Tobacco control

How do you know that your council is doing all it can to reduce smoking-related harm?

Local Government Association

In partnership with CANCER RESEARCH UK

HIGHLIGHTING POLITICAL LEADERSHIP
THE LGA DEVELOPMENT OFFER

Must Know

Key messages

Smoking is the single largest cause of preventable death and the biggest cause of cancer worldwide. It is also the cause of many preventable illnesses, including Cardiovascular Disease (CVD), stroke and Chronic Obstructive Pulmonary Disease (COPD).

Tobacco use is one of the largest drivers of health inequality. Smoking accounts for approximately half the difference in life expectancy between the least and most deprived in society. To address local health inequalities, support should be targeted and tailored to priority groups such as pregnant women, routine and manual workers and those with mental health conditions.

As well as impacting upon health, smoking places a significant burden on the public purse – to the tune of £12.6bn each year. Beyond the significant cost to the health and social care system, it also impacts the local economy through sick days and lost productivity.

Comprehensive tobacco control is the best thing a local authority can do for public health. The National Institute for Health and Care Excellence (NICE) estimates that every £1 invested in smoking cessation saves £10 in future health care costs. Councils should implement a robust tobacco control strategy that embeds a health-in-all-policies approach.

A comprehensive tobacco strategy should include the commissioning of a Stop Smoking Service, an evidence-based approach to e-cigarettes as a tool to quit smoking, activity to tackle the illicit trade in tobacco and local quit campaigns.

Lead members for health are well placed to drive political and financial support for tobacco control within the Health and Wellbeing Board (HWB), Sustainability and Transformation Partnerships (STPs) and the wider council.

Evidence shows that specialist Stop Smoking Services, that combine behavioural support with prescription medication to manage nicotine withdrawal, are around three times more effective than quitting unaided. NICE guidance NG92 sets out recommendations for the optimum delivery of these services, including staff training.

Collaboration with local partners on tobacco control is vital. Good relationships with the clinical commissioning group (CCG) and other NHS partners are important in ensuring funding for prescription medication and effective referral pathways. Collaboration with other partners and council colleagues (eg trading standards, school nursing, fire and rescue) can be facilitated via a local tobacco control alliance.

Local authorities should have a local tobacco control strategy that is monitored and tracked against the Public Health Outcomes Framework. Auditing of activity is possible via the CLeaR assessment tool; and performance can also be considered by the council's relevant scrutiny committee.

Councils are encouraged to mark their commitment to tobacco control by signing the Local Government Declaration on Tobacco Control. The NHS Smokefree Pledge is the equivalent version for CCGs and NHS trusts.

Why tobacco control is important

Tobacco use is a major public health issue, adversely affecting individuals and communities across the country. It causes ill health, carries a financial cost and places a significant burden on the NHS. As the biggest preventable cause of cancer, reducing smoking is the best way to help reduce cancer risk among the local population and across England. Therefore, a comprehensive and strategic approach to tobacco control should be a priority for all local authorities. This must-know guide, developed in conjunction with Cancer Research UK, outlines the actions councils can take to implement such an approach.

Smoking remains England's single greatest cause of preventable illness and avoidable death, resulting in 78,000 deaths from smoking-related diseases in 2016 alone. Over 200 deaths every day are still caused by smoking. It kills more people each year than obesity, alcohol, drug misuse, traffic accidents and HIV combined.

Despite a decline in smoking rates in recent years, 14.4 per cent of adults in England continue to smoke – an addiction that kills one in two smokers.

Tobacco use is also one of the largest drivers of health inequality. The difference in life expectancy between the most and least deprived can be as much as nine years, of which approximately half can be attributed to smoking. Smoking rates are especially high among people with mental health conditions, where 40 per cent of adults with a serious mental illness smoke.

In addition to its impact on health, smoking also brings a huge financial cost. Action on Smoking and Health (ASH) estimates the cost of smoking to England's economy to be £12.6 billion each year.

A large part of this burden is placed on the NHS, but it also has a considerable impact upon local government. For instance, smokers tend to require more support in later life, and the resulting cost to social care in England alone is estimated to be £1.4 billion per year.

Despite these challenges, tobacco use is not an intractable problem. A series of legislative interventions, such as standardised packaging and a ban on smoking indoors, have helped to reduce smoking rates to record lows in recent years. Since 2013, local authorities in England have been responsible for commissioning Stop Smoking Services and delivering tobacco control as part of their public health remit - these interventions can have a dramatic impact on smoking rates.

Just as stopping smoking is the best thing an individual can do for their heath, comprehensive tobacco control is the best thing a local authority can do for public health.

