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**Report of Jane Robinson, Corporate Director of Adult & Health Services, Durham County Council**  
**Amanda Healy, Director of Public Health, Durham County Council**

**Electoral division(s) affected:**

Countywide

**Purpose of the Report**

- 1 To update the Health and Wellbeing Board (HWB) on developments that contribute towards achieving the ambition to reduce smoking prevalence in the county to 5% or less by 2025. This target has been extended to 2030 for pregnant smokers, manual groups and people with mental health issues.
- 2 To highlight to HWB members, the need to re invigorate the importance of the tobacco control agenda across the county to reduce smoking mortality and morbidity rates in our local communities, with specific emphasis on targeted groups.

**Executive summary**

- 3 Smoking remains the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. Despite reductions in prevalence, there are still approximately 7.3 million adult smokers and more than 200 people a day die from smoking related illness, which could have been prevented.
- 4 The recently published 2020 Local Tobacco Control Profiles outlines that smoking prevalence in County Durham is estimated to be 14.3%. This is higher than both the regional and national prevalence. The greatest contribution to the increase in prevalence in County Durham is through the routine and manual workforce. This data provides evidence that there is a need to re invigorate the importance of the tobacco control agenda across the county to reduce mortality and morbidity rates of our local communities caused by smoking.

- 5 The Tobacco Control Alliance has continued to meet during the Covid response, and the strategic plan has been refreshed and continues to be implemented. The plan now embraces activity to address the impact of Covid on tobacco control. These include the communications drive to engage smokers at a local level in the Stop Smoking Service (SSS), changes in the operational delivery of SSS to address capacity issues of Level 2 providers and the Consumer Protection Enforcement staff being redeployed to support compliance with Covid secure measures.
- 6 A recent report published in March 2021 found that the total additional spending on social care in County Durham as a result of smoking for adults 50 and over has been estimated to be £13,394,362. These findings illustrate that tackling smoking not only improves the population's health, reduces inequalities, and eases pressure on the NHS, but also reduces pressure on social care services.
- 7 FRESH continues to work on the denormalization programme for tobacco control in 2021/22 across the LA7 areas. A successful bid for Continued Outbreak Management Funding (COMF) has enabled Public Health to work with FRESH to run a tobacco control campaign alongside the Don't Wait promotional activity to amplify the awareness of the health harms of smoking at a local level. The total cost of the contract is £30,000 which commenced on 1 July 2021 and runs until 31 March 2022.
- 8 The SSS has retained a continuity of service during the pandemic, promoting quitting smoking as a way of reducing the harms caused by Covid. Referrals into the service are continuing to increase, with numbers of quit dates being set and smokers quitting at 4-week follow-up being maintained (52% in Q2 2021/22 for specialist services)
- 9 With a new drive to improve the reduction in smoking in pregnancy rates across the North East, recent Office for National Statistics (ONS) data indicates there has been an annual reduction in all 13 local authority areas resulting in the North East closing the gap on England. In the North East the annual smoking in pregnancy rate has reduced from 15.2% in 2019/20 down to 13%. However, a slower reduction rate in County Durham indicates work needs to continue within maternity services, including improvements for the logging of pregnant smokers at time of delivery.
- 10 There is ongoing engagement with County Durham and Darlington NHS Foundation Trust (CDDFT) to ensure the implementation of an `Ottawa` type model of tobacco treatment in secondary care. This approach has been advocated and championed on a regional basis by Dr. Ruth Sharrock (Respiratory Consultant) and builds on existing plans for an

automated referral system for smokers in hospital. New Stop Smoking Specialist Advisors are currently being recruited into the Trust to commence work from Autumn 2021 onwards.

- 11 Further developments for Smokefree Homes, an E-Cig pilot in Stanley and the procurement of the Smokefree database QuitManager also continue to progress.
- 12 Measures to address the shortage in Varenicline supply as an aid to quitting have also been implemented during Spring 2021. Supply issues for Bupropion and two forms of Nicotine Replacement Therapy are currently being monitored for impact on the SSS.
- 13 Compliance teams are stepping back up activity which paused due to Covid during summer/autumn 2021.

### **Recommendation(s)**

- 14 Members of the Health and Wellbeing Board are recommended to:
  - a) Note the contents of the report and support a renewed vigour and emphasis on tobacco control work to address the increase in smoking prevalence across the County.
  - b) Endorse further opportunities to train Level 2 Stop Smoking Service providers (including social care and housing provider staff) to the recommended benchmark of National Centre for Smoking Cessation and Training (NCSCT) standards.
  - c) To recognise the need to maintain a priority focus on reducing smoking in pregnancy rates and address gaps in logging Smoking at Time of Delivery data within maternity services.

