ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
11 July 2023	PUBLIC REPORT

Report of:	Jyoti Atri, Director of Public Health;	
Cabinet Member(s) responsible:	Cllr Wayne Fitzgerald, Cabinet Member for Adult Social Care, Health, and Public Health	
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INTEGRATED TOBACCO CONTROL IN THE PETERBOROUGH AND CAMBRIDGESHIRE SYSTEM

RECOMMENDATIONS	
FROM: Val Thomas	**Deadline date: 11 July 2023**

It is recommended that the Adults and Health Scrutiny Committee support the following recommendations:

1. The proposed actions to decrease the numbers of people who smoke.
2. A system wide approach to addressing smoking with an agreed shared target for reducing smoking rates.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee at the request of the Adults and Health Scrutiny Committee group representatives, as part of the 2022/23 Committee work programme.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide the Adults and Health Scrutiny Committee a portfolio holder report on changes in Tobacco Control including stopping smoking and the challenges it presents for public health.

2.2 This report is for the Adults and Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council –

1.Public Health;
2.The Health and Wellbeing of the residents.

2.3 The Public Health aspect of this report links to many of the City Priorities. However key priorities are:

- *Creating healthy and safe environments where people want to live, invest work, visit and play – Together we will create a healthier future*
- *Help & support our residents early on in their lives and prevent them from slipping into crisis - We will ensure every Child gets the best start in life*
- *Prevention, Independence and Resilience: help and support our residents early on in their lives and prevent them from slipping into crisis*.

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	**NO**	If yes, date for Cabinet meeting	**N/A**

4. BACKGROUND AND KEY ISSUES

4.1.1 **Background**

Smoking remains the single greatest cause of preventable death nationally. Since the 1998 Smoking Kills White Paper there have been various policy and service developments to address smoking. This included advertising bans and stop smoking services that led to more people stopping smoking, but it was the Health Act of 2006 that banned smoking in public places that is considered to have had the most impact upon reducing the numbers of people who smoke.

The smokefree legislation in 2007 was a huge step forward and over the subsequent decade a plethora of legislative steps were taken to reduce smoking rates. In 2011 cigarette vending machines were banned, closely followed by a ban on displaying tobacco products at shop counters, first in supermarkets in 2012, then in all shops in 2015. Also in 2015, smoking was banned in cars carrying children. In 2016, standardised plain packaging of tobacco products was introduced, followed by pack sizes being standardised and new tax measures in 2017. Finally, in 2020 there was a ban on menthol flavoured and 'skinny' cigarettes.

Since 2011 (when smoking rates started to be systematically collected) there has been a steady decrease in smoking rates nationally and locally which was resulted in a decreased focus upon efforts to address smoking. However around 5.4 million people (13%) continue to smoke nationally, and some areas have seen increases. Locally in Peterborough 22,913 people smoke that is 14.4%. In Cambridgeshire, the figure is 62,556 (13.2%). There has been drop in smoking amongst 15-year-olds, however in 2021 3% were regular smokers and 6% occasional smokers.

Up to two out of three lifelong smokers will die from smoking and smoking substantially increases the risk of heart disease, heart attack and stroke and causes seven out of ten cases of lung cancer.

There are concerns around the number of people who smoke from routine and manual occupations and the number of pregnant smokers who continue to smoke throughout their pregnancies. Tobacco smoking and its associated harms continue to fall hardest on some of the most vulnerable people in our society. There exists a positive relationship between smoking prevalence and deprivation, with people who smoke more likely to be living in more deprived areas. Poor mental health is also associated with smoking. People with mental health issues are twice as likely to smoke. The higher rates of smoking in these groups contributes to the health inequalities experienced by these groups.