The national picture

'Towards a Smokefree Generation: A Tobacco Control Plan for England (2017-22)' was published by the Government in July 2017. In it the Government sets out an ambition for a smokefree generation, where adult smoking rates reach five per cent or below.

To achieve it, the plan calls for a shift of emphasis 'from action at the national level – legislation and mandation of services', to 'focused, local action, supporting smokers, particularly in disadvantaged groups, to quit.' This places significant responsibility on local government to contribute towards a reduction in smoking rates.

If trends observed between 2010 and 2017 continue, the smoking rate in England should reduce to between 8.5 per cent and 11.7 per cent by 2023. More needs to be done at all levels — across central and local government and the NHS — if the five per cent smoking rate ambition is to be met.

England's tobacco control plan also focuses on the need to reduce smoking-related inequalities and variation by targeting support to priority groups, such as routine and manual workers, pregnant women and people with

mental health conditions. Local approaches to engaging and supporting these groups are especially relevant for local authorities, where those smokers may have multiple touchpoints with local services.

The Secretary of State for Health and Social Care has set out a commitment to upscaling prevention. Smoking is a good way for local government and the NHS to deliver on this. The NHS Long Term Plan also prioritises smoking cessation support within secondary care; and as a result, it remains important for councils and CCGs to collaborate and provide sufficient support for smokers at primary care and community-level.

What can be done?

Prioritising tobacco control in your local authority is a critical step on the way to reducing smoking-related harm – by placing strategic and budgetary importance on this work.

System-wide collaboration: a strategic approach to tobacco control

Local authorities should develop a comprehensive tobacco control strategy for reducing smoking rates that:

- prioritises and maintains sustainable funding for tobacco control

- sets out a range of evidence-based measures that will be undertaken, including smoking cessation support, action on illicit tobacco and local/regional quit campaigns (see below)

- focuses on reducing smoking-related health inequalities

- ensures providers, practitioners and health professionals are trained to provide smoking cessation support

- supports collaboration with local NHS partners, especially CCGs and STPs. This should help to create effective pathways between the NHS and the local Stop

Smoking Service

- is supported by a local tobacco control alliance (see below)

- recognises commitments made under article 5.3 of the World Health Organization Framework Convention on Tobacco Control to minimise engagement with the tobacco industry.

In developing a comprehensive and locally-appropriate strategy, councils should expect to see a return on investment based upon savings from the harms of tobacco.

The World Health Organization produced the MPOWER model to assist in reducing tobacco-related demand. The model sets out the key pillars of a comprehensive tobacco control strategy and can be helpful in the development of local approaches:

- monitoring tobacco use and prevention policies

- protecting people from tobacco smoke

- offering help to quit tobacco use

- warning about the dangers of tobacco

- enforcing bans on tobacco advertising, promotion and sponsorship

- raising tobacco taxes.

Similarly, the World Bank Group identifies cost-effective interventions to reduce death and disease caused by tobacco use:

- higher taxes

- bans on smoking in public and work places

- bans on advertising and promotion

- better consumer information.

It is appropriate that responsibility for a local tobacco control strategy lies with the HWB, where collaboration can be easily facilitated between the council and CCG.

Tobacco control data can be examined through the Joint Strategic Needs Assessment (JSNA) and prioritised within the joint Health and Wellbeing Strategy.

It is also useful to ensure alignment of prevention priorities between the board and the local STP, and ensure priorities are understood by local providers, planners and commissioners.

Tobacco addiction is incredibly hard to overcome, and many smokers try many times to quit, without success. While nicotine is highly addictive, it is the other carcinogenic ingredients within tobacco that cause the greatest harm. Analysis by the Department of Health and Social care (DHSC) found that 65 per cent of smokers want to quit. Therefore, it is important that smokers receive the necessary support to do so.

