

North Tyneside Health & Wellbeing Board Report

Date: 13 January 2022

Title: Smokefree North
Tyneside Alliance: Update
and action plan

Report from: North Tyneside Council

Report Author: Chris Woodcock, Senior Manager Public Health

Relevant Partnership Board: North Tyneside Tobacco Control Alliance

1. Purpose:

The purpose of this report is to provide the Board with an update on the Smokefree North Tyneside Alliance and smoking harm and inequalities in North Tyneside.

The partnership last provided an update to the Board in March 2019.

2. Recommendation(s):

The Board is recommended to:

- a) Note the contents of this report
- b) Endorse the action plan
- c) Agree any further actions considered necessary to encourage partners to work in an integrated manner for the purpose of establishing a smokefree generation where the overall adult smoking prevalence is lower than 5%.

3. Policy Framework

This item relates to Section 8 of the Joint Health and Wellbeing Strategy, "Equally Well: A healthier, fairer future for North Tyneside 2021- 2025". This item relates to smoking, a key health behaviour where the harms follow the social gradient.

4. Information:

4.1 Overview

Smoking remains the single largest cause of preventable deaths 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.

A new analysis to mark the 50th anniversary of ASH finds that smoking killed nearly 8 million people over the last 50 years with an estimated 2 million more expected to die in the next 20 years without radical changes to smoking rates.

Smoking is the largest avoidable cause of social health inequalities. Half of all smokers will die prematurely, and in North Tyneside half of the gap in life expectancy between our most

and least affluent communities is attributed to smoking related mortality. The burden of smoking is estimated to cost the North Tyneside economy £47.6m.

To achieve this ambition, the Smokefree North Tyneside Alliance co-ordinates a strategic partnership approach which aims to deliver against key national strategies such as the Tobacco Control Plan for England, the NHS Long Term Plan, the North Tyneside Health and Wellbeing strategy as well as respond to local and regional initiatives from Fresh the regional tobacco control office.

4.2 Smokefree North Tyneside Alliance - Pre pandemic

A Smokefree Alliance development day workshop was held in Autumn 2019 with partners across the system, e.g. the CCG, Maternity, CNTW and the Community and Voluntary Sector. Feedback from the workshop contributed to the draft North Tyneside Tobacco Control Plan for 2020 – 2025. The plan is based upon the national ambition from the Tobacco Control Plan for England to achieve a Smokefree generation, defined as a smoking prevalence to 5% or less. In order to achieve a Smokefree generation, the following targets were set:

- Reduce the prevalence of 15-year olds who regularly smoke from 8% to 3% or less by 2022
- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less by 2022
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less by 2022
- Make all mental health inpatient service sites smokefree by 2018.
- NHS Trusts will encourage smokers using, visiting and working in the NHS to quit.

4.3 Strategic arrangements – Smokefree North Tyneside Alliance

The purpose of the Smokefree North Tyneside Alliance is to facilitate a whole system approach to addressing the harms caused by tobacco to individuals, communities and families in North Tyneside. Due to the COVID-19 pandemic, the partnership was stood down and had not met since early-2020, but it has now been reconvened. The North Tyneside Smokefree Alliance reports into the Health and Wellbeing Board (appendix 2). It aims to provide strategic leadership to develop a whole system approach to tobacco control with commitment from all partners to enable the following:

- Develop, deliver and assess the progress of the North Tyneside Smokefree action plan
- Embed high quality and accessible services for the treatment of tobacco dependency
- Ensure that every NHS provider in North Tyneside is smokefree
- Ensure a systematic implementation of a treating tobacco dependency pathway for pregnant women and their families
- Reduce the uptake of smoking in young people
- Reduce existing health inequalities and ensure that all interventions are contributing to narrowing the gap between our most and least affluent communities
- Advocate for regulatory changes for greater tobacco control

4.4 Health outcomes and inequalities

Smoking is the largest avoidable cause of social health inequalities. People living in the most deprived areas of England were more than four times more likely to smoke in 2016 than those living in the least deprived areas. Meanwhile, people in routine and manual jobs were three times more likely to smoke than those in managerial and professional jobs.

Healthy life expectancy in North Tyneside continues to be worse than the England average. Men and women in our most deprived areas on average spend 14.5 less years in good health compared their counterparts in our least deprived communities.