## Background

- 15 Smoking remains the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. Despite reductions in prevalence nationally, there are still approximately 7.3 million adult smokers and more than 200 people a day die from smoking related illness, which could have been prevented.
- 16 Smoking and its associated harms continue to fall hardest on some of the poorest and most vulnerable people in our society. The difference in life expectancy between the poorest and most affluent groups can be up to nine years.
- 17 As well as dying prematurely, smokers also suffer from poor quality of life. Many of the conditions caused by smoking are chronic illnesses such as heart disease, stroke, lung cancer and respiratory disease. Smokers proportionately are less likely to be in work. Breathing in secondhand smoke also has detrimental impacts babies, children, and other family members.
- 18 There is evidence of more negative outcomes around Covid for people who smoke. Smokers are at greater risk of developing more severe disease from exposure to the virus. As a result, in County Durham, there was a comprehensive communications plan to raise awareness of the impact of Covid on smokers.
- 19 Partners engaged in the County Durham Tobacco Control Alliance have an ambition to reduce smoking prevalence in the County to 5% or less by 2025, with reductions in pregnant smokers, manual groups and people with mental health achieved by 2030. This ambition is driven by a vision to achieve a tobacco-free generation:
- 20 To achieve this ambition, the Tobacco Control Alliance has maintained its eight-point action plan which is monitored on a quarterly basis and refreshed annually. The action plan highlights areas of work and are referenced within this report.
  - Developing infrastructure, skills and capacity at local level and influencing national action.
  - Media communications and social marketing.
  - Reducing exposure to secondhand smoke.
  - Helping smokers to quit.
  - Reducing the availability of tobacco products and reducing supply of tobacco.
  - Reducing the promotion of tobacco.

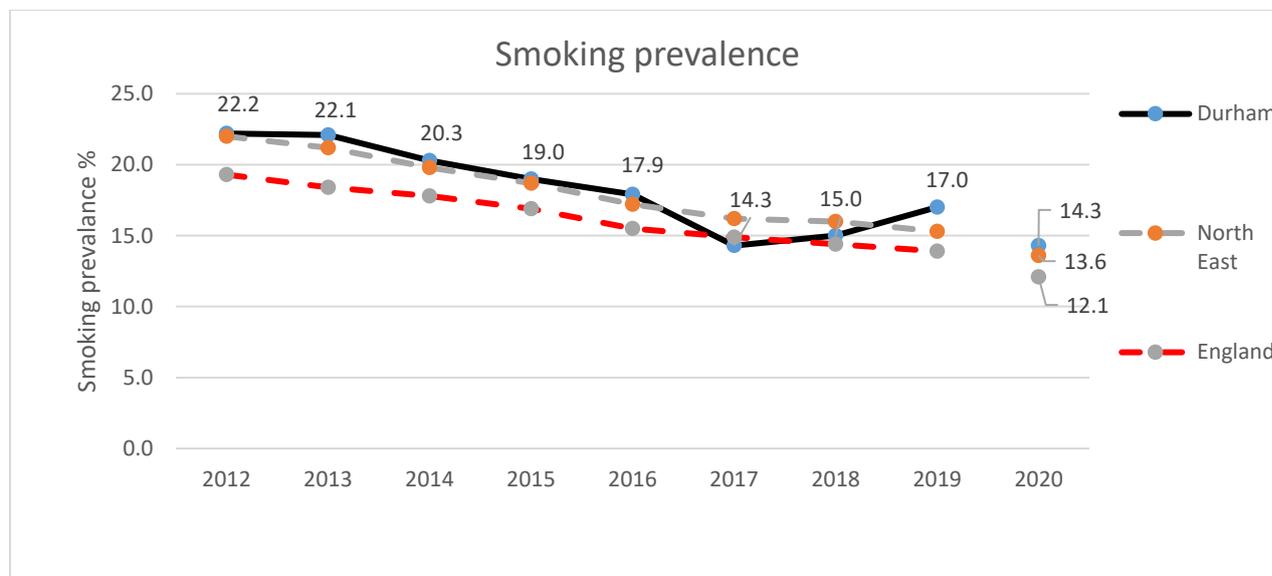
- Tobacco Regulation; and
- Research, Monitoring, and evaluation

## Local Tobacco Control Update

### Developing infrastructure, skills and capacity at local level and influencing national action

21 According to the 2020 Local Tobacco Control Profile, smoking prevalence in County Durham is estimated to stand at 14.3%. Whilst this is lower than the prevalence for 2019 (17.0% in County Durham), due to changes<sup>1</sup> in the way the data is collected it is not possible to compare them directly. This is higher than both the regional and national prevalence.

**Figure 1: Smoking Prevalence County Durham v England 2012-2020**  
 Source: [Local Tobacco Control Profiles](#)



The line of travel is not included between 2019 and 2020 as data is not directly comparable.

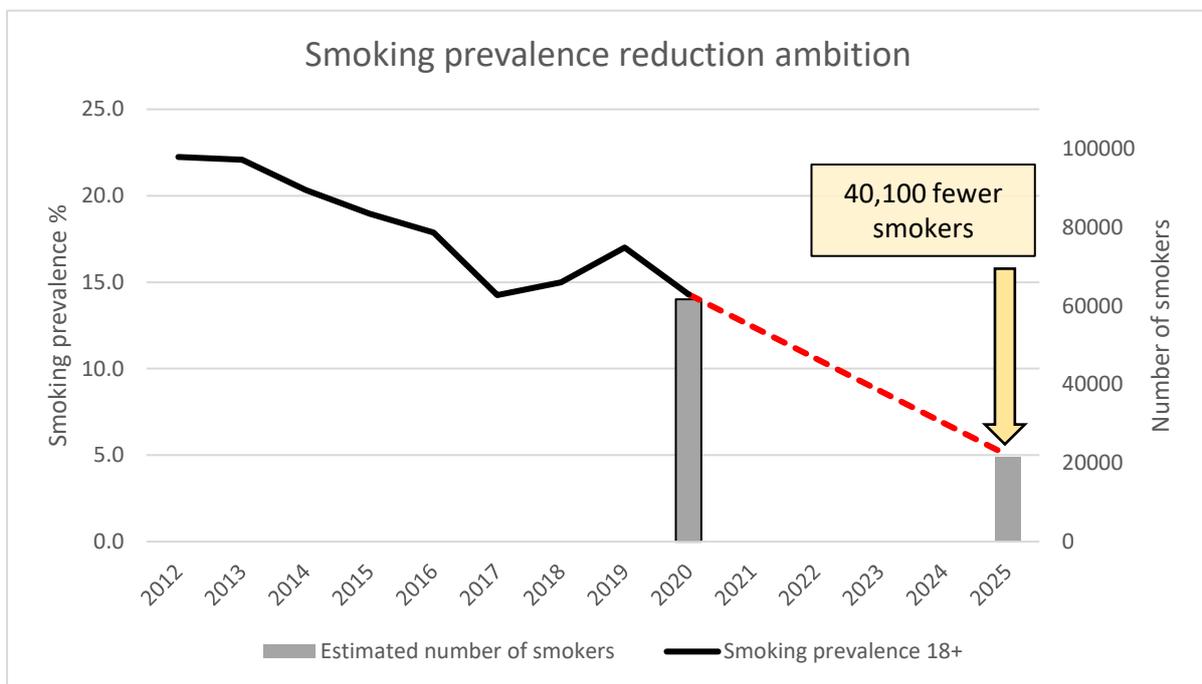
22 The greatest contribution to prevalence in County Durham is through the routine and manual workforce. Data for 2020 shows prevalence of 23.3% which is higher than both regional and national figures. Trend