There are a range of evidence-based tobacco control measures that local authorities can deliver. These include the commissioning of Stop Smoking Services, delivery of local 'quit' campaigns and measures to target the trade in illicit tobacco. These interventions reduce tobacco consumption and result in long-term benefits to both individuals and communities.
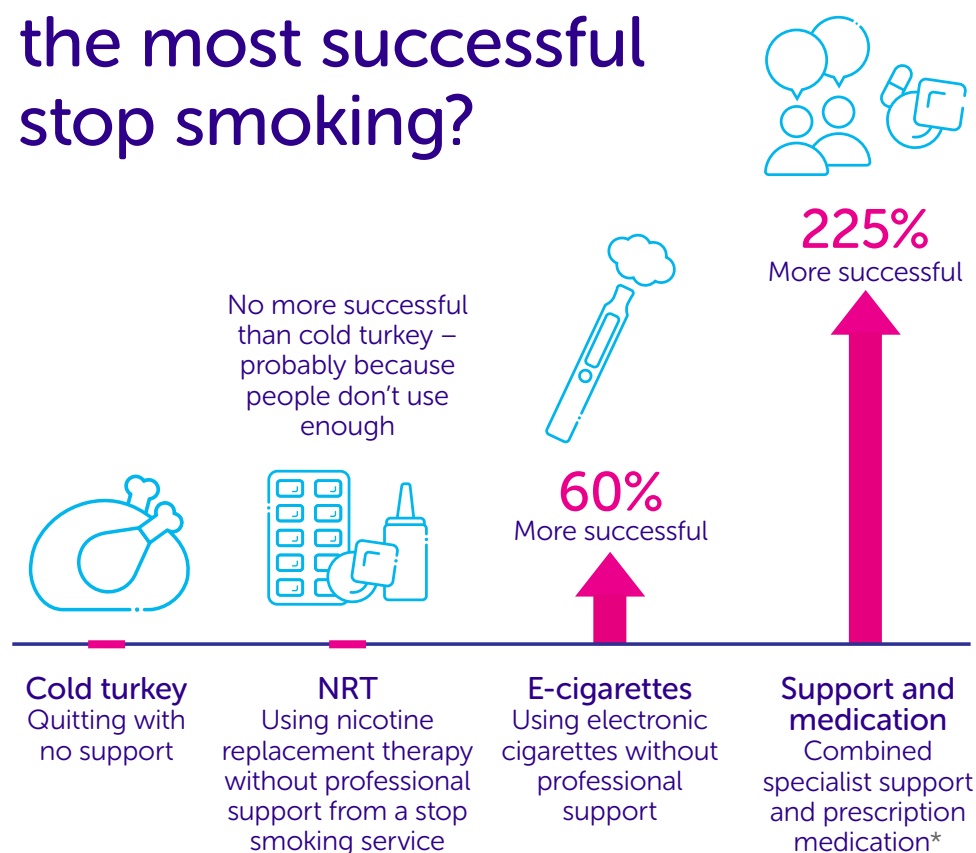
Stop Smoking Services

Evidence is clear that specialist Stop Smoking Services offer the most effective way for a person to successfully quit smoking. While using a Stop Smoking Service is not the most popular method of quitting – that is now the use of an e-cigarette – they are by far the most effective.

These services deliver face-to-face behavioural support, in combination with prescription medication and/or nicotine replacement therapy (NRT). This combined approach has been shown to be highly effective in improving long-term quit rates. Smokers using Stop Smoking Services are around three times more likely to successfully quit than those attempting to quit unaided.

Prescription medication and NRT for smoking cessation are highly effective and cost-effective. Councils and CCGs should provide adequate funding for medication in local services and primary care.

What's the most successful way to stop smoking?

No more successful than cold turkey – probably because people don't use enough

60% More successful

225% More successful

Cold turkey
Quitting with no support

NRT
Using nicotine replacement therapy without professional support from a stop smoking service

E-cigarettes
Using electronic cigarettes without professional support

Support and medication
Combined specialist support and prescription medication*

*Visit nhs.uk/smokefree

Public Health England (PHE) advises that specialist Stop Smoking Services should be the first option considered when commissioning smoking cessation interventions. NICE has produced detailed guidance, NG92, that sets out recommendations for the optimum delivery of specialist Stop Smoking Services. The guidelines also state that services should be commissioned with local and national priorities in mind, and focus on reducing smoking-related health inequalities. This might include the targeting of priority local groups or areas with high smoking prevalence. A summary of the key points has been produced by Cancer Research UK: www.cancerresearchuk.org/ng92summary

Recent research by Cancer Research UK shows that specialist Stop Smoking Services that offer behavioural support alongside prescription medication and NRT are effective in reducing health inequalities. Smokers from lower socioeconomic backgrounds are more likely to access a Stop Smoking Service but are less likely to be successful in their quit attempt. By targeting priority groups and tailoring the support they give (eg financial incentives or outreach services), services can increase smoker interactions and increase the chances of those smokers being successful in their quit attempt.

In recent years there has been a shift away from specialist Stop Smoking Services to integrated or holistic 'lifestyle services' that address a variety of unhealthy behaviours. While these may be effective for tackling some behaviours, evidence of their effectiveness in smoking cessation is limited. Where lifestyle services are in place, it is advisable to implement as many NICE NG92 recommendations as possible in order to maximise the effectiveness for smokers.

Crucially, local authorities must ensure that all staff providing smoking cessation advice are trained to provide specialist-level support. The National Centre for Smoking Cessation and Training (NCSCT) provides a range of evidence-based face-to-face and online training resources (www.ncsct.co.uk/).