Over a third of the gap between life expectancy in North Tyneside and England is caused by higher rates of cancer mortality in men (35.3%), and almost a third for women (32%).

Both men and women in England's most deprived areas are roughly twice as likely to die from lung cancer (85% of cases, smoking is the biggest risk factor) compared with those in the least deprived areas.

Deaths from respiratory diseases, including COPD (9 out of 10 cases caused by smoking), are more than twice as common in the most deprived places in England as the least deprived places.

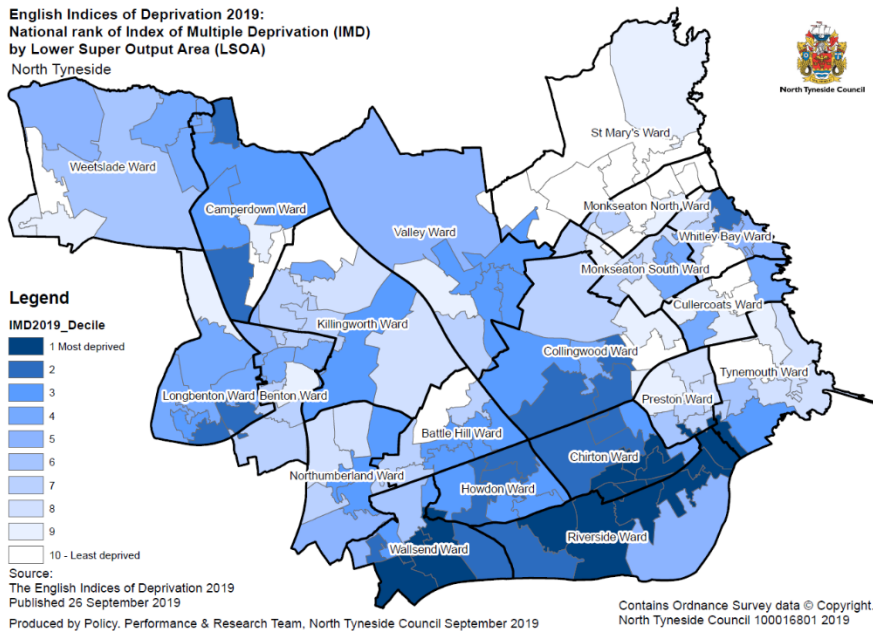
As well as dying prematurely, smokers also suffer from poor quality of life. Smokers proportionately are less likely to be in work.

Smokers see their GP over a third more often than non-smokers, and smoking is linked to nearly half a million hospital admissions each year.

Women from the most deprived communities are 12 times more likely to smoke during pregnancy than women from more affluent areas.

Breathing in secondhand smoke also has detrimental impacts babies, children, and other family members.

Figure 1 – Variation in deprivation across North Tyneside, measured by Index of Multiple Deprivation



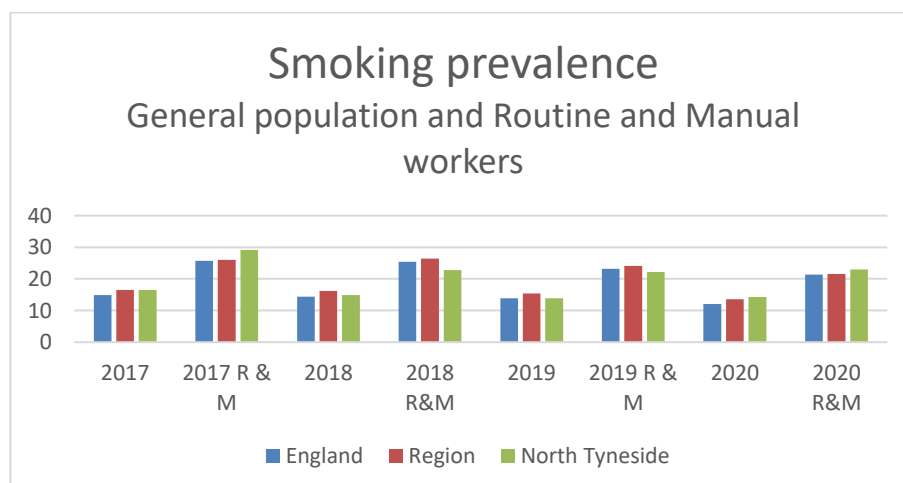
4.5 Smoking prevalence and harm during the COVID-19 pandemic

Evidence from across England suggests smoking decreased during the first lockdown, with smoking rates dropping from 15.4% in 2019 to 14.8% in 2020, before rising again to 15.1% in 2021. There has been an increase in the percentage of people stopping smoking within the last 12 months throughout the pandemic, from 4.3% in 2019 rising to 8% in 2020 and rising again to 9.5% in 2021, there has also been an increase in those attempting to stop smoking in the last 12 months over the period of the pandemic with an increase from 29.1% attempting to stop in 2019 to 36.2% attempting in 2021, with success rates rising to 25% in 2021 from a pre-pandemic success level of 14.2%.