<sup>1</sup> Smoking prevalence data is taken from the Annual Population Survey (APS) which, prior to the COVID-19 pandemic, was collected via face-to-face interviews. In 2020, due to the impact of the pandemic, this moved to telephone only collection. The Office for National Statistics (ONS) has concluded that published prevalence figures are lower than would have been expected if data collection had remained the same for 2020, therefore, direct comparison of these data sets is not possible. ONS has agreed that the move to data collection by telephone only will become a permanent change to provide a consistent trend going forward.

data for 2018 and 2019 also demonstrated an increase in prevalence in the routine and manual workforce from 25.1% in 2018 to 27.3% which contrasted to both the regional and national picture where this population saw a decline.

- 23 The County Durham Tobacco Control Alliance has an ambition to reduce smoking prevalence in the County to 5% or less by 2025. The latest prevalence data for 2020 suggests that there are approximately 62,000 people in County Durham who continue to smoke (14.3% of the total population). To reach this target, analysis of the data indicates that a further 40,100 people are required to stop smoking by 2025.

**Figure 2: County Durham Tobacco Control Alliance Smoking Prevalence Reduction Target**



- 24 Deaths from smoking attributable conditions including heart disease, stroke, lung cancer and chronic obstructive pulmonary disease (COPD) remain statistically worse than England with over 13,000 years of life lost in County Durham alone. In 2018/19 there were 6,909 smoking attributable hospital admissions for County Durham residents.
- 25 To help maintain impetus on the tobacco control agenda, a powerful back bench debate was held November 2020 was led by Durham City MP Mary Foy, supported by FRESH. The outcome resulted in the government emphasising its commitment to addressing harms from smoking. The County Durham Tobacco Control Alliance has endorsed

the All Party Parliamentary Group on Smoking and Health Report (APPG), with recommendations for the national Tobacco Control Plan.

- 26 The Office of Health Improvement and Disparities (OHID) are working with the central team to develop the new plan as a driver to delivering on the Smokefree 2030 ambition. The new plan is still expected at any time and will help to inform the local Tobacco Alliance Control Plan into 2022/23
- 27 A recent survey conducted by Mintel (August 2021) suggests the stress of the Covid has increased smoking uptake, with more than half of smokers “stress-smoking” more during the pandemic. The poll also found that 10 per cent of all cigarette users in the UK have started smoking again after quitting, due to the strain of the outbreak.
- 28 Young people in particular have increased smoking rates, with 39 per cent of smokers aged 18-34 saying they are now smoking more regularly. Overall, 30 per cent of smokers are smoking more regularly since the start of the coronavirus pandemic last year. However, despite this uplift, 65 per cent said they were worried that the virus is more dangerous to them than non-smokers.
- 29 The Tobacco Control Alliance considered a recent report by ASH’s, [The cost of smoking to the social care system](#) published in March 2020. The report indicated that:
- Over one and a half million people in England (1,647,500) require social care support as a result of smoking.
  - On average, smokers report difficulty completing tasks 7 years earlier than never smokers and receive care support 10 years earlier than never smokers.
  - Current smokers and ex-smokers who quit less than 10 years ago are twice as likely to receive local authority funded social care than never smokers.
  - Every year, local authorities in England spend £1.2 billion on home and residential social care support caused by smoking, equivalent to 8% of all local authority spending on home and residential social care support for adults in England.
- 30 The total additional spending on social care in County Durham as a result of smoking for adults 50 and over has been estimated to be £13,394,362 (Attached at Appendix 2 for further costs relating to County Durham).

- 31 These findings illustrate that tackling smoking not only improves the population's health, reduces inequalities, and eases pressure on the NHS, but also reduces pressure on social care services. Encouraging quit attempts funded helps deliver maintain funding and sustainability to these services for the future. This report has been shared with Adult and Health accompanied by an offer to revisit any staff training requirements to encourage more vulnerable smokers to quit.