4.1.2 Action on Smoking and Health (ASH) and the former Public Health England, now the Office for Health Improvement and Disparities (OHID), have identified that smoking costs society approximately £12.6 billion per annum which includes costs to social care, the NHS and lost productivity. The Action on Smoking and Health (ASH) Ready Reckoner shows the costs to the Cambridgeshire system from smoking are £183.5m and for Peterborough £72.5m. These costs are spread across health and social care services, but the greatest impact is on productivity. (See Appendix 1 for additional information)

4.1.3 This is a joint paper from Public Health and the Integrated Care Board (ICB), as addressing smoking requires a systemwide approach. In recent years there have been various iterations of national Tobacco Control Plans, the 2017 to 2022 Plan set targets that were to be met by the end of 2022. These were to reduce the number of 15-year-olds who regularly smoke from 8% to 3% or less, reduce adult smoking from 15.5% to 12% or less, reduce the prevalence of

smoking in pregnancy from 10.7% to 6% or less and to reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.

Then in 2019 a national ambition was set for England being smokefree by 2030 meaning only 5% of the population would smoke by then. Clearly these aspirations were not achieved, though the impact of the COVID-19 pandemic cannot be ignored.

More recently the Khan Report (2022), the independent review into the government's ambitions for smoking concluded that the rate of decline in smoking would need to be accelerated by 40% if the 2030 target is to be met. The Report made some wide-ranging recommendations that called for increased investment, focusing on young people, vaping as an aid to stopping smoking and strengthening stop smoking services. It acknowledged the critical role of the NHS in addressing smoking through prevention and support to those accessing NHS services especially those using maternity and mental health services. It called on Integrated Care System (ICS) leaders and Directors of Public Health to set clear targets for reducing smoking in their local areas and commission services to ensure the targets are met.

4.1.4 This paper aims to secure the support of the Adult and Health Scrutiny Committee for prevention and treatment proposals to address smoking behaviour and improve longer term health outcomes. It presents information on smoking rates and health impacts along with ambitions for developing innovative approaches for affecting the smoking environment and services. As this paper takes a system wide approach and is a joint paper with the ICB, there are references to Cambridgeshire where appropriate.

4.2 KEY ISSUES

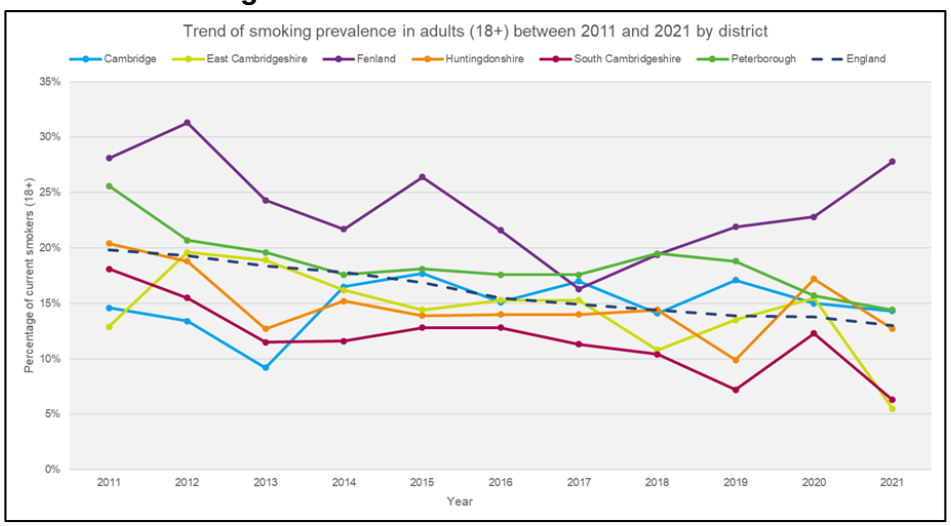
4.2.1 **Peterborough and Cambridgeshire Current Smoking Profile: Smoking Prevalence and Health Outcomes**

Local smoking rates

Since 2011 there has been a downward trend in smoking rates in Peterborough and Cambridgeshire except in Fenland where rates recently appear to be increasing. (Figure 1)

