and smoke-free agenda
 - QUIT programme and nicotine dependency treatment in secondary care.

4.2.2 The review process so far: CLear assessment

We undertook a CLear assessment as a Tobacco Control Alliance. CLear is an improvement tool which enables a comprehensive review of local tobacco control efforts against the latest evidence-based practice. It has been designed for local authorities, tobacco alliances, health and wellbeing boards and NHS partner organisations. It includes various self-assessment tools as well as peer assessment.

We undertook a self-assessment followed by a peer assessment.

The Peer Assessment included:

- a facilitated day enabling partners to consider specific aspects of the CLear assessment
- an independent report to ratify our self-assessed scores and identify local strengths and areas that will benefit from further development
- the opportunity to learn from practice elsewhere
- a list of resources and further information relevant to the assessment
- the right to use the CLear logo, a recognized quality standard, on local promotional material.

The CLear peer-assessment report is attached. It identifies local strengths and areas for development. This will help identify further opportunities to follow the best

² CLear Peer Assessment report for Doncaster 2019

³ PHE Fingertips, 2017 data, accessed October 2018

⁴ PHE Fingertips, 2017 data, accessed October 2018

available practice, deliver value for money and provide practical suggestions to move local action on tobacco control forward.

4.2.3 Proposed next steps

Responses to the recommendations from the CLear assessment have been considered by the Tobacco Control Alliance. These are attached.

It is proposed that we:

- prioritise some of the recommendations for immediate action
- agree all the responses to the recommendations and work through them over time
- repeat our self-assessment in 12 months' time to track how your score changes
- consider commissioning a CLear peer re-assessment in 2022

4.3 Smoke-free Doncaster

4.3.1 Consultation

Doncaster's Smoke-free task group ran a consultation around people's attitudes towards smoking and smoking in public places. The consultation was launched on the 17th November 2018 at the "Count Down to Christmas" event, continuing into the remainder of November and closing in late December 2018.

Methods of consultation included:

- Inviting attendees at "Countdown to Christmas" to fill out the questionnaire (either on-line or a paper copy).
- Face to face consultations in eight different locations, supported by the Public Health Team.
- Questionnaires were also handed out to members of the community throughout Doncaster by the Stronger Community Officers.
- The online questionnaire was developed using Survey Monkey and was available to complete from week commencing 19 November 2018 for 4 weeks.

The full findings are available if requested. In summary:

- The majority of participants agreed with the proposal for designated voluntary smoke-free spaces especially areas where there are children present.
- People who smoke and vape were generally positive about the proposal. Nevertheless both smokers and non-smokers believe that there should be an alternative location for people who smoke or vape to go to either in the town centre/public places or at events.
- Regardless of this there were people - both smokers and non-smokers - who thought that a ban in certain places would stop people from attending events and going into Doncaster so therefore effecting businesses in the town.

4.3.2 Proposal

The proposal is attached. It is based on experience from other local authorities as well as academic evidence. It is proposed that we:

- identify a co-ordinating resource for this work
- develop the communications approach
- launch and roll-out as outlined in the plan.

4.4 Revised strategy and recommended priorities

Following initial discussion at the Health & Wellbeing Board, further work has been done with members of the Tobacco Control Alliance and Health & Wellbeing Board and advice sought from Public Health England and others to develop a revised strategy, responding to the review work undertaken.

The revised strategic approach is attached. In summary, we need to:

- Increase prevention (for example via smoke-free social norms and targeted enforcement activity) to reduce the numbers of children and young people who become addicted
- Increase quit attempts:
 - via universal approaches such as mass media and Making Every Contact Count
 - via targeted approaches such as increased consistency of the offer in primary care and implementation of the QUIT programme in secondary care and mental health services
- Improve the success of quit attempts (via universal and targeted approaches)
- Maintain excellent results from our specialist service to reduce inequalities and support those people who are most addicted

These elements need to be underpinned by:

- Higher profile communications and campaigning
- Leadership & partnership – focused on strategy and performance
- Coordination

The approach is based on evidence about effective approaches to Tobacco Control, namely MPOWER and reflects the Tobacco Control Plan for England (2017), which is a whole-systems approach developed by the World Health Organisation to recognise the importance of taking action on a number of fronts. Countries and states that have implemented comprehensive tobacco control programmes i.e. the MPOWER model, have the lowest smoking prevalence in the world e.g. USA, specifically New York 13.9% (2014) and California 11.6% (2014) and Australia 14% in 2016.