### **Tobacco Control Media Communications and Social Marketing**

- 32 In the North East whilst smoking rates are still higher than the national average, the region has seen the largest fall in smoking since 2005. Latest data shows 15.3% of North East adults were smoking in 2019 (2020 prevalence for the North East stands at 13.6%, however, this is not directly comparable with previous years). This is compared to 29% of people in the North East who were smoking in 2005.
- 33 County Durham continues to commission the contract for FRESH across the LA7 area. This programme of denormalization of tobacco makes a significant contribution to the reduction in smoking prevalence. The County Durham Public Health team hopes to encourage Teesside and Darlington to re-join a regional approach for programme for tobacco control in 2022/23. This action would help maximise outcomes for smokers across the NE regardless of local authority boundaries. Work is on-going with the Tees and Darlington Directors of Public Health in Tees to achieve this goal.
- 34 FRESH continue to work closely with Public Health teams across the LA7 to promote FRESH's Don't Wait campaign. The campaign builds upon Quit4Covid messages and features a North East respiratory consultant Dr Ruth Sharrock highlighting the smoking harms to the lungs and immune system, plus increase risks of heart attack, stroke, COPD, diabetes and cancer.
- 35 Following the success from previous phases of the "Don't Wait" the campaign evaluation revealed 1 in 6 North East smokers tried to cut down or stop due to the impact of the campaign contributing to the reduction in smoking prevalence in the North East. Phase 4 of Don't Wait campaign carries the new message "Make 2021 the year you quit" and includes a toolkit with a range of social media images and posts, digital screens as well as poster and flyer artwork.
- 36 "Secondhand Smoke is Poison" campaign launched on 10th September 2020 with Fresh delivering a three-week phase of the campaign using Video on Demand, radio, digital concentrating on social media advertising and being shared with housing providers.



- 37 The Keep It Out campaign plan launches August 2021 with the primary objective of reducing comfort levels among the public about illicit tobacco, generating intelligence for local Trading Standards teams. Currently signposts to the Keep it Out website and trading standards intel is regularly updated. The seventh wave of the proposed FRESH Tobacco survey will cover County Durham in 2021.

### County Durham Contain Outbreak Management Funding (COMF) for Tobacco Control

- 38 A successful bid for COMF was awarded to initiate a Marketing and Communications Campaign to promote healthy behaviours across the county for adults, families and children and young people. This initiative relates to social marketing communication for health harms awareness, with particular focus on promoting positive behaviour changes and raising awareness of the risks associated with alcohol and smoking.
- 39 Agreement has been reached for FRESH to run the Tobacco Control campaign alongside and amplify current marketing campaigns for the awareness of the health harms of smoking. The total cost of the contract is £60,000 (£30,000 smoking and £30,000 alcohol) commencing 1 July 2021 until 31 March 2022.

- 40 This localised approach will provide a focus on the adverse effects poor health choices have on Covid and highlight signposting routes into support services. In supporting the Tobacco Control agenda, FRESH have been commissioned to amplify the key Don't Wait campaign messaging by contextualising with a localised County Durham perspective.
- 41 This campaign includes a multi medium advertising approach developed by the councils marketing team, Public Health, FRESH and the Stop Smoking Service (SSS) to utilise the "Ruth Sharrock" videos to promote Smokefree County Durham, with the SSS telephone clearly visible
- 42 The video media ran via ITV Hub catch up TV from 26<sup>th</sup> July for six weeks with the content transferable to digital screen applications for use in GP surgeries, council access points, local businesses and NHS waiting area screens. The adverts also featured on Go Northern and Arriva bus sides from the week beginning 16<sup>th</sup> August for four weeks.
- 43 To ensure a targeted approach, current smoking prevalence rates by locality and service user Covid insights are being used to pinpoint known areas of need. This information has been cross referenced against the adshell (bus stop) advertising locations to ensure the greatest impact. Adshell promotion in these key localities ran from 26<sup>th</sup> July through to mid-September, leading into the regional LA7 Stoptober campaign at the beginning October 2021.
- 44 Social media messages and feeds with a focus on locality Facebook posts have been promoted in key areas including Stanley, Consett, Spennymoor, Shildon, and Easington. Cross posting between Fresh and Smokefree County Durham was initiated with local case studies to give the campaign a "it could be you" concept. A one click link to SSS will feature in social media posts diverting residents to the Smokefree County Durham website. This campaign launched on 26<sup>th</sup> July and ran for six weeks.
- 45 Ensuring community engagement was a key promotional aspect during the summer months an A5 flyer being used to support Smokefree NHS, community outreach, training sessions and at the Covid vaccine bus drop-ins

## **Smokefree County Durham**

### **Smokefree Homes**

- 46 The project work of ABL Health feedback and LIVIN Housing to progress the Smokefree Homes (SFH) scheme has been hampered

by the pandemic by reducing the ability of housing provider staff to attend the training session. 3 training sessions have been offered and only 7 people attending the training. This will be revisited considering current staff capacity. However, the SSS continues to raise awareness of SFH's by disseminating leaflets and business cards promoting the benefits of quitting for health, reduction in secondhand smoke in the home and financial gains to be made.

