
Report of Gill O'Neill, Interim Director of Public Health, Adult and Health Services, Durham County Council

Purpose of the Report

- 1 This report is to update the Health and Wellbeing Board on the tobacco control activity undertaken in County Durham throughout the year, and present the latest tobacco control profile data used to monitor impact.

Background

- 2 Smoking is the primary cause of preventable illness and premature death. Smoking harms nearly every organ of the body and reduces both quality of life as well as life expectancy. Smoking is the single biggest cause of inequality in death rates between rich and poor in the UK. Smoking accounts for half of the difference in risk of premature death between social classes.
- 3 Half of all life-long smokers die prematurely losing on average 10 years of life. For every death caused by smoking approximately 20 smokers are suffering from a smoking related disease.
- 4 Each year in County Durham smoking is estimated to cost society approximately £155.0m, that's £1,801 per smoker per year.¹ Tobacco is a key contributor to poverty and with roughly 61,279 households in County Durham with at least one smoker. This means 33% of these households fall below the poverty line. If these smokers were to quit, nearly 6,688 households would be lifted out of poverty.²
- 5 County Durham delivers tobacco control within an evidence based framework through the County Durham tobacco control alliance with local partners. Durham County Council is also the lead commissioner (on behalf of all 12 North East councils) of the regional tobacco programme 'Fresh' a model based on the highly successful evidence based approach from California, and which recognises that the goal is to change the broad social norms around the use of tobacco and to indirectly influence current and potential future tobacco users on a population level by creating a social environment and legal climate in which tobacco becomes less desirable, less acceptable and less accessible.

¹ ASH (2015) Ready Reckoner, Local cost of tobacco control (accessed 23/08/2016)

² ASH (2015) Smoking and poverty calculator (accessed 23/08/2016)

- 6 County Durham has an ambition to reduce smoking prevalence amongst adults aged 18 and over to 5% by 2030, and has adopted a vision statement to support the ambition.³

“That a child born now in any part of County Durham will reach adulthood breathing smokefree air, being free from tobacco addiction and living in a community where to smoke is unusual. We owe it to our children to make this happen”

- 7 The Public Health England Local Tobacco Control Profiles for England provides a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level.⁴ These profiles have been designed to help local government and health services to assess the effect of tobacco use on their local populations. Table 1 compares County Durham against the England average on seven of the indicators.

Table 1 Public Health England Local Tobacco Control Profiles 2016

Indicator	Period	Co Durham		England		England		Best
		Recent Trend	Count	Value	Value	Worst	Range	
Smoking Prevalence in adults - current smokers (APS)	2015	-	-	19.0%	16.9%	26.8%		9.5%
Smoking Prevalence in adult in routine and manual occupations - current smokers (APS)	2015	-	-	24.5%	26.5%	36.3%		15.8%
Successful quitters at 4 weeks	2014/15	-	3,068	3,154	2,829	957		5,741
Smoking status at time of delivery	2014/15	↓	975	19.0%	11.4%	27.2%		2.1%
Smoking attributable mortality	2012 - 14	-	3,302	367.8	274.8	458.1		184.9
Smoking attributable hospital admissions	2014/15	↑	6,963	2,236	1,671	2,835		1,030
Deprivation score (IMD 2010)	2010	-	-	26.4	21.7	5.4		43.4

- 8 County Durham has experienced a steady drop in smoking prevalence over the last three years, resulting in a 3.2% drop since 2012 (table 2).

Table 2 Smoking prevalence in County Durham 2012 - 2015

All Adult smoking prevalence (APS Survey)	2012	2013	2014	2015	Change since 2014	Change since 2012
County Durham	22.2%	22.1%	20.3%	19.0%	-1.3%	-3.2%

- 9 County Durham along with Fresh and the North East councils deliver a tobacco control package of eight key strands (building infrastructure, skills and capacity and influencing decision making through advocacy; media and communications; motivating and supporting smokers to stop; reducing exposure to tobacco smoke; tobacco regulation; reducing availability and supply e.g. on illicit tobacco; reducing advertising and promotion; research, monitoring and evaluation). The following information provides an account of activity undertaken by these key strands.

