

## Health and Wellbeing Board

23 July 2015



## Smokefree County Durham Tobacco Control Alliance Update

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### Report of Anna Lynch, Director of Public Health County Durham, Children and Adults Services, Durham County Council

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#### Purpose of the Report

1. The purpose of this report is to provide the Health and Wellbeing Board with an update on the recent "CLeaR thinking: Excellence in local tobacco control" peer assessment. This provides a position statement on the County Durham Tobacco Alliance's plans and ambitions and recommends further action where required. The review was led jointly by Public Health England, Action on Smoking and Health (ASH) and Cancer Research UK.

#### Background

2. County Durham has a long term ambition to reduce smoking prevalence to 5% by 2030. The ambition is driven by a vision statement to 'Make Smoking History' supported by a medium term five year tobacco control action plan 2013 - 2017. Partners on the alliance are committed to delivering actions based on the World Health Organisation's (WHO) six evidence based strands of tobacco control.
3. In March 2015 the alliance undertook the one day CLeaR Thinking: Excellence in local tobacco control. CLeaR (Challenge, Leadership and Results) is an improvement model which provides local government and its partners with a structured evidence-based approach to achieving excellence in local tobacco control.
4. The model comprises of a self-assessment questionnaire, backed by an optional challenge and assessment process from a team of expert and peer assessors. The purpose of the assessment is to test the assumptions organisations have made in completing the questionnaire and provide objective feedback on performance against the model.
5. A number of recommendations (CLeaR messages) and the peers' assessment, accompanied by detailed feedback on specific areas of the model (CLeaR results) are provided at the end of the review.

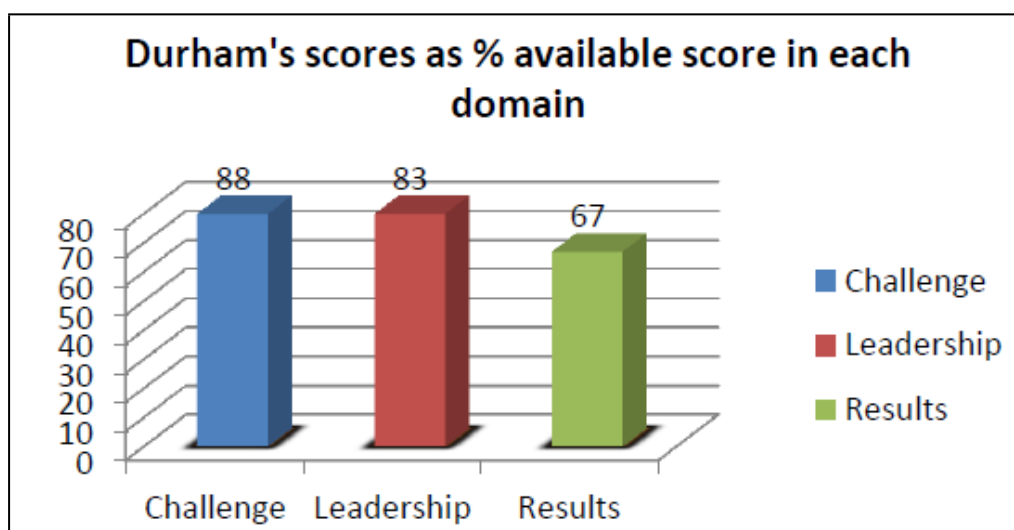
6. Within the three domains - challenge, leadership and results, the review looks at how County Durham performs in the following areas:

- Leadership
  - vision and Leadership
  - planning and commissioning,
  - partnership agency and supra-local,
  - innovation and learning
- Challenging services
  - prevention,
  - compliance,
  - communication and de-normalisation,
  - cessation,
  - prevention
- Results
  - quit data
  - priority indicators

## Results

7. Overall the review team were impressed with the insight, leadership and strengths of how County Durham approached tobacco control and as a result scored high for two of the domains; challenge and leadership (table 1). The scores were lower for the results domain, however these results are based on ambitious priority indicators (reducing smoking prevalence in adults and young people, reducing smoking in pregnancy and reducing children's exposure to secondhand smoke) therefore these are expected to be low at this stage of the action plan delivery.

**Table 1: County Durham scores**



8. The detailed peer review summary in relation to each domain and recommendations for County Durham partner organisations are available in Appendix 2.
9. Subsequent to the peer review, the Tobacco Control Alliance has been awarded the 'challenging services achievement' award by Public Health England, one of four national awards recognising achievements in tobacco control work. Members of the alliance received the award in London on 7<sup>th</sup> July 2015 at a national conference.

