

Cabinet

Report Title	Smoke Free and Tobacco Dependence
Date of Meeting	24 April 2023
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Director	Colin Cox, Interim Director of Public Health
Lead Cabinet Member	Cllr Patricia Bell – Deputy Leader of the Council
Why is this a key decision?	1. Expenditure over £500K yes 2. Significant impact on 2 or more wards yes
Wards Affected	All
Identify exempt information and exemption category¹	N/A
Reasons for urgency (<u>only</u> where applicable)	N/A
Appendices (if any)	1. Current Services 2. 2022/2023 Investment

Table 1 Report overview

1. Executive Summary

- 1.1 This report sets out the vision for how Public Health as part of Westmorland and Furness Council working with partners can aim for a smoke free area by 2030 in line with the national Khan Review. Smoking remains the biggest cause of death and ill health in the UK. In Westmorland and Furness c 11.1% which is 20,000 of the population currently smoke. It is one of the biggest contributory factors to health inequalities that this Council is committed to address.

1.2 Section 3 of this report sets out a range of measures which are preventative in nature and community led which require approval from Cabinet to commission through procurement or direct appointment of staff to deliver the vision of a smoke free area by 2030. They also seek to address the prevalence of e cigarettes particularly in young people.

2. Recommendations

2.1 For the reasons set out in this report, Cabinet is recommended to:

- (1) approve the total allocation of £441,000 from the Public Health annual budget from 1 April 2023 to 31 March 2026 to provide enhanced stop smoking interventions as outlined in recommendation 1.1 and 1.2 below;**
 - (1.1) Commission £105,000 (£35,000 a year) of enhanced universal Pharmacy Stop Smoking Support with provision of 12 weeks Nicotine Replacement Therapy (NRT) and support and delegate the Director of Public Health in consultation with the Deputy Leader to enter into agreements.**
 - (1.2) Commit £ 336,000 (£112,000 a year) from the Public Health annual health budget from April 2023 – March 2026 to recruit two members of staff to provide enhanced smoking cessation interventions as follows:-**
 - **1 full time Community Outreach Tobacco Dependence post to support people from the 20% most deprived communities, people with severe mental illness, people who have alcohol/drug addictions and people who are homeless to quit smoking. This allocation includes funding for aids to support quit attempts, including Nicotine Replacement Therapy (NRT) and e-cigarettes.**
 - **1 full time Pharmacy In reach Tobacco Dependence post to support people who are on respiratory health pathways including targeted lung health checks, hypertension case finding, people receiving enhanced health checks, and providing additional capacity to pharmacies delivering the local authority stop smoking service operating in Westmorland in Furness. This allocation includes funding for aids to support quit attempts, including Nicotine Replacement Therapy (NRT) and e-cigarettes.**
- (2) allocate £148,000 for the period 2023 to 2026 of the existing unallocated, non-recurrent Restart & Recovery Public Health fund to test new interventions, provide workforce development and co-ordinate activity to achieve a Smoke-Free Westmorland and Furness and approve the following:-**

- **Procure and pilot a service within primary care and community services to increase capacity to support people on NHS clinical pathways as outlined in 3.19 to 3.25 of the report ; and**
- **Recruit 1 x 12-month fixed term full time Smoke Free Co-ordinator as outlined in para 3.21.1 and 3.22 of the report**

3. Information: the Rationale & Evidence for the Recommendations

- 3.1 The strategic approach outlined in this paper acknowledges that smoking remains the biggest cause of ill-health and death in the UK. Smoking increases the risk of developing serious health conditions and is a major contributing factor to health inequalities.
- 3.2 11.1% of the adult population (approximately 20,000 residents) of Westmorland and Furness are current smokers. SATOD (Smoking at time of delivery) maternity data shows that approximately 10% of mothers are smokers when they have a baby.
- 3.3 The national Khan Review has recommended that all areas achieve Smoke Free status by 2030. Smoke Free status is defined as a population smoking prevalence of 5%.
- 3.4 In order to achieve a smoke-free Westmorland and Furness, there will need to be approximately 10,000 successful quits with no one starting smoking.
- 3.5 This ambition cannot be achieved by one organisation alone and so working effectively and collaboratively with partners to maximise resources, reduce duplication, and deliver preventative interventions will be essential.
- 3.6 The whole system strategic approach to achieve a smoke-free Westmorland and Furness will be delivered as follows: –
- Achieving a smoke-free Westmorland in Furness – this will be implemented through the Tobacco Free Alliance covering both the Westmorland and Furness and Cumberland areas.
 - Reducing inequalities – through the commissioning and delivery of improved and targeted services.
 - Protecting future generations – through the development of Smoke Free Places, including a school training programme and enforcement action.
- 3.7 This strategic approach has been developed in partnership with the local health and care system. A stakeholder workshop was held in July 2022 where attendees considered how the health and care system can work together to achieve smoke free.
- 3.8 In tandem with this, an online public survey for non-smokers and current smokers was undertaken and although the number of responses was low, there was overwhelming support for having a range of services, opportunities, and activities. This aligns with the workshop outputs, NICE guidance and the Khan Review recommendations.

