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Tobacco Control in Derby and Derbyshire

Purpose

- 1.1 To outline an evidence -based approach to tobacco control, that focuses upon population level multi-component actions across Derby and Derbyshire to reduce the prevalence of smoking by 2030.
- 1.2 To highlight the work to date on developing a system wide tobacco control framework and update the ICP on progress of implementation of the tobacco control interventions and activities.
- 1.3 To ask ICP partners to endorse the Tobacco Control Vision and Aims and consider how they can support the tobacco control approach outlined in this report.

Recommendations

- 2.1 That the ICP considers and approve the implementation of the proposals for a Derby and Derbyshire tobacco control programme and actions outlined this report.

Reasons

- 3.1 Smoking remains the main cause of preventable ill-health and deaths and is responsible for half the difference in life expectancy between the most and least deprived. Smoking is linked to all 5 clinical areas and is a driver for poor health in all the Core20PLUS5 populations.
- 3.2 In recent years the focus on reducing smoking prevalence has been on individual behaviour change by offering support to quit to smokers. Whilst this has had some success, if ICP are to achieve the target of Derby and Derbyshire becoming smokefree (defined as a prevalence of smoking of 5% or less) a multicomponent approach to tackling tobacco is required to meet the needs of the whole smoking population, not just to those who attend community stop smoking services. This multicomponent approach is called 'Tobacco Control' and a comprehensive tobacco control framework has been developed in Derby and Derbyshire. This

paper will detail the progress of the framework, policy and funding changes and opportunities for collaboration in the ICP.

- 3.3 By acting in partnership and implementing a tobacco control approach, the aim is to accelerate progress towards the smokefree 2030 target, reduce avoidable harm, reduce inequalities and save lives.



The Derbyshire
VCSE sector
Alliance



Derby City Council



Supporting information

Background

- 4.1 Smoking is the single leading cause of preventable death, causing over 1,354 premature deaths and nearly 11,000 hospital admissions in the Derby and Derbyshire ICP area annually. Whilst smoking rates have reduced over the last decade, at least 1 in 7 residents within our ICP still smoke, and around 1 in 5 in our area with the highest prevalence (Derby). Smoking is responsible for at least half of the difference in life expectancy between the least and most deprived in society. There are currently 130,000 smokers in Derby and Derbyshire
- 4.2 Action on Smoking and Health (ASH) estimates that smoking costs the Derby and Derbyshire ICP £1.06 billion per year, including direct NHS costs of £45.7m and social care costs of £396m and £609m due to impact on productivity (e.g. lost earnings or unemployment).
- 4.3 Tobacco control is integral to addressing health inequalities using the Core20PLUS5 approach. Recent data suggests that a third of smokers in England reside in the most deprived 20% of areas (the Core 20 population) and smoking is the leading cause of the difference in life expectancy between the richest and poorest in society. Smoking also contributes to poverty. The average smoker is now estimated to spend £2,500 a year on smoking, approximately the same as the average household energy bill. When expenditure on tobacco is taken into account, an estimated 50,338 households containing smokers in Derby and Derbyshire are living in poverty.
- 4.4 Smoking is also independently associated with every indicator of disadvantage, such as homelessness, unemployment and occupational group, meaning that it will likely be a leading cause of ill health amongst the locally determined PLUS populations.
- 4.5 Nationally, there is an ambition to create a smokefree generation, where fewer than 5% of people smoke across all demographic groupings within society by 2030. To help achieve a smokefree 2030, the NHS Long Term plan contains a commitment that all NHS inpatients, outpatients and those on mental health and maternity pathways who smoke will be identified during their care and offered tobacco dependency treatment (TDT) by 2024. In the Derby and Derbyshire ICP, the TDT service commenced in 2022.
- 4.6 In June 2022 the Government published the Khan review, an independent review into its Smokefree 2030 policies. It contains significant recommendations for Integrated Care Systems around their commitments to tobacco control. These recommendations have shaped the Derby and Derbyshire tobacco control framework.
- 4.7 Addressing smoking will also be key to government's incoming Major Conditions Strategy. This aims to tackle six priority areas, namely cancers, cardiovascular diseases (including stroke and diabetes), chronic respiratory diseases, dementia, mental ill health, and musculoskeletal disorders - all conditions that can be caused or exacerbated by smoking.