E-cigarettes

The last five years have seen significant growth in the use of e-cigarettes, also known as 'vaping'. Current research shows that e-cigarettes are far less harmful than smoking tobacco. There is growing evidence that e-cigarettes are helping people to quit, with e-cigarettes now the most popular quit method in England. Of the estimated 3.2 million e-cigarette users in Britain, over half are ex-smokers.

A balanced approach to e-cigarettes is advisable — one that maximises their potential to help smokers quit, while minimising the risks of unintended consequences associated with promoting smoking. It may be helpful to develop a position statement, in conjunction with the CCG, which can form the basis of an evidence-based local approach to e-cigarettes.

Quitting with an e-cigarette is around 60 per cent more effective than quitting unaided, and when combined with behavioural support from Stop Smoking Services they could be more effective than NRT. Given their popularity and effectiveness for cessation, local authorities and Stop Smoking Services should be supportive of e-cigarette use as a quitting tool in order to reach and support as many smokers as possible. This should include providing information and advice, as well behavioural support.

Evidence so far shows the overwhelming majority of e-cigarette users, also referred to as vapers, are current or ex-smokers, and use by non-smokers is extremely low. E-cigarette uptake and regular use among children is also extremely low and there is currently no evidence to support concerns about a gateway effect to tobacco smoking. Smoking prevalence in young people continues to decline.

The NCSCT provides training and assessment for specialist smoking cessation advisers. This includes guidance on e-cigarettes, and they have produced a helpful briefing for Stop Smoking Services on how to best support people to quit using e-cigarettes.

Local quit campaigns

Media campaigns are highly impactful and cost-effective, both in encouraging smokers to quit and discouraging young people from taking up the habit. PHE runs mass media campaigns at a national level, but these campaigns have greater impact when complemented by targeted campaigns at a local level. Local campaigns should utilise local intelligence. They can be tailored to priority groups or areas with high smoking prevalence as a way to address health inequalities.

Local campaigns can have impact by:

- raising awareness of local Stop Smoking Services and what they offer

- inspiring or persuading local smokers to quit

- integrating with national or regional campaigns such as Stoptober.

Local authorities may wish to pool resources and budgets across a larger area to provide media campaigns with a greater scope. One example of this is Fresh, the North East's dedicated regional tobacco control programme. Funded by councils in the North East, Fresh runs a variety of region-wide programmes including award-winning media campaigns. Since it was established in 2005, the North East has seen the largest fall in smoking rates in England. Rates almost halved from 29 per cent in 2005 to 16.2 per cent in 2017 – a fall of 44 per cent and around a quarter of a million fewer people smoking.

In other areas campaign partnerships have been implemented in conjunction with STPs, cancer alliances and tobacco control alliances.

Case study: 'Don't be the 1'

One in two smokers will die from a tobacco-related disease, but a survey in the North East found that 90 per cent of smokers thought the odds were much lower.

The 'Don't be the 1' campaign, run by Fresh in 2014, raised awareness of these risks and made smokers think about the devastating impact smoking can have on them and their loved ones.

The campaign featured TV and radio adverts, cinema advertising, social media and testimonials from ex-smokers. It also generated extensive news coverage, thereby increasing its reach.

The campaign saw a 125 per cent increase in smokers aware of the 'one in two' risk, with almost a third of smokers taking some form of action – from quitting or cutting down, to visiting their GP or switching to NRT. The campaign won two national awards and has since been rolled out in other areas, including Wales and Greater Manchester.

Illicit tobacco

The phrase 'illicit tobacco' refers to tobacco that is illegally manufactured or smuggled into the UK without the payment of relevant customs excise duties or tax. In 2015/16, across England, less than 20 per cent of the illicit market was made up of counterfeit tobacco products (tobacco industry branded but produced by a third party) - meaning the vast majority is legitimately produced and smuggled into the country.

Tax can be effective in:

1. reducing the amount of tobacco consumed

2. discouraging uptake of smoking by young people

3. encouraging smokers to quit.

Illicit tobacco undermines these factors. It also undermines local tobacco control interventions by national and local governments.

Illicit tobacco tends to disproportionately affect poorer communities, where its reduced price has a greater impact. In this way, illicit tobacco plays a part in exacerbating health inequalities.

Since 2000, the Government has made considerable progress in tackling the illicit trade in tobacco at a national level, but it continues to be a problem in many communities. The scale of this was made clear in the Tobacco Control Plan for England, which estimates that the illicit tobacco market costs the UK economy around £2.4 billion annually in lost revenue.