## **Helping Smokers to Quit**

- 47 ABL Health have maintained business continuity plans to ensure their contract for Smokefree County Durham and the Specialist Stop Smoking Service has remained operational throughout the pandemic. A blended approach to service delivery has been adopted to maintain client engagement via telephone consultations as the predominant method of support and distributing NRT through e-vouchers.
- 48 There has been a requirement for service development and improvement to address issues inherited from the previous provider. A restructure of the senior staff within the team has been undertaken. Reflecting requirements of the agreed service specification each team member has been allocated a dedicated subject, or client group to help drive identified priorities. A deputy manager has also been appointed to further develop the clinical elements of the service, e.g. mental health and secondary care, linking with CDDFT tobacco control lead.
- 49 A review of Level 2 (L2) providers was conducted to enable ABL to assess the quality standard of support given to smokers in primary care and pharmacy settings. To increase levels of sustained quitters, GP practices are required to enable staff to update their training by accessing the National Centre for Smoking Cessation and Training (NCSCT) training as part of their CPD, to help drive up 4-week quit rates (21% in Q2 2021/22). Some L2 advisors have not accessed training updates for over 2-years due to the pandemic.
- 50 ABL Health have provided options to accommodate practices during winter pressures to help maintain their engagement with smokers. Support for practices has included:
  - L2 providers retrained to maintain the nationally recognised standard for smoking cessation support (plus new information for pathways and processes into ABL Health)
  - Provision of Specialist Advisors based in-house within targeted practices identified with high smoking prevalence (based on QOF data)

- Direct referral into Specialist Services from practices and pharmacies without L2 providers.

51 In 2019/20, in County Durham the numbers of smoking quitters (complete annual data set) remained above the rate for England and north east averages:

Smoking quitters at 4-weeks	Rate per 100,000 of population
County Durham	2945
North East	2457
England	1808

52 ABL Health updated at the March 2021 Tobacco Alliance meeting portrayed a positive picture as the SSS service has had 4,575 referrals during 2020/21, with 3,120 individuals setting quit dates and 1,833 quitting at 4 weeks. Current quit rate is 52%, which has declined from the previous quarter. This is a single data point in time and will require monitoring.

**Table 1. SSS Outcomes for 4-week quitters Q4 2020/21 (Annual Data Set)**

	Q1	Q2	Q3	Q4	Comments
No of referrals	959	1165	1155	1296	Q4: 811 self-referrals and 485 direct referrals by health professionals and others. Significant increase in referrals attributed to stakeholder engagement, service promotion, and expected New Year's increases in engagement.
Quit rate (& numbers): smokers setting a quit date - OVERALL	378 of 668 (57%)	457 of 786 (58%)	503 of 818 (61%)	495 of 848 (58%)	During 2019/20, 44% of quits came from the specialist service and 56% from the L2 service. During 2020/21, due to remote working and suspension of most L2 services, the specialist service has seen an additional 711 quitters compared to the previous year amounting to 92%. Level 2 activity during Q4 was almost entirely from maternity care assistants with the percentage quit rate consistent with the national average for pregnant smokers.

Pregnant smokers quit rates at 4-weeks	37 of 118 (31%)	28 of 105 (27%)	47 of 112 (42%)	52 of 131 (40%)	2% increase in Quit rates. Q1-Q4: Engagement rates have improved compared to 2019/20
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**Table 2. Stop Smoking Service Outcomes Q1 and Q2 2021/22 (SSS Return)**

2021/22	Referrals into the Service	Quit rate (of those setting a quit date)	Specialist Quit rate	L2 Advisor Quit rate
Q1 (April- June)	1214	59% (496/834)	61%	27%
Q2 (July – Sept)	1230	52% (409/780)	54%	21%

### Medication Shortage and Distribution

- 53 A shortage of Varenicline used as a pharmaceutical aid to help smokers quit has been an issue during spring 2021. The shortage was due to staff being moved to production of the Covid vaccine in Belgium. However, subsequently Pfizer have highlighted a manufacturing issue with drugs linked to Varenicline, which have been recalled with no indication on when the issues will be resolved.
- 54 A Varenicline Supply Disruption Alert has been issued: <https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103160> with the two key messages of:
- Patients currently prescribed this treatment will require review and switching to nicotine replacement therapy (NRT) unless contraindicated.
  - Prescribers initiating smoking cessation treatment for new patients should consider prescribing NRT or bupropion 150mg prolonged release tablets unless contraindicated.
- 55 The SSS has been taking the following actions in line with the guidance in the Alert and have produced a Standard Operating procedure to manage the situation. Actions identified include:
- Clients already taking Varenicline are being reviewed and transferred to combination NRT products unless contraindicated.

- Clients already taking Varenicline are not transferred to Bupropion.
- Clients who are reaching the end of their course of Varenicline can agree to continue with weekly support only (Note: This is happening with most clients).
- New clients are not started on a course of Varenicline.
- New clients are started on combination NRT products. For the small minority of new clients in whom Bupropion would be a more appropriate option to support their quit attempt, the GP practice will be contacted for a decision to prescribe (Note: Bupropion 150mg prolonged release tablets are Green+ on the formulary at <https://joint-formulary.tees.nhs.uk/4-central-nervous-system/> i.e. specialist recommendation / initiation).
- Clients continue to be followed up to 12 weeks.

56 The NCSCT has also produced additional national guidance at [https://www.ncsct.co.uk/publication\\_Champix\\_16.06.21.php](https://www.ncsct.co.uk/publication_Champix_16.06.21.php)

During autumn 2021 reports of Bupropion distribution have been identified due to clinical demand. Shortages of NRT lozenges and inhalators have also been reported. This situation continues to be closely monitored for any impact on quit rate outcomes.