## **Conclusions**

10. The Tobacco Control Alliance undertook a challenge by taking part in the CLear assessment to improve how tobacco control is delivered in County Durham. The results in chart one of appendix 2 show the Alliance member's self-assessment results in comparison to those of the peer review team. The review team has produced a comprehensive report with suggested recommendations that will be translated into actions for the 2015/16 tobacco control plan.

## **Recommendations**

11. The Health and Wellbeing Board is recommended to:
  - Note the detailed feedback from the peer review in Appendix 2.
  - Note the 12 high level recommendations for all partners attached as appendix 3.
  - Note the leadership role of the Health and Wellbeing Board in challenging and supporting partners to progress relevant actions.
  - Note the national award received by the County Durham Tobacco Control Alliance.

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## **Appendix 1: Implications**

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### **Finance**

Current commissioned tobacco control activity is funded via the public health grant. Partner organisations contribute variable resource to the agenda.

### **Staffing**

No implications.

### **Risk**

No implications.

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

No implications.

### **Accommodation**

No implications.

### **Crime and Disorder**

Illicit tobacco continues to be problematic in County Durham. Partnership work is addressing this.

### **Human Rights**

No implications.

### **Consultation**

No implications.

### **Procurement**

No implications.

### **Disability Issues**

No implications.

### **Legal Implications**

No implications.

## Appendix 2

### Domain 1: Leadership

#### Vision and leadership

1. The Director of Public Health, Cllr Audrey Laing, Chair of the Alliance and Cllr Lucy Hovvells, Chair of the Health and Wellbeing Board demonstrated their clear vision, commitment, passion and leadership of the agenda. The panel were reassured to see that funding for local and regional level (Fresh) activity is being maintained in line with a renewed focus on achieving the 5% prevalence ambition for every community across County Durham.
2. Leadership qualities were clear at all levels of the partnership, at political, strategic, management and delivery levels. Coordination of the Alliance and the tobacco control commissioning agenda benefits greatly from an expert and experienced public health portfolio lead. The Alliance is clearly united behind a shared vision to make smoking history.
3. There was also evidence of distributed leadership through the Health and Wellbeing Board, Area Action Partnership teams and Health Networks. Tobacco control is clearly viewed as a cross cutting issue and embedded within strategic priorities at local authority level.
4. The review team noted Durham's early adoption of the Local Government Declaration on Tobacco Control. Durham has made a clear commitment to the World Health Organisation's Framework Convention on Tobacco Control and honouring its obligations under Article 5.3 as a government organisation. It is recommended that a clear written policy is put in place to evidence how the local authority will fulfil those obligations if approached by the tobacco industry or its affiliates.
5. Similarly, sign up to the NHS Statement of Support is welcomed and local NHS organisations will wish to consider putting in place similar policies. NHS organisations may also wish to consider whether all clinical leadership champions have been identified and fully engaged and whether their own delivery plans are consistent with joint ambitions to make smoking history.
6. Clinical leadership was less evident to the review team during the assessment visit. However, it was clear that the NHS was engaged in tackling smoking in pregnancy and that this was happening through the Baby Clear initiative in partnership with Fresh.
7. The recently initiated work to tackle smoking in mental health service users with the leadership of the Medical Director of the Mental Health Trust was noted as an example of the calibre of NHS leadership, engagement and commitment that is likely to deliver change.

8. Further work to build up clinical engagement and senior champions across the acute sector and with CCGs would further strengthen both partnership working and NHS delivery. Given the scale of Durham's ambition to reach 5% prevalence or less by 2030, all partners need to be fully engaged in planning to deliver this vision.
9. Formalising relationships with emerging clinical champions and requesting they be accountable for initiating and monitoring action in their organisations will be key.