As such, it is important that local authorities address this issue on a local and regional level. Effective approaches are often coordinated across larger geographical areas where health and enforcement partners can collaborate to reduce the supply of, and demand for, illicit tobacco. By working together councils can more effectively engage key partners such as HM Revenue and Customs, police, trading standards and the public. Local communities can be a vital source of intelligence on which enforcement agents can act. Social marketing and PR campaigns can also counter misinformation from the tobacco industry on this issue.

The Illicit Tobacco Partnership has developed guidance to support evidence-based illicit tobacco control activity, including an illicit tobacco strategic framework, PR guide and guidance for trading standards.

Case study: The North East illicit tobacco programme

The original North of England illicit tobacco programme highlighted action councils can take to reduce the market for illicit tobacco. This has been sustained in the North East of England and a strategic framework has been developed to ensure there is activity taking place across eight areas that is developed and delivered together to reduce demand and supply.

The programme focuses on:

1) reducing demand by delivering social marketing campaigns to shift comfort levels and increase intelligence. The 'Keep It Out' campaign is one example and centres on the message of protecting children: http://keep-it-out.co.uk/

2) reducing supply by developing strategic partnerships between local authorities, health organisations, HMRC and the police, to coordinate and share intelligence and enforcement activity.

Supporting annual quit attempts

A recently published guide for elected members and directors of public health, entitled 'The End of Smoking', has been developed by ASH and Fresh, and sets out the value of supporting smokers to make an annual quit attempt. The Smoking Toolkit Study shows only 30 per cent of smokers make at least one quit attempt each year. At this rate, 5 per cent smoking prevalence will only be reached by 2049. If 50 per cent of smokers made an annual quit attempt, 5 per cent smoking prevalence could be reached by 2029. Key ways to increase annual quit attempts include:

• developing an ambitious tobacco control strategy and local target for prevalence reduction

- communicating messages of hope to smokers

- maximising effective local partnerships, including regional collaboration

- offering a variety of support so smokers can quit in the way that best suits them.

'The End of Smoking' is available at: http://bit.ly/end_of_smoking

The case for investment

Tackling smoking can generate significant savings for the local health and social care system and reduce pressure on services that are already in demand. Reducing tobacco consumption also returns money to some of our most deprived communities, as well as boosting local economic development by increasing productivity.

According to ASH, smoking costs our economy approximately £12.6 billion per year. Of this, £2.5 billion falls to the NHS, and the economy suffers to the tune of £8.4 billion from lost productivity as a result of sickness, smoking breaks and early deaths. It is also estimated that smoking-related health conditions create a demand on local councils of £760 million a year for social care services. However, only approximately £7 billion was returned to the economy in tobacco duty in 2016/17.

Since 2015 funding for public health has been reduced year-on-year. This has had an adverse effect on councils' ability to invest in services and functions that prevent ill health, reduce health inequalities and support a sustainable health and social care system. This includes smoking cessation and tobacco control. Research by The Health Foundation showed that spending on tobacco control will have dropped by 45 per cent between 2014/15 and 2019/20 – the biggest drop in all areas of public health provision. Despite political support for tobacco control remaining strong, local investment in tobacco control has decreased:

- In 2018, 38 per cent of local authorities in England that had a budget for Stop Smoking Services cut their budget. This follows cuts in 50 per cent of local authorities in 2017 and 59 per cent in 2016.

- Between 2014/15 and 2017/18, local authority spending on tobacco control and Stop Smoking Services in England fell by £41.3 million (a fall of 30 per cent). This means that spending per resident smoker has fallen from £17.87 to £14.86.

- 68 per cent of local authorities surveyed stated that reductions in the public health grant from government was one of the main drivers of these cuts.

Local authorities have made efficiencies through better commissioning in recent years, but reductions in grant funding continue to adversely affect frontline services. Yet, in the context of financial constraint, tobacco control remains a sound financial investment. NICE estimates that every £1 invested in smoking cessation saves £10 in future health care costs and health gains. Similarly, investment in specialist Stop Smoking Services, which include a combination of behavioural support and NRT/pharmacotherapy, is highly cost effective. The NCSCT estimates the cost-effectiveness of these services at less than £6,000 per Quality Adjusted Life Years (QALY), but this cost is likely to be much less. This falls well below the NICE 'cost-effectiveness' threshold of £20,000 - £30,000 per QALY.

Case study: Hastings

According to the ASH Ready Reckoner, smoking costs the Hastings local economy around £25.1 million every year. This corresponds to around £1,340 per smoker per year.

The total annual cost to the NHS across Hastings is about £5.3 million. The cost of current and ex-smokers who require care in later life as a result of smoking-related illnesses is £4 million per year. Of this, £2.2 million falls to the local authority.

