



**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**5 October 2023**

**Report of the Director of Public Health**

**Tobacco Control in Derbyshire**

## **1. Purpose**

1.1 The Health and Wellbeing Board is asked to:

- a) Note Derbyshire Public Health is completing a Tobacco Control Health Needs Assessment (HNA).
- b) Commit to supporting the work to develop and implement a comprehensive tobacco control framework for Derbyshire.
- c) Agree that tobacco control should be a key priority in the new Joint Health and Wellbeing Strategy.

## **2. Information and Analysis**

### **Local Prevalence and Impact**

2.1 Smoking remains the single leading cause of preventable death locally, causing over 3,000 deaths and nearly 8,000 hospital admissions in Derbyshire annually. Whilst smoking rates have reduced over the last decade, at least 1 in 7 residents still smoke, and around 1 in 5 our district with the highest prevalence (Erewash). Smoking is responsible for at least half of the difference in life expectancy between the least and most deprived in society. There are currently 84,541 smokers in Derbyshire.

- 2.2 Smoking costs Derbyshire approximately £256m, including £27.7m in NHS costs, £19.2m in social care costs and £203.2m due to lost earnings and unemployment. Further costs arise from house fires.
- 2.3 Tobacco control is integral to addressing health inequalities using the NHS [Core20PLUS5 approach](#).
- 2.4 Smoking is an important factor in each of the 5 clinical focus areas: maternity, Severe Mental Illness (SMI), chronic respiratory disease, early cancer diagnosis and hypertension of the Core20PLUS5 approach.
- 2.5 Smoking in pregnancy is the leading modifiable cause of poor birth outcomes such as miscarriage, still birth, and low birth weight. In Derbyshire 11.8% of women smoke at the time of delivery (significantly higher than the England average of 9.1%).
- 2.6 Smoking is also the leading preventable cause of cancer, causing 27% of cancer deaths - approximately 1339 cancer deaths in Derbyshire each year.
- 2.7 Cardiovascular disease risk is twice as high in smokers than non-smokers. In Derbyshire around 440 deaths from cardiovascular disease are due to smoking each year.

### **National Picture**

- 2.8 Nationally, there is an ambition to create a smokefree generation, where fewer than 5% of people smoke across all demographic groupings within society by 2030 (2). A [representative survey for Action on Smoking and Health \(ASH\)](#) of over 10,000 people found that 74% of the public support this ambition. Work led by Cancer Research UK, highlighted in the English Government's 2022 [Khan Review](#) shows that if current trends in reducing smoking prevalence are maintained, England is due to miss its target to bring the prevalence of smoking down to 5% by 2030. It is more likely that this will happen by 2037, and for the most disadvantaged groups not until the 2040s. More recently, modelling by University College London using the Smoking Toolkit study, estimates that current trajectories have us reaching 5% smoking prevalence even later, in 2039. The consequences of this slower pace, in terms of avoidable illness, death and costs to society, will be significant.

The Khan review makes four key recommendations:

- Increased investment of an additional £125 million per year in smokefree 2030 policies, with an extra £70 million per year ringfenced for stop smoking services
- Raising the age of sale from 18 by one year every year, until eventually no one can buy a tobacco product in this country
- Promotion of vapes as an effective “swap to stop” tool to help people quit smoking
- Improving prevention in the NHS so smokers are offered advice and support to quit at every interaction they have with health services.

2.9 In response to the Khan review, the Government has advocated for an increased role for the NHS in prevention and encouraged Integrated Care Boards (ICBs) to work in partnership with local authorities to develop system wide tobacco control programmes.

2.10 Addressing smoking will also be key to the Government’s emerging [major conditions strategy](#) and commitments in the NHS Long Term Plan. Similarly, the [Hewitt review](#) is a 2023 review of ICSs in England. The review outlined the need for ICSs to shift their focus upstream to preventative services like stop smoking services and interventions to improve population health and reduce pressures on the health and care system.

2.11 Reducing smoking prevalence is a significant contributor to meeting all four key aims of the Derbyshire ICS Strategy, Stay Well element, with a commitment to increasing the number of people referred to smoking cessation programmes as part of the prevention of ill-health, with a particular focus on people living in the most deprived communities and people with SMI

### **What works for smoking cessation and tobacco control**

2.12 The HNA approach identifies a need for a broad evidence-based approach to tackling the harms associated with smoking. Best practice is endorsed by the World Health Organisation and is known as Tobacco Control. Tobacco control includes:

- Provision of quality stop smoking support
- Bespoke media, communications and education campaigns which underpin population wide behaviour change
- Building local infrastructure, skills/capacity to deliver tobacco control
- Reducing exposure to second-hand smoke
- Reducing availability and supply of illicit and legal tobacco

- Reducing tobacco promotion
- Tobacco regulation
- Research, monitoring and evaluation
- Advocacy and influence to support tobacco control