3.9 A Cumbria-wide Tobacco Alliance has been developed, drawn from the stakeholders who attended the July workshop. Membership includes generalist and specialist health professionals, pharmacy, maternity, mental health, community partners and organisations, and the CVFSE. It has been developed to provide a system wide approach to prevention and workforce development, ensure integrated pathways, and to provide suitable promotion of services to generate demand. The initial meetings of this group supported the recommended approach outlined in this Cabinet Report.

3.9.1 Proposals

3.9.2 The Cumbria County Council commissioned service and the NHS commissioned services until April 2023 are described in Appendix 1.

3.9.3 Some investment to begin this work has been agreed from the Public Health Grant 2022-2023. Further details can be found in Appendix 2.

3.10 **The annual recurrent funding of £147,00 each year from April 2023** will be used to deliver

3.11 An improved community pharmacy service, which will assess suitability for stop smoking support, and provide 12 weeks NRT and motivational support to smokers wishing to quit. The current service commissioned by Cumbria County Council provides two weeks NRT and support. NICE guidance, the recent Khan Review and NHS services delivered as part of the Long-Term Plan all recommend and deliver 12 weeks NRT provision and support. The allocation of funding for this service is c.£35,000 per year, which funds the additional NRT and support required to increase service delivery from two to twelve weeks, as recommended by the evidence base.

3.12 The service will aim to reach approximately 340 clients per year with a forecast quit rate of 35%.

3.13 This service is delivered by appropriately NCSCT (National Centre for Smoking Cessation Training) Public Health England trained and accredited staff. There are 48 eligible pharmacies in Westmorland and Furness.

3.14 This service improvement will be implemented as soon as possible. The Pharmacy Framework will be re-commissioned this financial year to be implemented in April 2024. This new framework will continue the 12 week NRT provision and support.

3.15 Two community out-reach and pharmacy in-reach tobacco dependence posts to provide enhanced support to people within priority groups and on specific NHS pathways. This allocation includes funding for aids to support quit attempts, including Nicotine Replacement Therapy (NRT) and e-cigarettes. The allocation of funding for this intervention is £112,000 per year.

- 3.16 The tobacco dependence posts will maximise opportunities to engage with smokers and give them the best, most accessible and appropriate support to quit at the right time for them. Implementing this approach will aim to improve wider health outcomes, reduce the health inequalities gap and reduce smoking prevalence rates in these groups.
- 3.17 The priority groups for the Community Outreach Tobacco Dependence worker will be people from the 20% most deprived communities, people with SMI, people who have alcohol/drug addictions and people who are homeless or living in social housing.
- 3.18 The Pharmacy In reach Tobacco Dependence worker will focus on NHS pathways, such as maternity (including significant others and those that miscarry), NHS health checks including enhanced health checks, health checks for people with SMI, annual health checks for people with long term conditions, respiratory pathways with a focus on lung health checks, cancer and cardiovascular diagnosis pathways. This approach aligns with the NHS Long term Plan and the NHS Core20+5 framework to reduce healthcare inequalities.
- 3.18.1 The existing, **non-recurrent Restart & Recovery budget** (£148,000) April 2023 – March 2026 will be used to:
- 3.19 Enable the development and delivery of a Stop Smoking Support approach with Primary and community Care. This will allow focused, targeted, and opportunistic interventions/support at the time when patients may be most open to make the quit attempt. It is likely to be similar in-service design to the Pharmacy Service and will be evaluated after 18 months to assess effectiveness. This funding will enable staffing, incentives and delivery. The allocation will be up to £68,000 covering 3 years between April 2023 to March 2025, including evaluation.
- 3.20 Providing incentives via the provision of shopping vouchers to up to 80 pregnant women to quit smoking. This will be used to target under-served women for whom giving up smoking may be more difficult. Approximately 60% of women find it difficult to quit due to the pressures and stresses on their lives and sometimes balancing the professional advice against contradictory familial advice. The allocation will be up to £8,000 over the 3 years, 2023 - 2026.
- 3.21 Protecting future generations - Smoke Free Places, School training programme, Enforcement action. This will be delivered by :-
- 3.21.1 Recruiting 1 x 12-month fixed term Full time Smoke Free Co-ordinator for Westmorland in Furness to:
- Implement a system wide approach to training – very brief advice to all partners and extended training in targeted areas
 - Oversee the school-based training for vaping
 - Promote Smoke Free Places