NICE has developed a 'Tobacco Return on Investment Tool', which evaluates tobacco control interventions to model the economic returns against different payback timescales. This can help local authorities evaluate which combination of interventions provides the best 'value for money'.

A whole-systems approach: collaboration and leadership

Tobacco control alliances
Tobacco control requires the active engagement of a range of partners in order to deliver a coherent plan to reduce smoking rates. Tobacco control alliances pool the expertise of a range of members, from trading standards to fire and rescue, NHS staff to children's services, as well as elected members and local third sector organisations. This facilitates increased collaboration and can be a resource-efficient way of delivering local activity.

Case study: Hull Alliance on Tobacco

The Hull Alliance on Tobacco (HALT) is a multi-agency partnership working to reduce smoking prevalence across Hull. Partners include the council, CCG, local colleges, Hull and East Yorkshire Hospital Trust, public protection and trading standards, local pharmacies and Cancer Research UK.

The group's aim is to achieve a smoke-free generation in Hull. It draws on partner expertise to focus on specific work areas, such as: children and young people, communication and marketing, community engagement, e-cigarettes, illegal tobacco, maternal smoking, mental health and a smoke-free NHS.

The Alliance has developed a work plan that contributes to the Health and Wellbeing Strategy and the local STP and CCG strategic plans. In September 2018, the Alliance hosted a 'Tackling Tobacco Together' conference, which brought partners together with local NHS services to highlight the importance of reducing smoking prevalence and working as a whole system.

Tobacco control alliances can:

- develop awareness campaigns
- coordinate joint activity to tackle the illicit trade in tobacco
- ensure the enforcement of tobacco control regulations, such as smoke-free public places
- integrate and embed priorities across their respective organisations
- build political will to support tobacco control. Elected member representation on tobacco control alliances can be especially helpful here.

Joint working with local NHS Services

The government's Tobacco Control Plan recognises the need to promote smoking cessation throughout the health and social care system. Healthcare professionals working in primary and secondary care, in the community, and as providers, should be aware of the availability of Stop Smoking Services in the area. Where a service is not available on-site (eg hospitals or GP practices), they should be able to confidently refer patients. Very Brief Advice on smoking cessation can be delivered in as little as 30 seconds, and referral or prescription medication offered, in line with NICE guidance (NG92). Cancer Research UK has partnered with the Royal College of General Practitioners to develop an 'Essentials of Smoking Cessation' e-learning module for GPs (see 'Further reading and resources' for more information).

Up-to-date information regarding the details, availability and referral options for local Stop Smoking Services should be consistently shared with NHS colleagues and providers to ensure the success of referral pathways.

This depends on good joint working between Stop Smoking Services, local authorities, and local NHS services and providers.

Collaboration is also important for the delivery of smoking cessation medication. A recent report by the British Lung Foundation revealed that some CCGs have advised GPs to stop prescribing stop smoking medication and NRT for smoking cessation because local authorities were no longer reimbursing the cost. These medications are a highly effective and value-for-money tool in smoking cessation. Joint working is vital to ensure there is shared understanding of budgetary responsibility, and a shared commitment to its continued provision.

Local Government Declaration on Tobacco Control

Local authorities can demonstrate their commitment to a collaborative approach to tobacco control by signing the Local Government Declaration on Tobacco Control.

The declaration is an initiative of the Smoke-free Action Coalition, an alliance of more than 300 health and wellbeing organisations. It has been endorsed by DHSC and PHE, among others.

Declaration commitments include:

- reducing smoking prevalence and health inequalities
- developing plans with partners and local communities
- participating in local and regional networks
- supporting Government action at national level
- protecting tobacco control work from the vested interests of the tobacco industry
- monitoring the progress of tobacco control plans.

Councils may also wish to encourage CCG colleagues to make an equivalent commitment by signing the NHS Smokefree Pledge.

Smokefree Councillor Network

ASH, with support from Fresh, has established the smoke free Councillor Network. The network is a cross-party group of elected members launched with the support of the LGA Community Wellbeing Board. The network is committed to achieving comprehensive local government action on tobacco and the elimination of the harm it causes in our communities, in line with the Local Government Declaration on Tobacco Control. The network recognises the key role of local councillors in redressing health inequalities and achieving the Government's ambition of a smokefree generation.

For more information on the network, and how to join, visit www.smokefreeaction.org. uk/smokefree-local-government/smokefree-councillor-network/

Reviewing progress

Progress in reducing smoking rates should be measured against the Public Health Outcomes Framework, which includes the following indicators for smoking:

- smoking prevalence – adults (over 18s)
- smoking prevalence – 15-year olds
- smoking status at the time of delivery.