- 2.13 When delivered and coordinated at scale, these strands of activity create the conditions through which whole population level smoking prevalence decline takes place; trying to quit is made to feel normal and achievable. In England the goal of tobacco control is to build a strong partnership of NHS, local authorities, third sector and other bodies working at scale to accelerate local progress towards the national smokefree 2030 target. HWBs are therefore well placed to support strategies like tobacco control.
- 2.14 Locally the most significant investment in tobacco control is in the provision of high-quality evidence-based stop smoking services. In Derbyshire in 2022/23 £1.45m (2.63%) of the public health grant was invested in stop smoking services delivered by Live Life Better Derbyshire (LLBD) that are accessible by anyone who lives in Derbyshire or registered with a Derbyshire GP. In 2022/23, LLBD helped 2287 people to try and quit smoking, with 1652 successfully quitting. In the autumn of 2023 LLBD plan to offer e-cigarettes (vapes) as an aide to quit smoking. LLBD has recently completed a Health Equity Audit to help improve service accessibility and outcomes.
- 2.15 LLBD has since late 2022 begun to deliver the JUCD Tobacco Dependency Treatment (TDT) programme aimed at all adult inpatients, pregnant women and their partners, and mental health inpatients. To date the TDT programme has helped almost 300 inpatients including pregnant women to quit smoking. There is ring-fenced NHS England funding provided for the TDT programme that will end in March 2024 and funding will then be part of the NHS Derby and Derbyshire ICB baseline funding. Given the pressures upon the ICB budget, there is a significant risk that the TDT programme will end, reducing the opportunities for the NHS locally to contribute to preventative services that significantly improve population health and reduce health inequalities.
- 2.16 In Derbyshire there is also significant activity by the Trading Standards team to regulate the sale of tobacco and reduce the availability and supply of illicit tobacco. Trading Standards has an approach based upon intelligence and working in partnership to undertake age verification checks, seize illicit and counterfeit tobacco. Trading Standards also further disrupt the sale of illicit tobacco by working with landlords to terminate tenancies where tenants are acting illegally.

2.17 Reducing exposure to Second Hand Smoke (SHS) is a key component of effective tobacco control, both to reduce the health harms especially to those most vulnerable e.g., children and as part of efforts to de-normalise tobacco use. Children exposed to SHS are at higher risk of asthma and chest infections. They are also at higher risk of taking up smoking themselves. Smoking within the home remains an environment in which exposure to SHS is significant and more needs to be done to raise awareness of the risks.

2.18 There are parts of the tobacco control framework where there has been less work at a local level and there are significant opportunities to develop our approach within Derbyshire including:

- Bespoke media, communications and education campaigns which underpin population wide behaviour change
- Building local infrastructure, skills and capacity to deliver tobacco control
- Advocacy and influence to support tobacco control.

2.19 Based on the gaps above, the public health team propose that in Derbyshire we have a tobacco control framework, and this is a priority for the emerging Joint Derbyshire Health and Wellbeing Strategy. This approach will build a strong partnership of NHS, local authorities, third sector and other bodies e.g., Fire and Rescue Service working at scale across the ICS, using an evidence-based approach to drive down smoking prevalence.

### **3 Alternative Options Considered**

3.1 For the HWB not to approve tobacco control as a priority for the Health and Wellbeing Strategy. This is not recommended given the impact of smoking tobacco on the health of the population and its significant contribution to health inequalities.

### **4 Implications**

4.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

### **5 Consultation**

- 5.1 No formal consultation has been undertaken but as we develop a system wide approach to tobacco control, we will ensure that partners are closely involved and consulted as necessary.

## **6 Partnership Opportunities**

- 6.1 The system level approach advocated in this report optimises the value of working together, bringing different sectors (e.g., public health, trading standards, housing services, education, social care, community care, fire service and the NHS) around a shared common objective of reducing smoking, the impact of which will have far reaching benefits for local health and economic systems.

## **7 Background Papers**

- 7.1 There are no background papers

## **8 Appendices**

- 8.1 Appendix 1 – Implications.

## **9 Recommendation(s)**

That the Health and Wellbeing Board:

- a) Note Derbyshire Public Health is completing a Tobacco Control Health Needs Assessment (HNA)
- b) Commit to supporting the work to develop and implement a comprehensive tobacco control framework for Derbyshire
- c) Agree that tobacco control should be a key priority in the new Joint Health and Wellbeing Strategy.

## **10 Reasons for Recommendation(s)**

- 10.1 The Tobacco Control HNA approach provides a comprehensive overview of the impact of tobacco on the health of the population and its significant contribution to health inequalities. Once published the HNA will be circulated to the HWB.
- 10.2 Building a system wide approach to tobacco control will help Derbyshire contribute to the goal of a smokefree society by 2030 and such an approach would facilitate the ICS to meet many of its objectives. These include improved cancer mortality and early detection, reduced cardiovascular disease incidence, improved respiratory health, better

maternity and child health, and of course reducing health inequalities through a Core20PLU5 approach. To prevent further harm there is a need to eliminate smoking from our region, as fast as possible. Addressing smoking will also create a solution to health and economic inequalities.

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**HWB Sponsor:** Ellie Houlston, Director of Public Health

### **Implications**

#### **Financial**

- 1.1 There are no financial implications of this report at this time. However, the system wide approach to tobacco control advocated in this report may identify opportunities for investment to enhance tobacco control work in Derbyshire. Further consultation would be undertaken with partners as necessary, and agreement sought.

#### **Legal**

- 2.1 There are no legal implications of this report.

#### **Human Resources**

- 3.1 There are no human resource implications of this report currently. However, the system wide approach to tobacco control advocated in this report may identify opportunities for additional staffing resource to enhance tobacco control work in Derbyshire. Further consultation would be undertaken with partners as necessary, and agreement sought.

#### **Equalities Impact**

- 4.1 Smoking of tobacco is strongly associated with deprivation and work to reduce the prevalence of smoking will help to reduce health inequalities in local communities.

#### **Partnerships**

- 5.1 This report outlines the significant opportunities for the HWB partner organisations to work together to develop a comprehensive whole systems approach to tobacco control in Derbyshire that will improve the health of local communities and reduce health inequalities.

#### **Health and Wellbeing Strategy priorities**

- 6.1 The issues discussed in this report will contribute to the HWB priority of:
- Enable people in Derbyshire to live healthy lives.



## **Other implications**

7.1 None