## **E-Cig Pilot**

- 57 E-cigarettes have been advocated as an effective method of smoking cessation intervention, with evidence indicating that they are significantly (95%) less harmful than conventional cigarettes. They have become increasingly popular among smokers who want to limit the risks smoking poses to their health and have been cited as the most popular quitting aid since 2013. There is some evidence that they facilitate long-term smoking cessation and are safe to use over short to mid-term.
- 58 ABL Health are developing a proposal for an e-cigarette pilot to be delivered in Stanley as part of the SSS Specialist support based on methodology used by the City of London pilot project delivered in March 2014. The pilot will encourage clients from one / two GP practices situated in the Stanley locality to swap from conventional cigarettes to e-cigarettes. It is anticipated that this pilot will encourage a further annual minimum of 500 clients to quit, in addition to those who quit with support and use other conventional forms of pharmacotherapy.
- 59 E-cigarettes along with 12 weeks supply of pods will be provided free of charge, NRT will be free of charge for the 12 weeks of the quit attempt if the client is exempt from prescription charges. Clients wanting to use

Varenicline would pay a prescription charge if applicable. E-cigarettes will only be issued to clients over the age of 18 years. The pilot will begin when the practices are able to step back up any new primary care initiatives proposed.

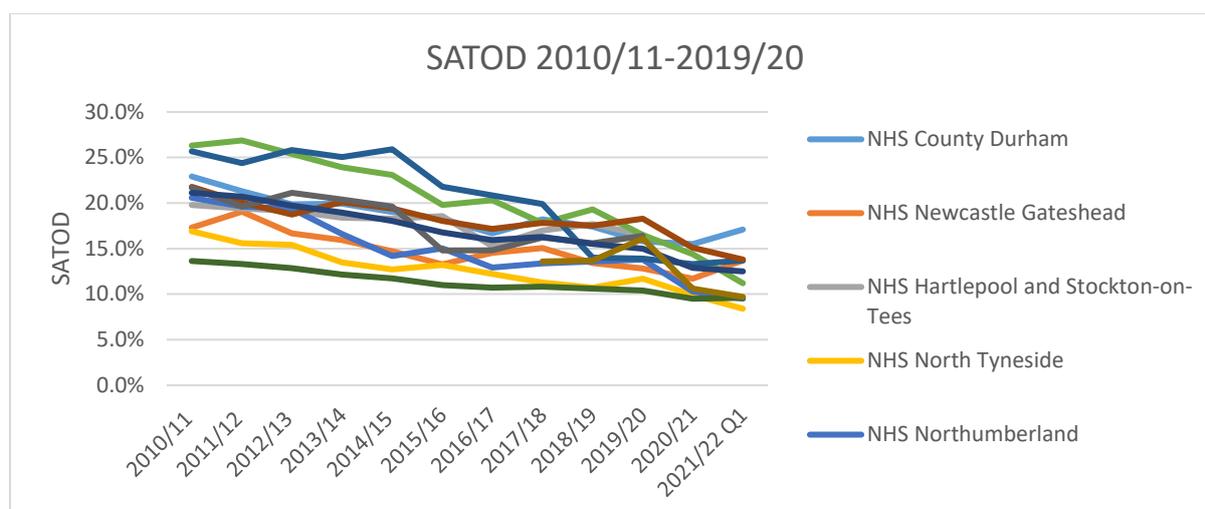
### **QuitManager – SSS Database**

- 60 The contract with Bionical for the QuitManager system that holds smoking quitter's data for County Durham's Specialist Stop Smoking Service was originally procured in 2015 and the contract expired in March 2020.
- 61 The contract was subsequently extended for 18 months, from 1 April 2020 to 30 September 2021 to allow for a full re procurement exercise to obtain a new case management system for the Service. AN Computing Ltd. have now been awarded the contract.
- 62 AN Computing's contract will commence 6 December 2021 until 5 December 2025 (with an option to extend by 12 months), for a total contract value of £46,950.
- 63 The contract start date of 6 December 2021 does mean an overlap between incumbent and new provider systems, however this is necessary to allow for the import of data between the current QuitManager system and the new 1S4H (One System for Health) system.
- 64 The contract will be mobilised between contract start date and March 2022, with a planned system 'go live' date of 1 April 2022.

### **Tobacco Dependency in Pregnancy**

- 65 With a new drive to improve the reduction in smoking and pregnancy rates across the NE, recent ONS data indicates there has been an annual reduction in all 12 local authority area resulting in the NE closing the gap on England. This will contribute to reducing resulting inequalities and improving health outcomes across the region.
- 66 Since 2010/11, progress across the North East and North Cumbria has been significant. Overall, Smoking at the Time of Delivery has decreased from 21.1% to 13.0% at the end of 2020/21. This is despite significant challenges to the system, not least the pressures presented by the COVID-19 pandemic.

**Table 3. Smoking at Time of Delivery 2010-2020**



**Table 4. Smoking at Time of Delivery Over Time Q1 2021/22**

Area	2020/21	Q1 2019/20	Q1 2020/21	Q1 2021/22
England	9.5%	10.4%	9.8%	9.1%
NENC	13%	15.5%	13.4%	12.8%
County Durham	15.5%	17.1%	16.1%	17.1%

County Durham remains higher than the national and NENC averages.