³ County Durham Tobacco Control Alliance Action Plan 2013 - 2017

⁴ PHE (2016) Local Tobacco Control Profiles

Reducing exposure to secondhand smoke

Denormalizing smoking by increasing public support for smokefree areas.

- 10 In 2015 DCC implemented a voluntary code making play areas in parks smokefree. The decision to make play areas smokefree came about as a request to Cabinet from the tobacco alliance. A consultation was launched in 2014 and there was overwhelming support with 81% of the 480 people surveyed supporting the measure.
- 11 The launch attracted media interest (radio and newspaper) and during the summer and Autumn 2015, smokefree signage was placed on railings at entrances to children's play areas and vinyl stickers placed on waste bins.
- 12 In May 2016 visitors to two destination parks (Hardwick Park and Riverside Park at Chester le Street) were questioned to ascertain if they knew about the code and if they had seen the signage. Visitors were also asked if they were in support of making play areas smokefree.
- 13 A total of 272 people were surveyed. Just under half of people surveyed 45% were aware that DCC have implemented a voluntary code to make children's play areas in parks smokefree. Awareness of signage was low 22% (n=59). This was particularly low amongst respondents who were not aware of the smokefree code.
- 14 There was overwhelming support for smokefree play areas which rose from 81% in 2014 to 99% in 2016 survey. This was also high 100% amongst current smokers. People reported asking smokers not to smoke in play areas, although numbers reporting this were low. Press releases attracted further media interest and resulted in an interview with Radio Tees and Heart Radio.
- 15 During the 2016 August school holidays a number of play parks will be visited and awareness raising of the voluntary code will be carried out. The survey will be repeated next year to ascertain if awareness has increased from 45%.



Smokefree Families

- 16 Smokefree Families is a regional developed initiative delivered locally by the County Durham stop smoking service. It is Brief Intervention/ Smokefree Families training which is designed for anyone who regularly works with communities, families and children. The initiative is designed to train front line workers to increase their awareness of the evidence associated with children's exposure to secondhand smoke and help them raise the issue in a non-confrontational way with their client group.



Smokefree Families leaflet

- 17 A training package has also been developed for Smokefree families information sessions which are aimed at parents/carers/general public and can be delivered in schools etc. as required/requested.

Campaign to reduce smoking in bus stations

- 18 Smoking is prohibited in all enclosed or 'substantially enclosed' public places and workplaces, including bus stations. Despite the law, there have been reports of people continuing to smoke in and around county bus stations. A survey was undertaken in the county's bus stations which revealed that over 71% of people surveyed have seen smoking in or around the sites.
- 19 Durham County Council officers carried out patrols at the county's five bus stations in January and February in a campaign which saw action taken against offenders smoking illegally. Arriva and Go North East also supported the initiative by spreading the message amongst their staff working at the sites.
- 20 The operation saw:
- 22 people spoken to at Stanley station for smoking in its entrance recess.
 - One smoker was given a fixed penalty notice for smoking inside the station.
 - At Durham station, one person was given two fixed penalties – the first for smoking on the indoor concourse and the second for littering, after being seen throwing his cigarette on the floor.
 - At Consett, advice on the council's no smoking policy was given to two people found smoking around the station but not in an enclosed area and at Peterlee, two fixed penalties were issued for littering.
 - Bishop Auckland saw one person given a fixed penalty for smoking in an enclosed bus shelter. Two people were given fixed penalties for littering.

- 21 Given the high footfall at the stations throughout the campaign, overall support for not smoking was very high. Monitoring of smoking at bus stations in County Durham will continue and further action taken where necessary.