- Promote Smoke Free Champions linking with Community Cancer Champions and Youth Health Champions.
- 3.22 Up to £45,000 will be allocated to fund this post for a 12-month period starting in 2023.
- 3.23 Enabling fund for Smoke Free Coordinator. This will allow the Smoke Free coordinator to deliver activities and have resources needed when working with partners in the community. The allocation will be up to £5000.
- 3.24 Vaping Harm training/support for schools and other settings that support young people aged 10 – 16 years. This preventative programme is in development to respond to the growing concern and increase in incidence and reporting of young people using e-cigarettes. The contract will be hosted by Cumberland Council with the council's allocation of £12,000 over 2 years allowing c. 30 settings to be reached in Westmorland and Furness.
- 3.25 Evaluation of interventions. Many of the interventions proposed in this paper are novel in Cumbria. Therefore, evaluation to determine what works well, what needs to change, stop, or continue is essential. This will be commissioned and hosted by Cumberland Council but will encompass all services across both Unitary authorities. Up to £10,000 has been set aside to cover this.

Reasons for the recommendation/Key benefits

- 3.26 There are currently c.20,000 smokers in Westmorland and Furness and this needs to be at least halved to achieve smoke-free status.
- 3.27 As outlined in Appendix 1, quit rates and numbers accessing the stop smoking service are lower than is acceptable for the universal pharmacy service.
- 3.28 Changes to this service from April 2023 should improve outcomes for residents in line with the evidence base. These will be further embedded through the recommissioning process planned in 2023/34.
- 3.29 The evidence base and local engagement with stakeholders including residents has illustrated that a whole system approach with integrated and varied stop smoking services are important in supporting residents to set quit dates and successfully stop smoking.
- 3.30 The recommended investment and recruitment will enable the delivery of evidence based and varied services in Westmorland and Furness.
- 3.31 In taking this decision, Westmorland and Furness recognises that smoking is an important cause of preventable morbidity and mortality and is an important driver for health inequalities.

4. Link to Council Plan Priorities: (People, Climate, Communities, Economy and Culture, Customers, Workforce)

- 4.1 Ensuring that people can live healthy and happy lives is a key outcome of the Council Plan and addressing lifestyle factors such as smoking and dependence on tobacco are key elements in improving people's health and wellbeing.
- 4.2 The strengths based approach of service delivery proposed in the report is in line with the Council's operating model whereby the traditional approaches are being challenged and is a move towards co-production of services that promote good health and reduce the demand on specialist services wherever possible by enabling and empowering people with the skills that they need to reduce and stop smoking and their reliance on tobacco.
- 4.3 The recognition and provision of early intervention approaches with young people with the prevalence of e-cigarettes promotes the values of the Council particularly around ambition and innovation.

5. Consultation Outcomes

- 5.1 As described at 3.7 – 3.9 there has been significant engagement and consultation in developing this approach and the recommendations are fully supported by partners, stakeholders, and the Cumbria Tobacco Alliance

6. Alternative Options Considered

- 6.1 Option 1: Do nothing – this will not improve quit rates in Westmorland and Furness, enabling tobacco use to continue to cause preventable morbidity and mortality and increase health inequalities.
- 6.2 Option 2: Approve a proportion of the funding only. This will enable an improved offer but will not optimise the whole system approach to service delivery based on the evidence base.
- 6.3 Option 3: Approve all funding – to provide Westmorland and Furness residents with the best opportunities to avoid preventable morbidity and mortality and contribute to giving every child the best start in life.

