Public Health
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Report of: **Director of Public Health**

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	20 January 2016	Item B2	All

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: Smokefree Camden and Islington 2016 – 2021

1. Synopsis

1.1 Camden and Islington's Smokefree Strategy 2016 – 2021 sets out three strategic ambitions and a broad set of recommendations in order to decrease smoking prevalence (from approximately 22% in Islington at present) to 16% over the next five years and to reduce smoking related harms in both boroughs. It is part of a step-wise approach to achieving smokefree boroughs (defined as smoking prevalence <5%) by 2030. The three strategic objectives are: (1) closing the gateways in; (2) helping people out and (3) reducing related harm.

1.2 This paper seeks endorsement from the Health and Wellbeing Board for the Strategy and its recommendations. Specific recommendations that the Board could champion and lend particular support to are:

a. Working towards all resident-facing staff having training in Level 1 Very Brief Advice (Ask, Advise, Act)
b. Including stop smoking support within workplace wellbeing programmes for staff
c. A coordinated approach to preventing and tackling smoking in children and young people
d. Mainstreaming stop smoking-related activity across commissioned NHS secondary care services
e. Broadening the scope of smokefree environments in Islington.

1.3 The Board is invited to help champion the Strategy's recommendations in order to bring about a system-wide response focused on helping Islington become smokefree by 2030.

2. Recommendations

The Board is asked to:

1. Endorse and champion the Strategy and its ambition for Islington to be smokefree by 2030.

2. Consider and discuss the specific recommendations identified in this paper which provide an opportunity for the Board and its constituent members to help drive forward the Strategy.

3. Consider what other actions, interventions or support the Board could provide in order to shape the development of the Smokefree Delivery Plan in support of Islington becoming a smokefree borough by 2030.

3. Background

3.1 **Why develop a strategy?**
Smoking still matters in Islington because it remains the single biggest preventable risk factor for poor health and premature death. While prevalence has fallen since the early 2000s, in the last few years, rates of smoking have remained stubbornly stable in Islington in particular. Nicotine addiction through smoking is a long-term condition which starts in childhood and drives health inequalities. Tackling smoking in families and children is part of establishing a good start in life.

3.2 Smoking disproportionately affects those who are already often disadvantaged – tobacco-related harm is greatest in our less affluent communities, BME communities, people with mental health conditions and prisoners. Smoking also has wider societal impacts, for example, impacting criminal activity through illegal tobacco sales, on employers through sickness absence and productivity and the cost of cleaning up the environment.

3.3 There has been much good work to address smoking in Islington over many years. Particular successes in Islington include: smoking quit rates per 100,000 smokers above the London average for many years; schools routinely embedding smokefree messages in personal, social and health education (PHSE) teaching and as part of the Healthy Schools programme; successful enforcement activities tackling illegal and underage tobacco sales and shisha; being an early adopter of smokefree playgrounds; Whittington Health routinely offering inpatient nicotine replacement therapy and Camden and Islington Foundation Trust being one of the first mental health trusts in the country to become smokefree.

3.4 However, despite these successes, key smoking- related indicators[1] are worsening for Islington in comparison to the rest of London. Islington has the:

- Highest prevalence smoking in London (tied with Hammersmith & Fulham) - 22.2% of Islington adults smoke compared to London (17.0%) and England (18.0%).
- Highest proportion of routine and manual workers who are smokers in London - 41.1% (Highlighting that smoking is associated with deprivation and lower socioeconomic status and drives health inequality).
- Highest rate of smoking-attributable hospital admissions in London (2,534 per 100,000 population in Islington vs 1,606 per 100,000 in London), which are essentially, all preventable.
- 3rd highest borough for smoking-related mortality in London. There are approximately 225 smoking-related deaths each year in Islington.

[1]PHE. Local Tobacco Control Profiles. (2013-14 data)Available at: http://www.tobaccoprofiles.info/tobacco-control#page/0/gid/1938132885/pat/6/par/E12000007/ati/102/are/E09000019

3.5 In short, smoking comes at great cost to both the individual, to society and to the public sector. It is estimated that, annually, in Islington, smoking costs the NHS £7million and Adult Social Care a further £3million[2]. It is clear that more needs to be done to address the challenge of tobacco-related harms which is why the Health and Wellbeing Board is being called on to champion the ambition for Islington to be smokefree (i.e. smoking prevalence <5%) by 2030.