Improving compliance with smokefree NHS

Tees Esk Wear Valleys NHS Foundation Trust

- 22 On 9th March 2016 (No Smoking Day) the Tees Esk Wear Valleys (TEWV) NHS Foundation Trust implemented their smokefree policy. The policy covers service users, staff, visitors and contractors who no longer can smoke tobacco on any trust premises. However the policy is much wider than a smokefree site provision, it is a policy that recognises that much needs to be done to address the high smoking rates and lower life expectancy amongst those living with mental health problems.
- 23 The trust recognises they have a duty of care to their service users and by going smokefree aims to significantly increase both the physical and mental health of service users. The policy does not allow staff members to accompany or support a service user to smoke at any time, and includes nicotine management and smoking cessation support for service users.
- 24 Pathways have been developed to support the identification of a smoker and provide nicotine abstinence support on admission. A total of 1,479 staff have been trained in smoking cessation brief intervention and a further 187 staff trained as champions on wards to give nicotine management support and provide Nicotine Replacement Therapy (NRT) e.g. patches etc. within 30 minutes of admission. A high proportion of the training has been delivered by the Durham County Council commissioned stop smoking service team.
- 25 The policy includes the use of E-Cigarettes which can be used by inpatients, however they have to self-purchase. Free e-cigarettes can be given in emergency admission situations.
- 26 Links and referral pathways have also been made with all community stop smoking services to enable referral of patients to their nearest stop smoking service on discharge, to enable patients to continue their smokefree journey.

County Durham and Darlington NHS Foundation Trust

- 27 A hospital based specialist stop smoking service commissioned by DCC (previously County Durham PCT) has been in place since 2011. The service receives direct referrals from wards and departments. Patients are then seen initially on the ward, offered NRT to combat nicotine withdrawal and then offered continued support out in the community after discharge.
- 28 In 2015/16 a total of 1,226 hospital patients were referred to the stop smoking service, of which 11% (n=143) went on to set a quit date. At four weeks 69% (n=99) were quit.
- 29 Data on Quit Manager (the stop smoking service, patient management system) relating to the hospital service, provides evidence that a review of this service needed to be undertaken. Of the 1,226 referrals, 34% (n=422) received NRT and support for temporary abstinence whilst in hospital. NRT for temporary abstinence does not require the work of a specialist advisor and should be an integral part of the patient care pathway to receive support via NRT whilst in hospital to reduce nicotine withdrawal.⁵
- 30 In April 2016 Solutions4Health (S4H) became the new provider of the stop smoking service in County Durham (commissioned by DCC). S4H staff no longer provide cover on the wards. Instead S4H now support hospital staff to enable them to provide patients with nicotine withdrawal to fulfil the trust's obligation to implement NICE Public Health Guidance No.48 'Smoking: acute, maternity and mental health services and the care pathway 'Smoking cessation in secondary care'.
- 31 During April to October 2016 the stop smoking service saw an 80% drop in referrals from hospitals in comparison to the previous year. This has been raised with CDDFT's Director of Nursing. A briefing to senior staff of wards/departments will take place in November, and a plan to establish a working group to progress the work. S4H will also provide training to upskill nursing staff to enable them to support smokers whilst in hospital. This will ensure referrals to the stop smoking service are made for patients on discharge.

Targeted Well-being approach to reducing smoking prevalence

- 32 A three year targeted well-being approach commenced in an area of Stanley (South Moor Quaking Houses) in 2013. The project is based on delivering an asset based approach engaging with the community on aspects relating to health and well-being that are important to them. An aspect of the evaluation is to ascertain if this approach has an impact on local smoking prevalence, reducing children's exposure to second hand smoke and access to stop smoking services. The evaluation of the project is part of a co-production with Durham University and Teesside University.
- 33 Local smoking prevalence was established which involved training local people to carry out a community survey of smoking and well-being. The results of which showed a 36% smoking prevalence in the area and 60% of children in the area being exposed to second hand smoke in their home.

⁵ NICE (2013) Smoking: acute, maternity and mental health services guidelines [PH48]

- 34 The project has just commenced the second survey phase, of which results will be available later in the year.