- 4.8 Furthermore, reducing smoking prevalence is key to meeting all four of the key aims of ICSs, which are: to improve outcomes in population health and healthcare; to tackle inequalities in outcomes, experience and access; to enhance productivity and value for money; and to help the NHS support broader social and economic development.
- 4.9 The Hewitt Review outlined the need for ICSs to shift their focus upstream to preventative services and interventions to improve population health and reduce pressures on the health and care system. It includes a recommendation to increase the share of ICB funding going towards prevention by 1% over 5 years.
- 4.10 The 2024/24 NHSE Priorities and Operational Planning Guidance identifies that improving health and reducing inequalities remains a key priority. The guidance recommends targeting areas of highest need and premature morbidity and mortality in line with the Core20PLUS5 and supporting work around smoking cessation, especially for inpatients and as part of maternity pathways.
- 4.11 In October 2023 the Government committed to further action (Stopping the Start) to reduce the prevalence of smoking by prohibiting the sale of tobacco products to anyone born after 1 January 2009, a wider package of measures to support current smokers to quit alongside action to curb the rise in youth vaping. In addition, the Government pledged to provide additional funding for local authority stop smoking services with an aim of doubling the number of people supported by these services to quit. This funding in 2024/25 for Derby City Council is around £375,000 and for Derbyshire County Council around £1.1m. The additional funding is not a substitute for existing investment in stop smoking or tobacco dependency treatment services.
- 4.12 In Autumn 2023, as part of the Staywell area of focus of the JUCD Integrated Care Strategy, a stop smoking summit was held that was attended by representatives of key partners in JUCD. The summit agreed to a 12-week Sprint on stop smoking to identify how a system can come together to impact stop smoking. The sprint was convened in the first few months of 2024. The sprint developed new partnerships and relationships, joint working opportunities and the need to develop a clear tobacco control strategy with a vision, ambition and an assurance and action planning function.
- 4.13 This paper outlines the rationale to develop a new ICP-level programme of Tobacco Control based on policy changes, evidence and activity from the ICS Sprint. The goal of tobacco control in Derby and Derbyshire is to build a strong partnership of NHS, local authorities, third sector and other stakeholder working at scale to accelerate local progress towards the smokefree 2030 target. Doing this will prevent avoidable harm, reduce inequalities, and save money from the public purse.

Current smoking and the trajectory towards a Smokefree 2030

- 4.14 An estimated 15.3% of the ICS population (18+) smokes (9), higher than the current England figure of 12.7%. Table 1. shows the current prevalence of smoking in adults (18+) across the 9 localities of the ICS compared to the England average.

Table 1. Derby and Derbyshire's smoking prevalence.

Area	Smoking prevalence (Annual Population Survey 2022)	Comparison to England average
England	12.7%	
Derby City Council	19.3%	Significantly higher
Derbyshire County Council	13.3%	Not significantly different
Erewash	18.9%	Not significantly different
Bolsover	17.3%	Not significantly different
High Peak	15.9%	Not significantly different
Amber Valley	15.6%	Not significantly different
Chesterfield	12.9%	Not significantly different
North East Derbyshire	11.1%	Not significantly different
South Derbyshire	10.9%	Not significantly different
Derbyshire Dales	6.8%	Not significantly different

- 4.15 Work led by Cancer Research UK, highlighted in the Khan Review, shows that if current trends in reducing smoking prevalence are maintained, England is due to miss its target to bring the prevalence of smoking down to 5% by 2030. It is more likely that this will happen by 2037, and for the most disadvantaged groups not until the 2040s. More recently, modelling by University College London using the Smoking Toolkit study, estimates that current trajectories have us reaching 5% smoking prevalence even later, in 2039. The consequences of this slower pace, in terms of avoidable illness, death and costs to society, will be large.