3.6 **How has the Strategy been developed?**

Following the first ever joint Camden and Islington Tobacco Control Summit in February 2014, the Joint Camden and Islington Smokefree Alliance (CISA) was formed, building on many years of good work of the Islington's Smokefree Alliance and its five year strategy which expired in 2015. Membership of the CISA includes both councils – with representation from Public Health, Environmental Health, Trading Standards and School Improvement Services, the Stop Smoking providers in both boroughs, NHS secondary care clinicians, as well as most recently, both Clinical Commissioning Groups. The Alliance has developed this new strategy for the next five years, developed in consultation with its members and a wider array of stakeholders across both boroughs as part of its step-wise approach to achieving smokefree boroughs by 2030.

3.7 **What does it say?**

The Strategy sets out three strategic objectives and a comprehensive range of recommendations from partners for the next five years in order to decrease smoking prevalence and reduce smoking related harms in both boroughs. The strategic objectives are:

1. **Closing the gateways in:** Educating young people and families about the harms of tobacco smoking and the risks of shisha use, to help young people choose not to smoke.

2. **Helping people out:** Providing effective support for smokers to quit that reaches those most at risk of poor health or health inequality to change their smoking behaviours. Looking to the future, this includes harnessing the potential of electronic cigarettes (e-cigarettes). This includes working more closely with the NHS, adult social care and employers.

3. **Reducing related harm:** Ensuring that families are aware of the dangers of exposure to second-hand smoke; achieving a cleaner environment and disrupting illegal sales.

3.8 **Particular priorities:**

The Strategy recognises that most people become addicted to smoking tobacco whilst they are young. Therefore, we need to focus much of our energy on promoting a smoke-free start in life and childhood. In addition, smoking does not affect communities fairly – those who are poorer or come from certain minority groups are more likely to smoke and therefore can be affected disproportionately by the negative effects of smoking. Finally, our healthcare partners are often uniquely positioned to influence and encourage smokers to quit; supporting and invigorating clinicians for this challenge needs to be a key component of the approach going forward. Islington CCG's recent appointment of a GP clinical lead for smoking is a very welcome and positive step towards engaging primary care clinicians.

3.9 The Strategy is attached as Appendix 1.

4. Where could Islington Health and Wellbeing Board have most strategic influence for a smokefree Islington?

4.1 The Health and Wellbeing Board is uniquely placed as the system leader for health and care in Islington to shape both the culture and activity of each of the key stakeholders in the smokefree agenda, including

[2] ASH Toolkit. Local Costs of Smoking. 2015.

providers and commissioners of health and care services. As such, there are a number of recommendations within the Strategy that fit well with the Board's direct realm of influence. In addition, becoming smokefree is a challenge for the borough as a whole and a broader array of stakeholders have their part to play, beyond health and social care - these include environmental services, the London Fire Brigade, housing providers and the voluntary and community sector. The Board has an opportunity to provide leadership across the borough as a whole.

4.2 The draft strategy was developed in conjunction with Smokefree Alliance partners and has also been widely circulated to stakeholders in both CCGs, local NHS providers, across both councils and through a recent online engagement activity with the public. It has been widely welcomed. A common theme to comments has been to highlight the need for a robust delivery plan given the scale of the challenge of smoking and its significance to the health and wellbeing of the population. Further to discussion and hopefully endorsement of the Strategy by key stakeholders, and by the Islington Health and Wellbeing Board in particular, the Alliance plans to develop a more detailed delivery plan with key actions, milestones and outcome measures, as the basis for tracking progress with delivery.

4.3 The Strategy sets out a number of recommendations directed towards a range of system partners and stakeholders, recognising the broad influences on smoking prevalence within the borough. The Board has a key role to play as an overall champion for the Strategy and for the ambition of becoming a smokefree borough by 2030.

4.4 More specific recommendations that the Board is invited to discuss and lend particular support to are:

a. **Working towards all resident-facing staff having training in Level 1 Very Brief Advice** (Ask, Advise, Act): The Board as a whole, and the organisations that its constituent members represent, are recommended to work towards ensuring that all staff who are in contact with residents, patients and clients know how to ask about people's smoking status and then signpost to appropriate stop smoking services. Training could be prioritised and phased in for those staff who have most contact with residents who smoke, are heavy smokers or those most vulnerable to tobacco-related harms. This might include staff working in housing, working with people with mental health conditions or children and family-related services, as well as those health and care professionals who are working with residents already suffering tobacco-related harm.