### **Planning and commissioning**

10. There is good evidence that planning and commissioning of tobacco control activity is based on structured processes, for example the JSNA and planned activity links into key local strategies such as the Health and Wellbeing Strategy and its delivery plan. It also links with Altogether Better, The Sustainable Community Strategy for County Durham 2010-2030.
11. Maintaining budget levels, alongside dedicated and sustained delivery capacity for tobacco control has been an asset for County Durham which it is hoped will be maintained.
12. The review team recognised that there had been some progress on the implementation of NICE harm reduction guidance in secondary care, however it was reported that it was not yet fully implemented as part of the local stop smoking service offer. Consideration should be given to progressing implementation of the guidance across all service areas where client need has been identified.
13. It was noted that the Foundation Trust is working towards full compliance with NICE secondary care guidance and offers a dedicated stop smoking service. Ongoing work will be required at Trust Board level to deliver a smokefree site. The identification of additional clinical champions, as highlighted above, should assist with this NHS focused work in addition to supporting partnership goals.
14. The Health and Wellbeing Board may wish to consider whether additional review, planning, investment and commissioning is required to support delivery of its 5% by 2030 vision. The ASH Smoking Still Kills Report due to be published in June 2015 will provide a useful strategic framework for action and advocacy.

### **Partnership, cross-agency and supra-local working**

15. County Durham is the lead commissioner for Fresh Smoke Free North East on behalf of all North East councils, and therefore has links into supra-local activity around issues such as tackling illegal tobacco, marketing and communications, tobacco control commissioning and advocacy.

16. Durham clearly has a strong voice in the North East Make Smoking History campaign and the development of a joint ambition to achieve a 5% smoking prevalence target.
17. The evidence provided to the review team suggested all partners were enthusiastic about collaborative working to achieve better outcomes for communities and economies of scale.
18. During the workshop it was clear there was scope for wider engagement in the Alliance, including from NHS partners, but also from partners such as Trade Unions, the Police and Housing Associations. This engagement should be prioritised.
19. The Health and Wellbeing Board should consider requesting that all NHS partners present their detailed plans in relation to the NHS Statement of Support commitments. The Board may also wish to consider a joint workshop session with the Alliance and Fresh partners to map activity up to 2020 and 2025 that could deliver the 5% vision.

## **Domain 2: Challenging Your Services**

### **Prevention**

20. Prevention work is clearly framed in a wider context of denormalisation and changing the adult world by making tobacco use less desirable, accessible and affordable.
21. Interventions take a population level approach and are framed around the life course, from smokefree maternity interventions such as babyClear to smokefree programmes, advocacy on smokefree cars and standardised packaging, work to tackle access to tobacco including illegal tobacco, risk and resilience focused work in schools and implementation of regional quality smokefree standards in line with NICE guidance. This sits alongside work to support adult quitting.
22. There may be even greater opportunities to engage and involve health visitors, midwives and dental health professionals in plans to keep children, young people and their families smokefree.
23. There may also be opportunities for more effective delivery of the Smokefree Families programme when the Wellbeing Life service is fully integrated.
24. The CLear review team believe that there are opportunities to extend the smokefree playgrounds work to include smokefree sports grounds/touchlines for children and young people's community sport.

## **Compliance**

25. The review team noted work on tobacco regulation compliance including the offer of training in lieu of fixed penalty notices for taxi drivers smoking in their vehicles; intelligence led work to tackle underage sales; and extensive partnership working to tackle illegal tobacco.
26. There is evidence of a significant focus on illegal tobacco within trading standards that is taking a systematic and intelligence led approach to addressing the issue with encouraging results. Good partnership working in place, particularly with the Police and also with HMRC, however partnership working with HMRC remains a challenge.
27. The review team noted that three trading standards officers were delivering enforcement activity, supported by funding from the public health grant.
28. Opportunities exist for greater supra local working on illicit tobacco, especially on financial investigation, enforcement and intelligence liaison with HMRC. It is suggested that such opportunities will be most effectively and cost effectively achieved on a supra-local level.
29. Evidence from the North of England programme strongly suggests that regional trading standards capacity is required for effective intelligence and enforcement coordination. HMRC has consistently expressed a desire to work collaboratively at regional level to tackle the illicit trade due to the nature and level of the criminal activity involved and their own operational arrangements.

It is suggested that a discussion could be taken forward through the NE Tobacco Regulation Forum in the first instance to explore this.

30. The CLear review team advise it would be useful to have a clear written local policy on engagement with the tobacco industry in relation to regulatory services, reducing contact to an absolute minimum around actual prosecutions and to reflect the commitments made in signing up to the Local Government Declaration and also wider Framework Convention on Tobacco Control 5.3 obligations.
31. Local intelligence on niche tobacco was evidenced and action appears appropriate to evidenced need.