CLeaR (Challenge, Leadership and Results) is PHE's tobacco control self-assessment tool. It enables councils to audit, review and improve their work. Self-assessment is free, via the online resource. Peer-assessment is available at an additional cost, providing an opportunity for wider stakeholder engagement, including council officers and elected members.

Separate self-assessment 'deep dive' tools are available for smoking and mental health, smoking in pregnancy and maternity and acute settings.

Performance against a tobacco strategy, and its targets, can also be considered by the council's relevant scrutiny committee. It may be a useful mechanism for wider elected member engagement and provide welcome local insight.

Examples of good practice

In the East of England tobacco control commissioners and tobacco leads from councils across the region meet regularly to share best practice. **Hertfordshire County Council** is one of the members of this group and contributes to the sharing of best practice. It was the first county council to develop its own tobacco policy in line with the Local Government Declaration on Tobacco Control. It was also one of the first councils to develop an e-cigarette policy. Hertfordshire also achieved the fifth highest rate of quits in the East of England (around 2,700 per 100,000 smokers - aged 16+ – were successful quitters after four weeks) in 2017/18. It has a multi-agency Tobacco Control Alliance which won the national CLeaR award in 2015 for its comprehensive tobacco control work.

As well as providing Specialist Stop Smoking Services, the council commissions individual GP practices and community pharmacies to deliver smoking cessation services – the largest number of any authority area. The council also works in partnership with NHS colleagues to ensure that all smokers, but in particular smokers who face the greatest inequalities, are given the best chance of quitting smoking.

In Essex, **Thurrock Council**, **Southend-on-Sea Borough Council** and **Essex County Council** are trialling new ways of providing stop smoking support. They co-locate trained Stop Smoking Service staff inside e-cigarette shops in their respective areas. In 2017/18, Essex County Council achieved 801 quits through this support. In Thurrock, one third of a vape shop is dedicated to a treatment space where people can seek stop smoking advice.

In partnership with Link4Life and the Living Well Service, **Rochdale Borough Council** launched a successful scheme in 2018 to get local sports clubs to go smoke-free. Six local clubs now enforce a no smoking policy at their junior training sessions and matches. This is designed to reduce health harms for families and de-normalise smoking around children and young people, so they are less likely to take up the habit. The council provides clubs with policy information and promotional materials to help them engage with smokers on the touchlines. Support is also available for those wanting to give up smoking via the local Stop Smoking Service.

Leicestershire County Council is recognised nationally as having a good smoking cessation service. Despite its smoking cessation budget being reduced, the council brought its smoking cessation service in-house and developed the acclaimed 'QuitReady Leicestershire' service. Bringing the service in-house enabled closer working between other council functions and services. The service provides:

- support from a core stop smoking team, with no sub-contracted elements
- 12 weeks of medication/NRT and e-cigarettes
- proactive activity and support for routine and manual workers, pregnant women, those with long-term health and mental health conditions and those in more deprived areas
- cost savings, having reduced the cost by two thirds from the previous model.

Pioneers of 'The Deal', (an informal contract between the council and its residents) **Wigan Council** has developed a new way of delivering low-cost, quality public services while empowering residents to play their part. Maintaining a healthy lifestyle is a key element of 'The Deal'. The council commissions an integrated lifestyle service that can support all smokers. It includes face-to-face support, specialist support for pregnant women, NRT, support from local pharmacies and a digital app, including a specialist text helpline for young people.

Questions to consider

How do you know that your council is doing all it can to reduce smoking-related harm?

- Is local data being used to understand the picture for smoking in your area? Does smoking feature in the JSNA? Does data and intelligence help you to understand priority smoking groups and areas of high smoking prevalence?

- Has existing tobacco control activity been self-assessed using the PHE CLeaR tool? Would peer-assessment enable broader engagement on local tobacco control? Have recommendations been acted upon?

- Is a comprehensive local tobacco control strategy in place? Does it link to priorities within 1) the joint Health and Wellbeing Strategy 2) the Tobacco Control plan for England? Is the plan costed (with return on investment considered)?

- What support is in place to help local people stop smoking? Is the offer evidence-based? Does it meet NICE NG92 guidelines? Do other health professionals and relevant organisations understand how they can refer patients?

- Is a local tobacco control alliance in place in your area? If not, could one be established to bring local partners together? Is there elected member representation?

- What has been done to engage the community and involve them in the development of the strategy and action plans?

- Is the local tobacco control strategy monitored at regular intervals? Is progress reported to the HWB? Are outcomes monitored against 1) the Public Health Outcomes Framework and 2) local targets or indicators? Has the strategy been considered by the relevant scrutiny committee?