The strands of MPOWER are:

- Monitor tobacco use and prevention policies
- Protect people from exposure to second-hand tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco products

OPTIONS CONSIDERED

5. Other options were:

- To continue as we were without review. This would go against our priorities to improve the health and wellbeing of Doncaster because we can see that our current approach is no longer achieving the reductions in smoking prevalence that we should be seeing.
- To take a different set of priorities or focus. Specific options for each subset

of activity are outlined in each of the appendices and priorities will be discussed by the Health & Wellbeing board before decisions are made.

REASONS FOR RECOMMENDED OPTION

6. Based on current research evidence, experience and consultation with stakeholders, this gives us the best opportunity to reduce smoking prevalence. We will continue to review and make improvements as we go.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

7.

Outcomes	Implications
<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>If the wider impacts of tobacco-related harm are considered, it is estimated that each year smoking costs Doncaster £50.7m in lost productivity.</p> <p>In addition, the local population in Doncaster spend £99.5m on tobacco related products. (Approximately £2,050 per smoker) As smoking is closely associated with economic deprivation this money will be disproportionately drawn from Doncaster's poorest citizens and communities. If this money was spent on other things instead of smoking the effect would be to create jobs in the local economy.</p> <p>Reducing smoking prevalence will support Doncaster Working ambitions through reducing this lost productivity.</p>
<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>It is estimated that South Yorkshire Fire and Rescue Service will attend 11 smoking related house fires with a cost to the Borough of around £2m</p> <p>Smokers in Doncaster consume around 533,490m cigarettes each day resulting in approximately 79kg of waste daily.</p> <p>Reducing smoking will contribute to a clean vibrant Doncaster.</p>

<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	
<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>Smoking is still the leading cause of preventable death: each year an estimated 675 people die early in Doncaster due to smoking – an average of 13 people per week.</p> <p>Health Inequalities are widening: in 2017, prevalence was 31.6% for routine and manual workers, which was an increase on 2016.</p> <p>If the wider impacts of tobacco-related harm are considered, it is estimated that each year smoking costs Doncaster £78m of which costs to the NHS contribute approximately £14.7m and Social Care £10.5m (of which £5.7m is attributable to the local authority social care budget).</p> <p>Reducing smoking prevalence will contribute to improved healthy life expectancy, giving children a great start in life and reducing health inequalities.</p>
<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	

RISKS AND ASSUMPTIONS

8. Doing nothing will see the smoking prevalence in Doncaster continuing to plateau, and possibly even increase. Smoking is one of the major public health challenges, including locally in Doncaster. A risk management log will be developed for this project. All risks are considered low, especially when compared with the risk of not taking action.

LEGAL IMPLICATIONS

9. Not sought for this report.

FINANCIAL IMPLICATIONS

10. Not sought for this report.

HUMAN RESOURCES IMPLICATIONS

11. Not sought for this report.

TECHNOLOGY IMPLICATIONS

12. Not sought for this report.

HEALTH IMPLICATIONS [Officer Initials: VJ Date: 28th May 2019]

13. Smoking is the single largest cause of preventable deaths. The proposal outlined in this report is aimed at addressing smoking prevalence in Doncaster, drawing on lessons from peer assessment carried out in March 2019; and a wide range of initiatives from public consultation on smoke-free environments. If implemented, the actions are likely to reduce smoking prevalence, thus improving the health of the people of Doncaster.

EQUALITY IMPLICATIONS [Officer Initials: VJ Date: 28th May 2019]

14. Evidence shows that the impact of smoking is disproportionately high among people from low socio-economic backgrounds. The challenge of smoking can be found across age groups, sexes, race and disability although rates tend to vary from one group to the other. For example, adults with mental health illnesses have three times the smoking prevalence of adults in the general population.

CONSULTATION

15. The Tobacco Control Alliance has been consulted and contributed to the proposals. Consultation with the public has been undertaken for the SmokeFree Doncaster proposal and the findings are summarised in the background section above.

BACKGROUND PAPERS

16.

Appendix 1 Tobacco Control Dashboard January 2019

Appendix 2 Doncaster Tobacco CLear Final

Appendix 3 Responding to the opportunities for development identified through CLear

Appendix 4 Draft plan and proposal Smokefree Doncaster

Appendix 5: Revised strategic approach to Tobacco Control in Doncaster

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