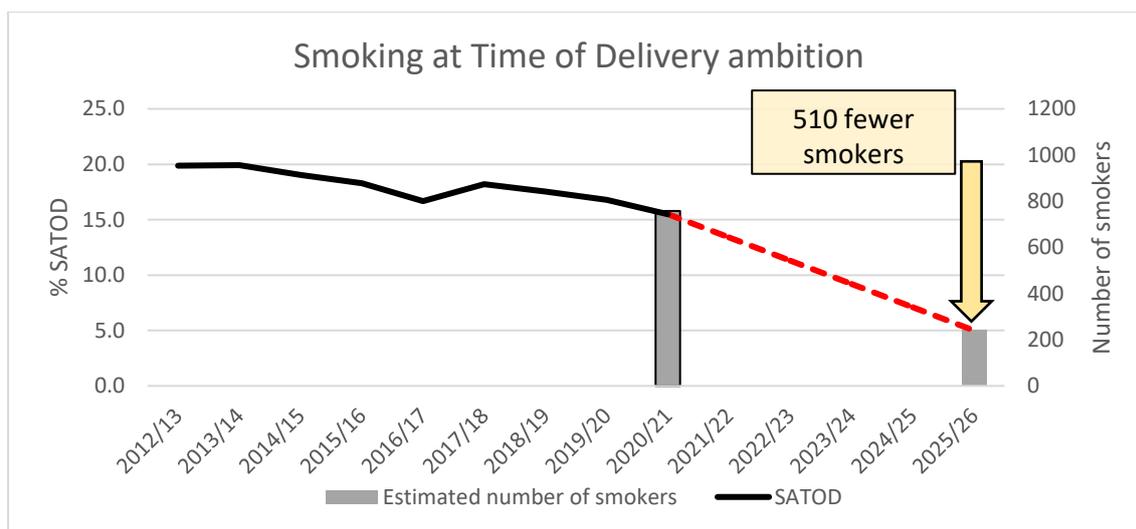
**Table 5. Unknown Status**

Area	2020/21	Q1 2020/21	Q1 2021/22
England	1.3% (6991)	1%	2.2% (2968)
NENC	1.9% (94)	1.6%	12.4% (833)
County Durham	1.3% (60)	0.9%	55.4% (642)

67 Issues within CDDFT relating to the change-over to BadgerNet (digital maternity note) has resulted in the smoking status not registered as “unknown,” providing an inaccurate data-set. Work is currently being undertaken in the Foundation Trust to address this issue.

68 The County Durham Tobacco Control Alliance continue to drive the aim to reduce mothers smoking at time of delivery (SATOD) to 5% or less by 2030. Latest data published 8<sup>th</sup> December 2021 indicates that the SATOD rate has reduced to 15.5%. To reach the 5% target, analysis of the data indicates that a further 510 smokers are required to stop smoking by 2025.

**Figure 3: Ambition to reduce smoking at time of delivery (SATOD)**



69 Progress at an Integrated Care System (ICS) level is being stepped back-up and will include the potential for an E-voucher across the ICS area, routine Carbon Monoxide monitoring throughout the maternity pathway and new focus on underrepresented groups.

70 In County Durham, Treating Tobacco Dependency in Pregnancy shows by Q3 in 2020/21 during the Covid pandemic the SSS has maintained the percentage of clients referred and accessing the service and the quit rates at 4 weeks.

**Table 4. Treating Tobacco Dependency in Pregnancy in County Durham over time (Q3 2019-21)**

	Q1 2019/20	Q1 2020/21	Q2 2019/20	Q2 2020/21	Q3 2019/20	Q3 2020/21
Number of referrals	313	213	273	219	283	245
Number accessing the service	118 (38%)	128 (60%)	128 (47%)	128 (62%)	130 (46%)	139 (57%)
Setting a quit date	103	118	108	105	113	112
Quit at 4 weeks	26 (25%)	37 (31%)	25 (23%)	28 (27%)	30 (27%)	47 (42%)
LTFU	40 (39%)	40 (34%)	48 (44%)	54 (51%)	34 (30%)	36 (32%)

- 71 ABL Health have appointed a new specialist practitioner for pregnancy in April 2021 who will reinvigorate brief intervention training delivered to all community midwifery teams across CDDFT. Two new Community Maternity Care Assistants have also been trained as level 2 advisors and processes for weekly feedback emailed to community midwives with outcomes of any referrals sent the previous week, as well as updates on the quit status for their patients at 4 weeks and 12 weeks to support the monitoring of quit maintenance.
- 72 Proposal for a new incentive scheme is being developed and enhanced NRT/behavioural support for pregnant women and their significant others is being extended beyond the standard 12-week programme.
- 73 Funding the provision for Carbon Monoxide monitors for Harrogate Foundation Trust's 0-25 service has also been agreed to bolster education messages for families around harms relating to smoking and secondhand smoke in the home.

### **Smokefree NHS**

- 74 Ongoing engagement with County Durham and Darlington Foundation Trust (CDDFT) Smoke-free lead has resulted in the development of an automated referral of smokers to the service being developed. Honorary contracts have been drawn up to allow stop smoking advisors to be based in the hospitals. They will support clinical staff to identify and adequately treat tobacco dependency on admission and ensure a seamless pathway to the community advisors on discharge.
- 75 There is ongoing engagement with CDDFT to ensure the implementation of an `Ottawa` type model of tobacco treatment in secondary care. This approach has been advocated for and championed on a regional basis by Dr. Ruth Sharrock and building on existing plans, hospital staff can also be referred to the service if they choose to take up the offer of NRT provision in the hospital. A full Tobacco Control Plan for CDDFT has been developed and is overseen by the Trusts Smokefree Champions Group. ICS funding has been made available to recruit hospital- based staff to help champion this new drive to reduce quit rates.

### **Reducing the Availability and Supply of Tobacco Products and Enforcement**

- 76 In common with other Local Authority enforcement services across the country our activity during the Covid pandemic has been extremely restricted from previous years. Since the emergence of Covid, the subsequent national lockdowns and restrictions imposed both on

business and freedom of movement of individuals to restrict the spread of Covid, this aspect of enforcement work was put on hold. This action was largely due to health and safety concerns relating to staff, business, and volunteers, who assist in the compliance testing of businesses in relation to legal controls as to the age of sale of many restricted products. This work was stepped-back up during summer 2021.