The data however does suggest that although many have been successful in stopping smoking throughout the pandemic, a significant number have also started smoking or returned to smoking, particularly in 2021.

In North Tyneside the *Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)* is currently 14.3% whilst the England average is 12.1%.

Figure 2 – Smoking prevalence (%)



* It should be noted that the method of data collection (from face to face to telephone due to the pandemic) has changed for smoking prevalence. This has led to an increase in figures across the country, and the subsequent recommendations that previous years should no longer be used for comparison. However previous years are included in the chart above, to highlight how prevalence has changed across the population and within routine and manual smokers, as supposed to being a direct year on year comparison.

4.6 Smokefree North Tyneside - Partnership activity

In November 2021 members of Smokefree North Tyneside attended a workshop which aimed to build upon the previous action plan with partners current activities, whilst reflecting on the impact of the pandemic on North Tyneside.

It was also critical that the action plan was updated to include significant policy proposals included in the *Delivering a Smokefree 2030: The All Party Parliamentary Group on Smoking and Health recommendations for the Tobacco Control Plan 2021*, as well as reflect the recommendations from Fresh, the regional tobacco office.

The action plan (appendix 3) will continue to be developed as partnership activity evolves. It is key that partners embrace the approach to tobacco control as it cannot be delivered by any single agency if we are to reach the ambitions contained in the national tobacco control plan.

5. Decision options:

The Board may either:

- a) Note the report and take no further action; or
- b) Support the goals of the Smokefree North Tyneside Alliance through resource and advocacy

6. Reasons for recommended option:

The Board are recommended to agree option b). The proposed action plan will allow the Smokefree North Tyneside Alliance to work in line with the Joint Health and Wellbeing Strategy to reduce inequalities promote the conditions that will support people to address their health behaviours and reduce smoking prevalence.

7. Appendices:

Appendix 1 – Smokefree North Tyneside Alliance Action Plan
Appendix 2 – Smokefree North Tyneside Alliance Governance Structure

8. Contact officers:

Chris Woodcock, Senior Public Health Manager, North Tyneside Council

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author: -

North Tyneside Joint Health and Wellbeing Strategy 2021-2025: Equally Well: A healthier, fairer future for North Tyneside

NHS England (2019). NHS Long Term Plan
Delivering a Smokefree 2030: The All Party Parliamentary Group on Smoking and Health
recommendations for the Tobacco Control Plan 2021
Department of Health and Social Care (2017). Smoke-free generation: tobacco control
plan for England

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

At this stage, there are no financial implications arising from this report. Actions may be identified by the Smokefree Alliance in future which may require a financial commitment from some partners, but there is no work currently ongoing that is beyond the remit of partners' usual activity.

11 Legal

The Board has a duty under Section 195 of the Health & Social Care Act 2012 to encourage partners to work closely together and in an integrated manner for the purpose of advancing the health and wellbeing of the people in the area.

12 Consultation/community engagement

There has been no consultation with residents or community engagement to date, however smoking and the broader prevention and inequalities agenda formed part of a workshop at the recent State of the Area event, and there will be ongoing consultation as part of the new Joint Health and Wellbeing Strategy.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

Smoking is a key driver of health inequalities. The Smokefree North Tyneside Alliance and partner agencies will work to reduce those inequalities.

15 Risk management

No risk assessment has taken place. Any risks identified can be managed following the Council and partners' existing risk processes.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Chair/Deputy Chair of the Board

Director of Public Health

Director of Children's and Adult Services

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|--|-------------------------------------|
| Director of Healthwatch North Tyneside | <input checked="" type="checkbox"/> |
| CCG Chief Officer | <input checked="" type="checkbox"/> |
| Director of Resources | <input checked="" type="checkbox"/> |
| Director of Law & Governance | <input checked="" type="checkbox"/> |