b. **Workplace wellbeing for staff:** The Board and its constituent members could demonstrate visible support for the ambition of becoming a smokefree borough by ensuring support for stop smoking is embedded within their workplace/employee wellbeing programmes (thus reducing related sickness absences and improving productivity). A supportive approach to workplace wellbeing can be particularly effective in helping staff members to quit. We also know that lower paid health and care staff in particular, who are more likely to smoke, are often those who have the most contact with residents. Helping lower paid staff to quit may therefore have an indirect positive impact on the likelihood of their patients/clients quitting, as well as to their own health and wellbeing.

c. **A coordinated approach to preventing and tackling smoking in children and young people:** The Board is asked to endorse and champion a coordinated approach to preventing and tackling smoking in childhood. This requires a multi-pronged approach that calls on colleagues providing health and social care services to children and young people and their families, and staff working in early years, schools and other educational settings as well as enforcement, environment and housing services to work together. We know that smoking is a lifelong addiction that starts in childhood, is heavily influenced by parental and household smoking and disproportionately affects the most disadvantaged children and young people.

d. **Working towards mainstreaming stop smoking-related activity across commissioned NHS secondary care services:** These include in particular, but are not restricted to, paediatric, maternity, mental health, cardiovascular, respiratory, surgical and diabetes services commissioning where there is clear evidence that smoking damages health and impairs clinical outcomes (increased complication rates, increased length of stay, reduced effectiveness of interventions). It is recommended that stop smoking advice and support embedded within clinical pathways and settings also includes appropriate provision of smoking cessation-related pharmacotherapy in line with clinical guidance. Approaches to mainstreaming cessation-related activity might include use of standard wording in service specifications to encourage routine adoption of the current NICE guidance on smoking cessation in secondary care, ensuring training of relevant staff and establishing clear and robust referral pathways into community stop smoking services for smokers identified (and who have potentially set a quit date) through secondary care services.

e. **Broadening the scope of smokefree environments in Islington:** There are opportunities to explore the broader provision/designation of additional smoke-free areas in the borough. For example, the introduction of smokefree playgrounds in Islington was successful through the overwhelming support of the public – from both people who smoked and those who did not. The Board is invited to consider exploring and developing other opportunities for implementing smokefree areas, supported by the public, such as around the entrances to NHS and council-owned premises.

5. Next Steps

5.1 The Camden and Islington Smokefree Alliance will develop a robust delivery plan to support implementation of the Strategy.

6. Implications

6.1 **Financial implications**

There are no financial implications arising as a direct result of this report. Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the council or partner organisations.

6.2 **Legal Implications**

The Health and Social Care Act 2012 provides the legal framework for council's duties in respect of its public health functions. Councils have a duty to take appropriate steps to improve health outcomes of people in their boroughs (section 2B NHS Act 2006, inserted by section 12 of the Health And Social Care Act 2012). This includes taking such steps in order to control smoking. The Strategy will support the council's legal responsibility for the delivery of public health.

6.3 **Environmental Implications**

The environmental implications for reduced smoking in the borough are positive. In Islington cigarette butts are the most common form of litter, with an estimated annual street cleaning bill of £3.5 million. In addition to the nuisance aspect, leachate from butts contains several toxic products that cause damage to biodiversity.

6.4 **Resident Impact Assessment**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and

encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment will be completed when the Delivery Plan is developed. Smoking disproportionately affects people in more socio-economically disadvantaged groups including routine and manual workers, most BME communities and people with mental health problems and as such, we would expect that this report and the approach and actions it proposes should have a positive impact on inequality.

7. Conclusion and recommendations

7.1 The Smokefree Strategy presents a shared plan to reduce smoking rates in Islington to 16% over the next five years organised under its three strategic objectives: (1) Closing the gateways in; (2) Helping people out and (3) Reducing related harm.

7.2 The Camden and Islington Smokefree Alliance will develop a more detailed, action-oriented delivery plan to take forward the Strategy, shaped by the feedback and inputs from key stakeholders, including the Health and Wellbeing Board.

7.3 The Board is asked to:

1. Endorse and champion the Strategy and its ambition for Islington to be smokefree by 2030;

2. Consider and discuss the specific recommendations identified in this paper which provide an opportunity for the Board and its constituent members to help drive forward the Strategy;

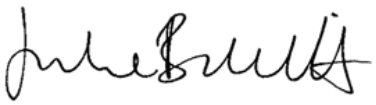
3. Consider what other actions, interventions or support the Board could provide in order to shape the development of the Smokefree Delivery Plan in support of Islington becoming a smokefree borough by 2030.

Background papers: None.

Attachments: Camden and Islington Smokefree Strategy 2016 - 2021

Final Report Clearance

Signed by



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