Current investment in smoking cessation and tobacco control in Derby and Derbyshire

- 4.16 Local Authority (LA) public health teams, through the public health grant, invest a varying amount of money every year in our area in tackling smoking harm. This is reported through the LA Revenue Account process in two categories: money spent on stop smoking services (services commissioned to work directly with smokers to support them to quit) and interventions and money spent on wider tobacco control (actions taken more broadly, often at the population level, to reduce smoking prevalence and prevent harms from tobacco). In addition to the Public Health (PH) Grant funding, as part of the Government's Stopping the Start actions, it committed to additional funding of local authority stop smoking services for five years commencing from 2024/25 onwards.

- 4.17 Derby City Council and Derbyshire County Council public health collectively invest £2.3m in stop smoking services and tobacco control (around 3.5% of the ring-fenced public health grant). The additional funding for stop smoking will mean that from 2024/25 onwards both local authorities are investing around £3.5m (5%) of their total public health funding in stop smoking and wider tobacco control. Stop smoking is not a mandatory service in the public health grant, despite this both local authorities have demonstrated in protecting this investment.
- 4.18 As part of the NHS Long Term Plan, additional funding was provided to the ICB each year to implement Tobacco Dependency Treatment services in acute and mental health inpatient and maternity settings from 2021/22 onwards. In Derbyshire this funding was used to commission Live Life Better Derbyshire (part of Derbyshire County Council's Public Health Department and who provide community stop smoking services in Derbyshire) to deliver the hospital based TDT service. By 2023/24 this funding was £555,000. Funding for 2024/25 onwards is continuing as part of the ICB baseline (approximately £566,000) and a business case has been submitted to the ICB to make a final determination on the funding.

What works for smoking cessation and tobacco control

- 4.19 The broad evidence-based approach to tackling the harms associated with smoking, endorsed by the World Health Organisation, is known as Tobacco Control. Effective Tobacco Control includes:
- Provision of quality stop smoking support
 - Bespoke media, communications and education campaigns which underpin population wide behaviour change
 - Building local infrastructure, skills/capacity to deliver tobacco control
 - Reducing exposure to second-hand smoke
 - Reducing availability and supply of illicit and legal tobacco
 - Reducing tobacco promotion
 - Tobacco regulation
 - Research, monitoring and evaluation
 - Advocacy and influence to support tobacco reform.
- 4.20 Delivered and coordinated at scale, these strands of activity create the conditions through which whole population level prevalence decline takes place and trying to quit is made to feel normal and achievable. A multicomponent approach to tackling tobacco is required to meet the needs of the whole smoking population, not just to those who attend community stop smoking services.

4.21 Based on the evidence and learning from the sprint. A strategic group was needed to develop a comprehensive tobacco control framework. This is called the Tobacco Control Strategic Board (TCSB) for Derby and Derbyshire that commenced work in January 2024. The TCSB has agreed the following vision and ambitions:

Working together to make Derby and Derbyshire smokefree by 2030.

- *Reduce the prevalence of smoking and tobacco use*
- *Eliminate inequalities in smoking rates and tobacco-related ill health*
- *Tackle the health social and economic harms caused by tobacco in our communities.*

4.22 The TCSB aims to build a strong partnership of NHS, local authorities, third sector, and other bodies working at scale across the ICS, using a global evidence-based approach to drive down smoking prevalence by focusing more upon population based approaches and not solely on individual behaviour change. The Stay Well sprint handed over activity and actions to the TCSB in May 2024. The TCSB will also develop the Stopping the Start approach locally while adapting to pressures upon NHS and social care and the cost of living crisis to recognise that:

There has never been a more important time to support smokers to stop

4.23 Attached at Appendix A is a vision and actions for tobacco control across the Derby and Derbyshire ICP that the Board is asked to consider and endorse.

Overview of Current Position

Tobacco Dependency Treatment

4.24 Comprehensive community tobacco dependency treatment services exist in both Derby (Livewell) and Derbyshire (Live Life Better Derbyshire). Table 3 shows the performance of both services.

Table 3. Derby and Derbyshire tobacco dependency performance (2022/23).

	Derby	Derbyshire	England
Smokers setting Quit Date	2,470/100,000 smokers	2573/100,000 smokers	2998/100,000 smokers
Smokers quit at 4 weeks	1,547/100,000 smokers	1,770/100,000 smokers	1620/100,000 smokers

The challenge that both services face is getting more smokers to quit using support. This is a national challenge with only 37% of smokers making a serious attempt to quit, with around a quarter successful. Of the successful quitters only 2% use stop smoking services (the most common method is using an e-cigarette (39%)). The additional funding for stop smoking services will enable us to increase the capacity of both services and more importantly, undertake more marketing to promote the services. The support of all partners to engage smokers and encourage them to

quit using the local stop smoking services is vital if we are to achieve the aim of doubling the number of people quitting by 2028/29.