7. Financial Implications and risk

- 7.1 Cabinet is recommended to approve an allocation of £0.441m for the 3 years 2023/24 to 2025/26 equating to £0.147m pa from that part of the Thriving Communities budget which is funded from the Public Health grant. The Public Health grant for 2023/24 for the Council is £7.995m and is an increase from 2022/23 of £0.253m. The allocation of £0.147m pa is £0.007m higher than the

Public Health Stop Smoking budget. This £0.007m increase will be funded from the overall increased grant.

- 7.2 Cabinet is also recommended to commit £0.148m of the Public Health Restart and Recovery Fund. The Restart and Recovery Fund is included within the Public Health earmarked reserve. The value of the Westmorland and Furness share of the reserve as at 31 March 2023 was estimated at £1.2m - the allocation of £0.148m will be the first call on the reserve in 2023/24.

8. Legal and Governance Implications

- 8.1 Under 1.1 of Part 2 – Section 4 of the Constitution the Cabinet is responsible for all of the Council's functions which are not the responsibility of any other part of the Council, by law or under this Constitution. Accordingly, the recommendations set out in this report are properly a decision for Cabinet.

- 8.2 To the extent that the decisions involved procurement of services from a third party the contract procedure rules in the Constitution should be followed in relation to that procurement and legal advice obtained in relation to the terms of any contract with a third party.

9. Human Resources Implications

- 9.1 Recommendation to Cabinet references the recruitment of 3 positions which do not currently exist, therefore it should be noted that these positions will require post specifications to be drafted and allocated prior to any recruitment starting. This will potentially add 1-2 weeks onto the recruitment process timeline.

10. Equality and Diversity Implications (including the public sector equality duty)

- 10.1 All residents regardless of their abilities, background or lifestyle will have equal opportunities to access services, activities and interventions that are recommended by this paper.
- 10.2 It will be ensured that in doing so, the duty under the Equality Act 2010 to take into account the need to:
- eliminate discrimination harassment and victimisation;
 - advance equality of opportunity;
 - foster good relations between different parts of the community; and
 - protect people against discrimination on the grounds of protected characteristics – age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

11 Other Relevant Implications (where applicable e.g. procurement, other)

11.1 Environment & Climate Change/ Net Zero

11.2 The significant impact of tobacco and smoking on the environment through climate change, water and land use and the impact on human health is well known. The promotion of a smoke free and a reduction in tobacco dependence will have a positive impact on climate change and net zero.

11.3 Social Care & Corporate Parenting Implications

11.4 There will be a focus on ensuring that services recognise the need of care leavers as the Council is a corporate parent. Services will be offered which will contribute towards the Westmorland and Furness Council Promise. These services will absolutely work within and keep the promise that young people have clearly said that they want. This clearly upholds our belief in being a caring and compassionate Council.

12 Public Health Implications

12.1 This has positive public health implications and will positively contribute towards the wider determinants of health inequalities. In particular taking a community led approach to this and targeting young people will hopefully significantly impact on the c 20,000 smokers identified in the Westmorland and Furness area.

13 Background Documents

13.1 Khan Review - <https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete>

13.2 Tobacco: preventing uptake, promoting quitting and treating dependence - <https://www.nice.org.uk/guidance/ng209>

Appendix 1

Current services.

Commissioned by Cumbria County Council (until April 2023).

A Universal Pharmacy-based offer with 2 weeks provision of NRT –

Past budget pressures led to reductions in funding allocations to this service with a 2021/2022 budget of £77,944 for the whole of Cumbria. The service commissioned was the only service offer for residents who wanted to stop smoking and the spending in 2021/2022 was £74,004. The service paused due to COVID restrictions in 2020 and demands on pharmacy staff such as COVID and flu vaccinations have impacted on access of opportunity in recent years.