Stop Smoking Service

- 35 A total of 5,333 clients set a quit date with the service in 2015/16. Of which 54% (n=2,903) were quit at 4 weeks. The number of clients setting a quit date are down by 10% in comparison to 2014/15 and quitters are down by 5% in comparison to last year (Graph 1). This drop in access has been experienced over the years both national and regional. However, the drop in numbers accessing the Durham service has been smaller this year 10% in comparison to previous years (2013/14, 16%) and (2014/15, 27%). The percentage (proportion) of quitters achieved this year has increased to 54% from 52% last year (graph 2). This increase has continued over a five year period.
- 36 Public Health England guidance recommends that in a given year services should aim to treat at least 5% of their smoking population (NICE guidance for smoking cessation 2014). In County Durham this year the service treated 6.2% of the smoking population. The target was also to achieve 2,774 quitters. The service achieved 2,903 quitters, this is 129 above target.
- 37 A key factor of stop smoking services is to ensure they are having an impact in relation to reducing health inequalities and that services are delivered equitable. Compared to the 2007 stop smoking service Health Equity Audit (HEA)⁶, the 2014 HEA⁷ demonstrates there is a higher rate of people setting a quit date and quitting smoking in the more deprived Middle Super Output Areas (MSOAs) of County Durham.⁸ This indicates that the County Durham Stop Smoking Service is contributing to a reduction in health inequalities.
- 38 In 2015 the contract for the County Durham stop smoking service went out for procurement. Solutions4Health are the new provider of the stop smoking service for 2016 to 2018. This report section is therefore the last report of activity delivered by County Durham and Darlington NHS Foundation Trust. Solutions4Health commenced the service 1st April 2016.

Smoking in pregnancy

- 39 Smoking at Time of Delivery (SATOD) data 2015/16 reported 18.1% of woman in County Durham continue to smoke in pregnancy. SATOD is hospital data and is reported at Clinical Commissioning Group (CCG) level.⁹
- 40 SATOD data is showing a reduction for County Durham since 2009/10 (table 3). However this reduction is not equal across the two CCGs. There is a noticeable 5.6% difference in SATOD data between North Durham CCG and Durham Dales, Easington and Sedgfield (DDES) CCG (table 4).

⁶ Stop Smoking Service (2007) HEA, Durham and Chester le Street. County Durham Primary Care Trust.

⁷ DCC (2014) A Health Equity Audit of the stop smoking service in county Durham.

⁸ MSOAs are a geographic areas minimum population is 5000 and the mean is 7200.

⁹ HSCIC (2016) Smoking at the Time of Delivery data.

Table 3: Smoking at time of delivery over time

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	Change since 2011/12 (pre-babyClear)
England	14.0%	13.5%	13.2%	12.7%	12.0%	11.4%	10.7%	-2.5%
North East	22.2%	21.1%	20.7%	19.7%	18.8%	18.0%	16.7%	-4.0%
County Durham	22.2%	22.9%	21.3%	19.9%	19.9%	19.0%	18.1%	-3.2%

Table 4: SATOD by CCG

Clinical Commissioning Group	2015/16
North Durham	15.1%
DDES	20.7%
Total average	18.1%

BabyClear

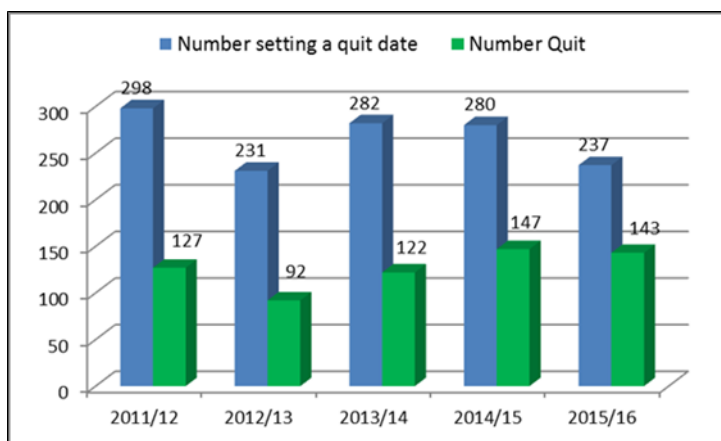
- 41 Regional research identified barriers faced by midwives in relation to smoking in pregnancy. The findings from this insight then informed a bid from Fresh to secure funding to deliver a regional approach 'babyClear' involving the provision of training and resources to maternity staff across all eight North East Foundation Trusts to support activity at the initial booking appointment and 12-week dating scan, as well as clarifying referral pathways into stop smoking support. BabyClear is being evaluated by Newcastle and Teesside University. A separate report produced by FUSE will be made available once the results have been peer reviewed.¹⁰
- 42 County Durham and Darlington NHS Foundation Trust (CDDFT) maternity services and the stop smoking service were the first to be involved in the regional babyClear project. Although the funding has now ceased, the legacy of babyClear has become embedded within both maternity and the stop smoking service.