- 4.25 Hospital tobacco dependency treatment (TDT) services are provided for adult inpatients at both acute hospitals, pregnant women and inpatients with a mental health condition. Live Life Better Derbyshire provides the service on an in-reach basis. In 2023/24 the service supported 449 patients to quit smoking and overall performance is similar to the England average. The challenges for improving the performance of the TDT service are that greater efforts are needed to systematically identify and refer smokers into the service. The funding for the service is insufficient to offer a comprehensive TDT service as per national specification. There are risks and gaps in service. Risks include ICB funding for 2024/25 being unconfirmed at time of this paper being developed. Gaps include providing support for pregnant smokers and adult inpatients due to limited capacity.

Prevention

- 4.26 Smoking harms children and young people and most smokers start in childhood. Whilst there are comprehensive community tobacco dependency treatment services in Derby and Derbyshire, there are significant opportunities with the tobacco control approach to undertake more work around prevention to de-normalise tobacco use e.g. smoke free homes, voluntary smoke free policies at sites where children are more likely to be present such as outdoor playground that the existing smokefree legislation does not apply to.

Enforcement and Environment

- 4.27 Trading Standards services at both Derby City Council and Derbyshire County Council undertake significant work to tackle the sale of illicit tobacco and e-cigarettes or vapes and to ensure compliance with the sale of age-restricted products such as tobacco and vapes. Both services take an intelligence led approach to make the most effective use of their limited resources. However, the impact of austerity and the reduction of local government funding has impacted on the capacity of Trading Standards to undertake tobacco-related enforcement work.

Marketing and Communications

- 4.28 This is the area where there is the greatest opportunity to work collectively across Derby and Derbyshire. There is still a need to shift attitudes, change beliefs, communicate hope and nudging smokers to making more attempts to quit. Whilst our marketing and communications will aim to influence all our smoking population, we will focus on those groups identified in the Tobacco Health Needs Assessment that have the highest prevalence of smoking – social housing tenants, routine and manual workers etc. A key element of this work will be training for all those individuals in front line positions in healthcare, social care, social housing, financial inclusion etc to Ask, Advice and Act so that smokers are encouraged and offered the opportunity to quit. Furthermore, there is still a view amongst some individuals that smoking is a lifestyle choice, rather than seeing it as an addiction to be treated and we intend that tackling this misconception is part of our marketing and communications strategy.

Public/stakeholder engagement

- 5.1 Effective tobacco control needs to be insight informed so that by working with individuals and communities we can better understand why they smoke and how we can ensure that both through better targeted messaging to build confidence to quit and by designing services to remove barriers to quitting, we can increase the number of successful quit attempts.

Other options

- 6.1 Not to adopt the tobacco control approach outlined in this report. This is not recommended as smoking is the leading cause of preventable ill health, is a cause of health inequalities and requires system wide action.

Financial and value for money issues

- 7.1 [Research](#) confirms that providing stop smoking treatment is one of the most cost-effective health care interventions available and that for [CVD prevention](#), smoking cessation is far more cost effective than prescribing statins for example. [Analysis](#) of the health economic benefits of the CURE model (on which hospital TDT services are based) found that gross ROI was £2.12 per £1 invested and the cost per Quality Adjusted Life Year (QALY) was £487.

Legal implications

- 8.1 None

Climate implications

- 9.1 Smoking tobacco has a significant environmental impact. Assessing the environmental impact of the tobacco industry across the entire supply chain is complex but can include deforestation, use of pesticides, significant water and fossil fuel use in processing and waste both from production and use (packaging and cigarette filters). Any work to reduce smoking will have a positive environmental impact.

Socio-Economic implications

- 10.1 Smoking remains one of the main causes of health inequalities, however disadvantage is measured – income, profession, education, housing tenure etc.