## **Communications and de-normalisation**

32. The County Durham Alliance works closely with Fresh Smoke Free North East to implement locally, regional and national campaigns such as Don't Be the 1, Every Breath, Take 7 Steps Out, Keep It Out, Stoptober, New Year Quit and No Smoking Day. This work takes place as part of the Alliance tobacco control communications plan. Additional opportunities may be available to position tobacco control as a cross cutting priority within the wider public health service communications strategy.



33. The communications team is able to offer support around PR, marketing and communications. The support around Stoptober for example was excellent and there were examples of optimising a national campaign locally. The review team noted that amplification of national campaigns activity, such as Stoptober, is targeted at high deprivation/high smoking populations in the same way as regional and local campaigns activity.
34. It was noted that the historical links with the Foundation Trust have been maintained and that the communications team recognised the importance of targeting local authority and NHS staff as part of national PHE smokefree campaigns given that the majority of staff also reside within the County.
35. The local stop smoking service reports that marketing expertise is a gap. The service would benefit from the expert support within the public health communications team to review its current marketing and communications offer if capacity is available. Consideration could be given to training a broader range of local spokespeople to speak to the media on tobacco issues such as clinical champions, new strategic Alliance partners and community members who may be 'quit heroes' or young advocates for a tobacco free future.

### **Innovation and learning**

36. There is evidence of sharing data, innovation and learning across County Durham.  
There was also good evidence of independent academic partner engagement in evaluation of delivery which impressed the assessment team.
37. There are opportunities for the Health and Wellbeing Board to take a greater role in scrutinising Alliance plans and data.

### **Quitting**

38. The local stop smoking service is maintaining a high quality service, has some examples of good practice, and is actively working to reach more smokers in the local community. The Health Equity Audit of the service is exemplary and the review team was pleased to see its recommendations being implemented through task and finish groups.
39. It was highlighted that the smoking at time of delivery (SATOD) figure continues to fall and the further implementation of babyClear is continuing. The locality is to be congratulated for its leadership and success in the implementation of this programme in partnership with Fresh and the local NHS. The need to more fully engage all relevant NHS partners to assure the continued successful implementation of this work and its expansion to include the engagement of all health visitors, family nurse practitioners and fertility clinics is essential. The invitation (or confirmation) of a key NHS partner onto the Alliance to act as accountable officer or senior clinical champion for reducing smoking at time of delivery (SATOD) data is recommended.

40. The review team recommended that the local stop smoking service would benefit from undertaking some independent review process, for example a National Smoking Cessation Training Centre Audit.
41. The pragmatic and positive stances on tobacco harm reduction were welcomed by the assessment team. The team have a concern around references to pregnant women's use of e-cigarettes as a quit aid within the service. Whilst undoubtedly less harmful than smoking to a pregnant smoker, a service might be expected to recommend a licensed product and/or behavioural support as an alternative given that electronic cigarette products are currently unregulated/unlicensed.

### **Domain 3: Results**

42. Adult prevalence rates are falling and reductions in smoking prevalence at time of delivery are particularly encouraging. Trend data on prevalence for routine and manual smokers is less clear in spite of great efforts to target this population through local stop smoking services and marketing and communications campaigns.
43. A continued focus on tackling health inequalities including through asset based community development approaches and harm reduction methods for heavily addicted smokers may deliver results in this group. Evaluation of this work will be of interest to the Alliance and the Health and Wellbeing Board.

### **Quit data**

44. The quality of the service remains high albeit that there has been some drop off in throughput which is also reflected in national service data trends.