- Is there effective collaboration between the council and CCG on tobacco control? Is this facilitated through the HWB? Does the relationship extend to the local STP? Is there a shared commitment to tobacco control priorities and to the funding of prescription medication and NRT? Can local frontline NHS staff be better engaged (eg midwifery)?

- Are other elected members aware of the risks of tobacco use? Do they understand the support available to smokers locally? Are they acting as smokefree champions within their wards? Could they help do more to help eg promoting smokefree playgrounds, school gates or events? Do they encourage constituents to report illicit tobacco or engage local businesses with smokefree campaigns?

- Has a health-in-all-policies approach been considered? Have other council departments been consulted, including trading standards, children's services, housing, parks and leisure services? What more needs to be done?

Further reading and resources

DHSC
www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england

PHE
www.gov.uk/government/publications/health-matters-stopping-smoking-what-works

PHE
www.gov.uk/government/publications/health-matters-smoking-and-quitting-in-england

ASH
http://ash.org.uk/category/information-and-resources/local-resources/

Smokefree Action Coalition
http://smokefreeaction.org.uk/declarationsindex-html/

Cancer Research UK
www.cruk.org/tc_local_201902

LGA
www.local.gov.uk/must-knows-elected-members-prevention

LGA
www.local.gov.uk/health-all-policies-manual-local-government

LGA
www.local.gov.uk/prevention-matters-how-elected-members-can-improve-health-their-communities

Stop Smoking Services:

NICE
www.nice.org.uk/guidance/ng92

PHE
www.gov.uk/government/publications/stop-smoking-services-models-of-delivery

NCSCT
www.ncsct.co.uk/pub_training.php

PHE
www.gov.uk/government/publications/smoking-and-tobacco-applying-all-our-health

Data:

PHE, Local Tobacco Control Profiles
https://fingertips.phe.org.uk/profile/tobacco-control

PHE
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

Tobacco Control strategy and self-assessment:

World Health Organisation
www.who.int/tobacco/mpower/publications/brochure_2013/en/

World Bank Group
http://documents.worldbank.org/curated/en/754401468184151183/pdf/231790REVISED00accoControl2010Nov15.pdf

PHE
www.gov.uk/government/publications/clear-local-tobacco-control-assessment

E-cigarettes:

PHE
www.gov.uk/government/publications/use-of-e-cigarettes-in-public-places-and-workplaces

Cancer Research UK
www.cruk.org/ecigs_briefing_201807

NCSCT
www.ncsct.co.uk/publication_electronic_cigarette_briefing.php

Cancer Research UK
www.cruk.org/ecighub

PHE
www.gov.uk/government/publications/e-cigarettes-a-developing-public-health-consensus

Smoking cessation and health professionals:

Cancer Research UK
www.cruk.org/smoking-cessation-hub

Stop Smoking prescription medication:

British Lung Foundation
www.blf.org.uk/policy/less-help-to-quit

Illicit tobacco:

Illicit Tobacco Partnership
www.illicit-tobacco.co.uk/resources/

Illicit Tobacco Partnership
www.illicit-tobacco.co.uk/wp-content/
uploads/2019/01/Guidance-for-Trading-
Standards-.pdf

ASH
http://ash.org.uk/information-and-resources/
local-resources/toolkit-article-5-3-framework-
convention-tobacco-control/

Local tobacco control alliances:

ASH
http://ash.org.uk/information-and-resources/
local-resources/local-tobacco-alliance-
resources-2/

Economic case:

ASH
http://ash.lelan.co.uk/

NICE
www.nice.org.uk/about/what-we-do/into-
practice/return-on-investment-tools/tobacco-
return-on-investment-tool

LGA
www.local.gov.uk/our-support/efficiency-and-
income-generation/demand-management/
case-studies-category/public-4

Health inequalities:

ASH
http://ash.org.uk/information-and-resources/
health-inequalities/health-inequalities-
resources/smoking-and-poverty-calculator/

ASH
http://ash.org.uk/category/information-
and-resources/health-inequalities/health-
inequalities-resources/

About Cancer Research UK

Cancer Research UK is the world's largest charitable funder of cancer research and the only charity funding research into all 200 types of cancer. We support research into all aspects of cancer, through the work of over 4,000 scientists, doctors and nurses. Last year we spent £413 million on research institutes, hospitals and universities across the UK. We rely solely on the generosity of the public.

The Local Public Affairs Team works with elected members and officers from councils across England on measures to help prevent cancer. For more information, including:

Local Tobacco Control Policy Statement
www.cruk.org/tc_local_201902

www.cruk.org/local_pac_leaflet_2018

Campaign on public health funding
www.cruk.org/public_health_funding

www.cruk.org/local-government
@CRUK_Policy
0300 123 1022
LocalEngagement@cancer.org.uk

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