77 Complaints and intelligence are now being received after being reduced during the pandemic. Update data for outcomes for compliance include:

#### **Q1. 2021/21**

78 From 1<sup>st</sup> April to September 2021 date:

- 6 cease and desist warnings have been issued, because of intelligence.
- 4 test purchases were undertaken in respect of an Operation, resulting in a further 5 cease and desist warnings being issued.
- 2 inspections of commercial premises, resulting in:
  - Advice/warnings being issued for failing to display tobacco warning notices in both cases.
  - Advice/warning issued for a small quantity of illicit HRT discovered under the counter at one premises.

#### **Q2. 2021/22: Recovery Plans around illicit tobacco and Under Ages Sales Enforcement**

79 An Interim Annual Enforcement Plan was drafted in summer 2021 to inform Elected Members and the new administration of compliance and enforcement for tobacco control issues, plus the post pandemic recovery plans. Test Purchases have been attempted, but with no sales. Further intelligence has been obtained from other outlets, which will be followed up.

80 Comms are being planned to complement the refresh of the Keep it Out Campaign, seeking intelligence from the public and traders as to the source of illicit tobacco to develop into enforcement action where possible.

81 Checks on business premises are being undertaken and risk assessments are ongoing regarding the position with young volunteers as to undertaking test purchase attempts of age-controlled products including tobacco and alcohol. This work has been stepped back up in Autumn 2021.

## Conclusion

- 82 Smoking remains the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. Despite reductions in prevalence, there are still approximately 7.3 million adult smokers and more than 200 people a day die from smoking related illness, which could have been prevented.
- 83 Smoking prevalence in County Durham currently stands at 14.3% (2020). This is higher than both the regional and national prevalence. The greatest contribution to the increase in prevalence in County Durham is through the routine and manual workforce. Training opportunities in social care and through housing providers will be promoted from Q4 (2021/22)
- 84 New finding suggests the total additional spending on social care in County Durham as a result of smoking for adults 50 and over has been estimated to be £13,394,362. The report has been shared with Adult Social Care accompanied by an offer to revisit any staff training requirements. Training for Level advisors and housing is also being implemented to NCSCT standards.
- 85 The pandemic has impacted upon tobacco control through changes in the operational delivery of stop smoking services, but referral and successful quit rates have improved through specialist services. The Tobacco Control Alliance has continued to meet, and the strategic plan has been refreshed and continues to be implemented.
- 86 The need to improve outcomes for Smoking at Time of Delivery remains and gaps in data need to be addressed across local the maternity system to ensure baseline data remains valid.
- 87 There is ongoing engagement with County Durham and Darlington NHS Foundation Trust (CDDFT) to ensure the implementation of tobacco control treatment in secondary care. This approach has been advocated and championed on a regional basis by Dr. Ruth Sharrock and builds upon existing Smokefree plans for the Foundation Trust.
- 88 Further developments for Smokefree Homes, an E-Cig pilot in Stanley and a re procurement of the Smokefree database QuitManager continues to progress. Measures to address the shortage in Varenicline supply as an aid to quitting continue to be monitored.

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## **Appendix 1: Implications**

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### **Legal Implications**

No identified legal implications

### **Finance**

Underspend identified and discussion required on proposed spend

### **Consultation**

Not applicable

### **Equality and Diversity / Public Sector Equality Duty**

Resources are focused on groups of people, such as routine and manual workers, people with mental ill-health, pregnant women and people who live in the more deprived areas of County Durham who are more likely to smoke.

### **Climate Change**

No adverse implications

### **Human Rights**

No adverse implications

### **Crime and Disorder**

A continued focus on illicit tobacco will have a positive impact on crime and disorder in local communities.

### **Staffing**

None

### **Accommodation**

None

### **Risk**

None

### **Procurement**

A new case management system for Smokefree County Durham has been included in the procurement schedule for 2021/22

**Appendix 2. Costs associated with social care for County Durham. (ASH, June 2021).**

<b>Select your location</b> (press delete to clear a level):	
<i>Region:</i>	<input type="text" value="North East"/>
<i>Upper Tier:</i>	<input type="text" value="North East Combined Authority"/>
<i>Lower Tier:</i>	<input type="text" value="County Durham"/>

<b>The total additional spending on social care as a result of smoking for adults aged 50 and over in 2021 was approximately:</b>	
<b>£ 13,394,362</b>	

<p>Total local authority spending on smoking-attributable home based social care for adults aged 50 and over in 2021:</p> <p><b>£ 7,034,854</b></p> <p>This equates to 956 individuals receiving state-funded home based care</p>	<p>Total local authority spending on smoking-attributable residential social care for adults aged 50 and over in 2021:</p> <p><b>£ 6,359,508</b></p> <p>This equates to 196 individuals receiving state-funded home based care</p>
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<p>It is estimated that around 12,325 people receive unpaid care from friends and family for smoking-attributable needs.</p> <p>If this care were instead purchased from formal sources, this would cost society an additional</p> <p><b>£ 91,847,051</b> annually</p>	<p>In addition, a further 5,065 individuals are estimated to need but are not receiving care due to smoking-attributable illnesses. Providing paid-for care to these individuals would cost</p> <p><b>£ 66,521,578</b> annually</p>
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