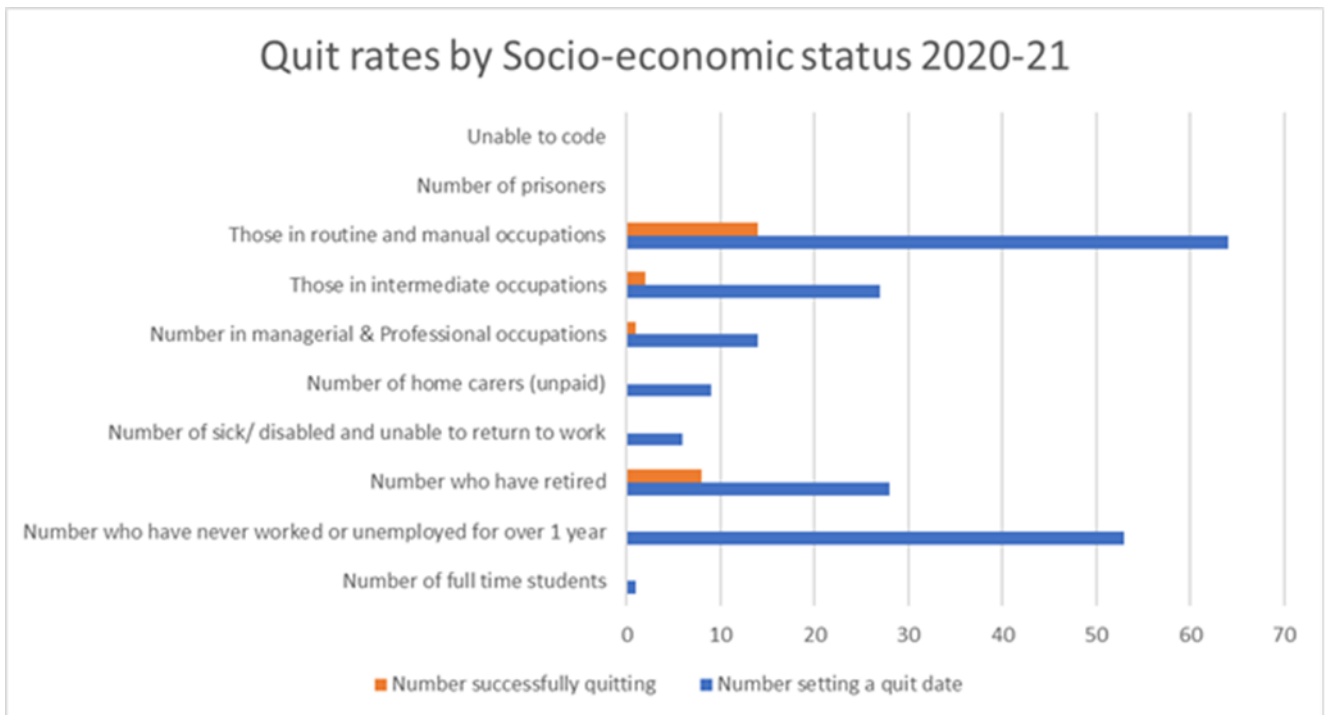
Between June 2020 – November 2022 there were 106 accredited providers with 54 being active. There have been 78 Community Pharmacies accredited to deliver NRT (including ongoing support) in Cumbria but only 35 were active in 2022/23. There are noticeable gaps in some of our most deprived communities, areas where smoking prevalence rates are high and geographically isolated communities. Consultation with pharmacy providers indicates that increasing the NRT provision will increase pharmacy provider uptake.

The graph below shows the numbers of people quitting smoking across Cumbria from 2017-2020. It is noticeable that prior to 2019 the NRT provision universally was 12 weeks, and the graph below demonstrates the significant reduction in uptake for the service when this changed to two weeks. This is associated with a lower cost per quit. Also worth noting is that currently the service pays a fee to the pharmacy on clients setting a quit date and on validation of quits but nothing for the follow up contacts. So as clients are dispensed their 2 weeks NRT at the initial visit, almost all are lost to follow up and therefore verifying quits is rare.



Approximately 800 people across Cumbria access the service annually and receive NRT but only 25 quits were recorded last year (2021/22). From April 2022 – November 2022, 331 clients registered with 320 setting quit dates and 52 quits self-recorded but not verified. This is due to the service only engaging with the client at first contact when the 2 weeks NRT is dispensed. Although 12 weeks NRT and support is available to pregnant women, this only equates to 3% of the clients. It is expected that quit rates will improve with the increase in NRT and support over the 12-week period.

The graph below, taken from client data from the previous Pharmacy Stop Smoking Service, illustrates quit rates by socio-economic status, showing that not only are quit rates low but in some groups are zero.