Pregnant smokers and access to stop smoking services

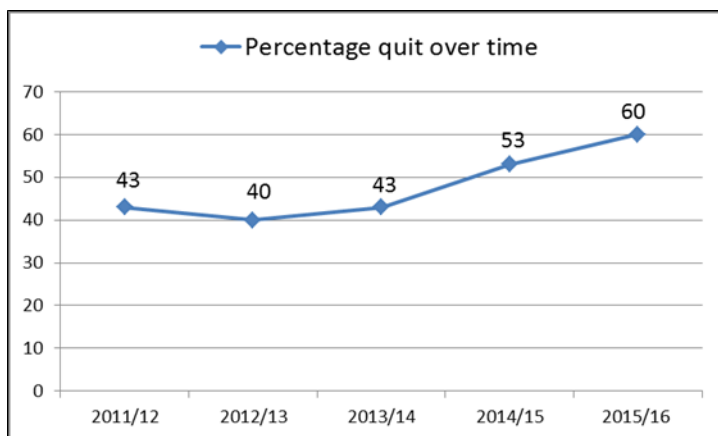
- 43 The number of women setting a quit date with the service has fluctuated over the last five years (graph 1). However since the implementation of the babyClear pathway, the number of quitters has increased and the proportion (percentage) of pregnant smokers quitting with the service has increased over this time period (graph 2).
- 44 Prior to babyClear, the drop off rate in County Durham between referral and attending first appointment was 84%. In 2014/15 this reduced to 66% and in 2015/16 reduced to 57%.

¹⁰ FUSE – Centre for Translational Research in Public health

Graph 1: Pregnant smokers setting a quit date and quit, comparing four years 2011/12 to 2014/15



Graph 2: Percentage of pregnant smokers quitting 2011/12 to 2014/15



Media, communications, social marketing and education

45 The pooling of North East local authority budgets for 'Fresh' means County Durham can benefit from much larger campaigns at a fraction of the cost that a locality could afford otherwise. It is estimated that Fresh campaigns reach 65-80% of adults in the North East and the programmes generate all-year-round public relation content coverage to keep tobacco in the news. This creates millions of opportunities to see and hear messages among target populations. Combining regional and local media activity has resulted in the following coverage over the year:

- World No Tobacco Day
- Don't be the 1 (smoking and Chronic Obstructive Pulmonary Disease campaign)
- Stoptober
- No Smoking Day
- New Year's Health Harms
- 16 Cancers
- Smokefree Cars
- Smokefree Play areas
- Keep it out (illicit tobacco campaign)

Partnership Working and Making Every Contact Count (MECC)

- 46 The County Durham and Darlington Fire & Rescue Service (CDDFRS) as part of their community safety work which involves visit to thousands of homes each year launched in February the new 'Safe and Wellbeing' visits. This now includes risk factors that impact on health and wellbeing and lead to an increase in demand for health and local authority services.
- 47 The intervention includes questions on smoking and smoking in the home. Smokers are also offered the opportunity to be referred to the County Durham Stop Smoking Service. Between February and August a total of 67 referrals have been made to the stop smoking service. The outcome of these referrals will form part of the programme evaluation. One success story is a client whose visit resulted in being referred to the stop smoking service has now been quit for nine weeks (at July 2016).



Stop smoking service quitter with Health and Wellbeing Safer Homes Coordinator and Specialist Stop Smoking Advisor

Tobacco promotion and regulation

- 48 On October 2015 a law came into force in England making it illegal to smoke in cars carrying children under the age of 18 years. To support the new law the tobacco alliance engaged in a range of activity to raise awareness. Durham County Council traffic section agreed to place electronic road signs by the park and ride sites displaying the new law to alert the public.



- 49 Localised national leaflets and posters were produced. Car air fresheners developed with a reminder about the change in the law and information on the back on how to contact the local stop smoking service for support in quitting. A local Halfords store agreed to display leaflets on sales of new baby car seats and handed out information with purchases. School nurses linked with primary schools/children's centres to distribute posters and leaflets. Leaflets and air fresheners were also placed in the antenatal packs and the 2 to 2 1/2 year check.