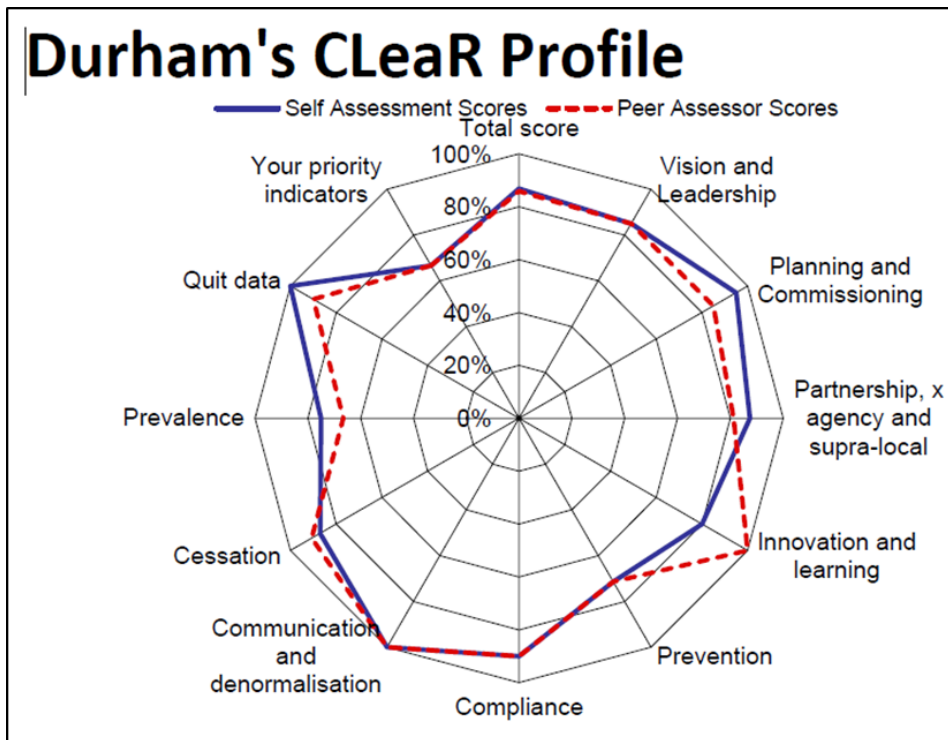
### **Local priorities**

45. Reducing smoking prevalence in adults faster than the national rates is challenging but achievable with continued investment in comprehensive tobacco control. Investment levels may need to be reviewed to accelerate progress.

The focus on reaching communities and groups where smoking rates are highest needs to continue within the context of the bold ambition of 5% adult prevalence in every community by 2030.

46. The Health and Wellbeing Board is well placed to lead this process, monitor plans that are put in place and hold partners to account for progress. The local authority's overview and scrutiny committee may also wish to consider its role in the process.
47. Chart one shows how the alliance self- assessed against the set of criteria (blue continuous line) and the peer assessment score (red dotted line). It is clear the self-assessment was very close to that of the review team.

Chart 1: Comparison of self-assessment and peer assessors scores



## Appendix 3

### High Level Recommendations

- Durham has made a clear commitment to the WHO Framework Convention on Tobacco Control and honouring its obligations under Article 5.3 as a government organisation. It is recommended that a clear written policy is put in place to evidence the process for how the local authority will fulfil those obligations if approached by the tobacco industry or its affiliates.
- NHS organisations may also wish to consider whether all clinical leadership champions have been identified and fully engaged and whether their own delivery plans are consistent with joint ambitions to make smoking history.
- Further work to build up clinical engagement and senior champions across the acute sector and with CCGs would further strengthen both partnership working and NHS delivery.
- Scope for wider engagement in the Alliance, including from NHS partners, but also from partners such as Trades Unions, the Police and Housing Associations. This engagement should be prioritised.
- The board may also wish to consider a joint workshop session with the Alliance and Fresh partners to map activity up to 2020 and 2025 that could deliver the 5% vision.
- Have a clear written local policy on engagement with the tobacco industry in relation to regulatory services, reducing contact to an absolute minimum around actual prosecutions and to reflect the commitments made in signing up to the Local Government Declaration and also wider FCTC 5.3 obligations.
- The stop smoking service would benefit from the expert support within the public health communications team to review its current marketing and communications offer if capacity is available.
- Consideration could be given to putting in place and training a broader range of local spokespeople to speak to the media on tobacco issues such as clinical champions, new strategic Alliance partners and indeed community members who may be 'quit heroes' or young advocates for a tobacco free future.
- There are opportunities for the Health and Wellbeing Board to take a greater role in scrutinising Alliance plans and data.
- The need to more fully engage all relevant NHS partners to assure the continued successful implementation of this work and its expansion to include the engagement of all health visitors, family nurse practitioners and fertility clinics is essential. The invitation (or confirmation) of a key NHS partner onto the Alliance to act as accountable officer or senior clinical champion for reducing smoking at time of delivery (SATOD) data is recommended.
- The stop smoking service would benefit from undertaking some independent review process, for example a National Smoking Cessation Training Centre Audit.
- The Health and Wellbeing Board is well placed to lead on the tobacco control process, monitor plans that are put in place and hold partners to account for progress. The local authority's overview and scrutiny committee may also wish to consider its role in the process.