Commissioned by the NHS.

In South Cumbria the maternity stop smoking services have been established. There are no in-patient or mental health stop smoking services in South Cumbria. A business case is being developed to establish an in-patients stop smoking service for Morecambe Bay, which will be available in April 2023. These services are funded by the NHS through the implementation of the Long-Term Plan.

The Specialist Pharmacy Service is being commissioned by the NHS as part of the implementation of the Long-Term Plan. This service will provide a pathway for in-patients initiated onto a stop smoking pathway and ensure that support continues in the community setting. This service offer, of 12

weeks NRT and support, is only available by direct clinician referral. However patient choice will remain, and should a patient choose to use a council commissioned service, then the NHS will pay for NRT support.

Appendix 2.

2022-23 investment.

Previous funding agreed by Cumbria County Council (2022-2023)

Supporting these recommended interventions there was an additional spend of c. £39,000 during 2022-2023.

This allowed the purchase of c.650 vaping starter kits (£32,000) to be used as appropriate across the commissioned services and Carbon Monoxide monitors (£6,900) to be purchased for c. 120 underserved pregnant women.

These recommendations are underpinned by the Association of Directors of Public Health North East Position Statement on Nicotine Vaping November 2022 which endorses the role of vaping in helping smokers to quit tobacco. The Directors of Public Health for the North West are currently working on agreeing a similar position statement for local authorities in the north west. Also, evidence supports the use of e-cigarettes as an effective quitting tool with quit rates being twice that of using NRT products. Currently in the North East NHS services these are being used for the staff stop smoking service where 80% of users are requesting vape kits rather than traditional NRT and success (quit) rates are 47%.

During the antenatal journey the pregnant women are monitored for Carbon Monoxide (CO). CO is a poisonous gas that can't be seen and has no smell or taste and is produced from the tobacco when it is burnt. The CO is absorbed into the blood stream and replaces the oxygen in the red blood cells. This means that oxygen levels are reduced and makes smokers at increased risk of heart attacks and stroke. This in turn is damaging to the baby's health and development.

Also, it is not just tobacco that produces CO, it is present in exhaust fumes, faulty gas appliances, coal/wood fires and oil burning appliances.

When you stop smoking carbon monoxide levels drop quickly and in 24 to 48 hours your carbon monoxide levels drop back to the level of a non-smoker. It is therefore possible for a smoker to continue to smoke between appointments and attend and show a normal CO level or for a non-smoker to attend and show a raised level indicating a faulty appliance in their home.

These devices will allow the women to be able to monitor their CO levels throughout their pregnancy acting as an additional incentive for them and others in their household who are trying to quit smoking.

Training for schools and other settings that support young people aged 10 – 16 years has been agreed to increase awareness of the harms of vaping. This delivery will reach 20 settings.

Public Health advice is vaping, using e-cigarettes, is much less harmful than smoking cigarettes or any tobacco products but they should only be used as a quitting aid. There is no reason for people who have never smoked to take up vaping. There are no health benefits for a non-smoker, long term prolonged use/impact is as yet unclear and it is an expensive habit that if the liquid used contains nicotine, is just as addictive and as hard to quit as tobacco.

It is against the law for a young person, under 18 years, to buy vaping products so if they are using them, they have been obtained by adults on their behalf or by false representation. The latest data from the ASH (Action for Smoking & Health) from the ASH-Youth 2022 survey of 11- to 18-year-olds in England shows that current smoking prevalence (including occasional and regular smoking) is 6% in 2022, compared with 4.1% in 2021 and 6.7% in 2020.

Current vaping prevalence (including occasional and regular vaping) is 8.6% in 2022, compared with 4% in 2021 and 4.8% in 2020 however most young people who have never smoked are also not currently vaping

(98.3%). This is the national picture and may be different to what is being seen locally.

However, the use of disposable vaping products has increased substantially, with 52.8% of current vapers using them in 2022, compared with 7.8% in 2021 and 5.3% in 2020

There is specific guidance available for schools/young people but concerns and reporting of incidences of young people vaping have been increasing in Cumbria. Therefore, this proactive, preventative, and interactive approach for young people and the staff who support them with mean young people will be better informed of the risks including long term addiction if they are using products with nicotine, and staff will be equipped to advise and challenge use.