Leaflets displayed in baby car seats in Halfords store

- 50 An important role of the tobacco alliance is to respond to consultations and lobbying activity. Throughout the year the alliance responded to the following consultations
- Regulations for standardised packaging
 - Support for licensing of tobacco sales
 - Tobacco Taxation (to increase tax on tobacco at annual budget)
 - Tobacco Levy (taxing tobacco manufacturers on their profits)

Reducing availability including illicit tobacco

- 51 Illicit tobacco is often available at cheaper prices, undermining the effectiveness of taxation, making it harder for smokers to quit. Cheap tobacco also makes it easier for non-smokers to start and ex-smokers to relapse.¹¹ Illegal tobacco is available from a range of sources within some local communities, making it easier for children to start smoking and enabling them to become hooked at a young age.
- 52 Joint working between consumer protection team and Durham Constabulary has resulted in 463,840 cigarettes and 677 pouches of hand rolling tobacco been seized. These seizures have resulted in the prosecution of those carrying out this illegal activity.

¹¹ Illicit tobacco partnership <http://www.illicit-tobacco.co.uk/> accessed 28/08/2016

- 53 To help raise awareness of the harms of illicit tobacco in our communities, the tobacco alliance commissioned a three day illegal tobacco unit to demonstrate how sniffer dogs can detect hidden tobacco in retail outlets. The unit visited Stanley Market, Bishop Auckland Market and Castlegate Shopping Centre, Peterlee in April 2016.



Photograph courtesy of BWY Canine Ltd

- 54 The roadshow had plenty of engagement from the public, with many questions being asked. Consumer protection officers also supported the three days and were able to gain local intelligence on other illicit products as well as tobacco that would be shared with the police and trading standards officers.
- 55 Trading standards also reported intelligence through crime stoppers in the three months leading up to the roadshows yielded 3 reports, one of which was a duplicate. Since April's roadshows, up until 14th August 2016 there have been 13 such reports, however, they are linked to areas where we held the roadshows, with Stanley showing the most significant increase. Due to the success of the three days plans are in place to repeat the roadshow in other areas next year.

Illicit tobacco use in County Durham

- 56 The Independent North East Illicit Tobacco Survey report for County Durham found not only has illicit tobacco purchase prevalence dropped between 2010 and 2015 within County Durham, but also the amount of illicit product buyers are purchasing has significantly fallen from 56% of consumption to 16%; this is in contrast to the rest of the North East where purchase prevalence has fallen while proportion bought has remained broadly unchanged between 2010 and 2015 (Table 5).¹²

¹² NEMS (2015) North East Illicit Tobacco Survey, County Durham report

Table 5: Cheap tobacco purchase prevalence and volume shares in County Durham

	2010		2015	
	Region	County Durham	Region	County Durham
Illicit buyers	22%	16%	18%	13%
Duty free buyers	40%	26%	27%	25%
Proportion of illicit bought	46%	56%	48%	16%
<i>Volume share illicit tobacco</i>	12%	13%	9%	3%
<i>Volume share duty free</i>	NA ¹⁰	NA	4%	4%

¹⁰ NA = not available due to volume shares not being captured for duty free purchase in the 2009 and 2011 studies

Monitoring Research and Evaluation

57 The alliance continues to monitor progress of partners via the alliance action plan and monitors the impact of tobacco using the PHE Local Tobacco Control Profiles. In 2015 the tobacco alliance underwent a 'CLear' thinking excellence in local tobacco control peer assessment, of which a report was presented to the Health and Well-being Board. As a result of the peer assessment the alliance has subsequently been successful in winning a 'CLear' Award in the 'Challenging Services' category.

Recommendations

58 The Health and Wellbeing Board is requested to:

- Note the extent of tobacco control activity undertaken throughout the year;
- Note the reduction in smoking prevalence in County Durham, however this will not be equitable across the county;
- Note the success of the babyClear pathway in increasing uptake and proportion of quitters.

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Appendix 1: Implications

Finance

Not applicable.

Staffing

Not applicable.

Risk

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Accommodation

Not applicable.

Crime and Disorder

Not applicable.

Human Rights

Not applicable.

Consultation

Not applicable.

Procurement

Not applicable.

Disability Issues

Not applicable.

Legal Implications

Not applicable.