Other significant implications

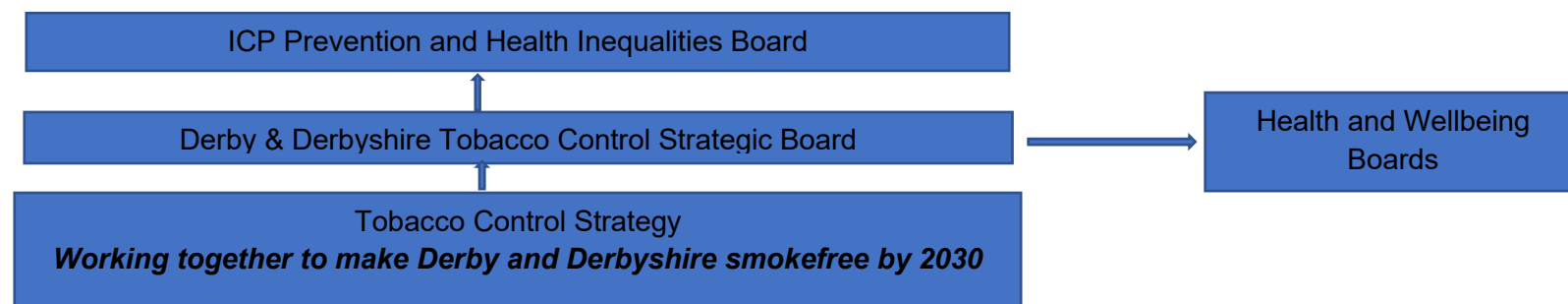
- 11.1 None

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal		
Finance		
Service Director(s)		
Report sponsor	Ellie Houlston, Director of Public Health	11/06/2024
Other(s)		

Background papers:	
List of appendices:	Appendix A – Vision for Tobacco Control

Appendix A - Vision for Tobacco Control in Derby and Derbyshire



Partnership Working			
Tobacco Dependency Treatment Services – Community & Hospital <i>Supporting smokers to quit and remain smokefree</i>	Prevention <i>De-normalise tobacco use and protect from SHS exposure</i>	Enforcement & Environment <i>Enforce smoke-free legislation, tackle supply of illicit tobacco and under-age sales</i>	Marketing and Communication <i>Use marketing and communications to make tackling tobacco everyone’s business, increase quit attempts and change attitudes and social norms around smoking</i>
<p>Community Tobacco Dependency Treatment Service</p> <p>Provide evidence-based stop smoking services (SSSs) and quit support – 12 weeks behavioural support and free stop smoking medication or e-cigs/vapes</p> <p>Increase access and uptake of local authority SSSs</p> <p>Deliver targeted and tailored support for key priority groups, including routine and manual workers, social housing residents and people with mental health conditions.</p> <p>Integrate stop smoking support into non-healthcare services, such as via employers and social housing providers</p>	<p>Hospital based Tobacco Dependency Treatment Service</p> <p>Systematic identification of smokers</p> <p>Provision of evidence-based support to quit</p> <p>Focus on acute/mental health inpatients and as part of maternity pathway for pregnant smokers & partners</p> <p>Smoke-free champions</p> <p>Staff tobacco dependency treatment</p>	<p>Work with partners in education and children’s services to prevent smoking and vaping uptake among children and young people and reduce their exposure to second-hand smoke</p> <p>Smokefree homes</p> <p>Smokefree policies</p> <p>Increasing smokefree environments, including voluntary smokefree zones that are more likely to be used by children</p>	<p>Enforce existing tobacco control regulation and legislation, including bans on sponsorship, promotion and advertising</p> <p>Tackle cheap and illegal tobacco to reduce availability of cheap and illicit tobacco</p> <p>Tackle underage sales</p>
			<p>Share and develop communications about the harms caused by tobacco and support available to quit</p> <p>Develop tailored communications for key priority groups – pregnant smokers, social housing tenants etc.</p> <p>Engage with our communities to understand the lived experience of people who smoke and how we can improve services to be more responsive to their needs</p> <p>Provide training to frontline staff about how to have conversations with someone who would like to quit smoking</p> <p>Harm reduction of e-cigarettes for adults</p> <p>Highlight harms caused by cheap and illicit tobacco</p>