In 2021 the national adult smoking prevalence was 13.0%. Peterborough's rate was 14.4%. Cambridgeshire' s was similar at 13.2% However, it was significantly lower in East Cambridgeshire (5.5%) and South Cambridgeshire (6.3%), and significantly higher in Fenland (27.8%). (Appendix 1)

Figure 1: Adult smoking trends 2011 to 2021



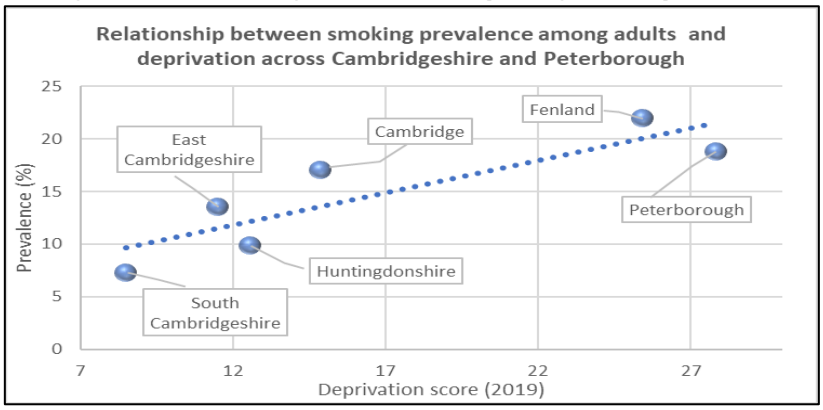
Source: Annual Population Survey, Smoking prevalence in adults (18+), 2021
https://fingertips.phe.org.uk/profile/tobacco-control

4.2.2 Adult smokers

Smokers can be found across the whole population, but some groups experience higher rates than others. In 2020 the proportion of current smokers in Peterborough from Routine and Manual occupations was 26.0% compared to the national figure of 24.5%. The Cambridgeshire rate was 32.6%. Fenland had a much lower prevalence (26.2%) compared to 2019 (34.6%) and 2018 (40.7%). Cambridge City had a higher proportion at 40.5% compared to the other districts.

Figure 2 shows the relationship between smoking prevalence and deprivation in Peterborough and Cambridgeshire. There is a positive relationship between smoking prevalence and deprivation, with people who smoke more likely to be living in more deprived areas. See figure below:

Figure 2: Relationship between smoking prevalence and deprivation across Peterborough and Cambridgeshire, 2019 (for ages 18+)



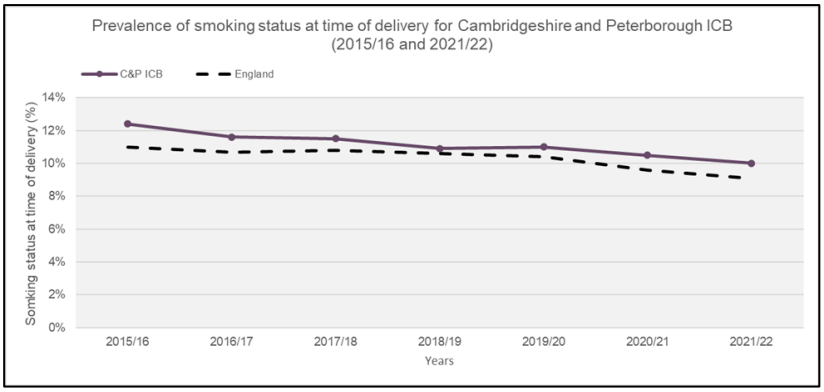
Source: OHID Fingertips (ICB Clinical Outcomes Team)

Higher rates of smoking are also associated with mental health conditions. There is a statistically significantly lower proportion of current smokers with a long-term mental health condition in Peterborough the rate 30.7% compared to England at 26.3%. The Cambridgeshire figure was 17.1%. However, the prevalence is significantly lower in South Cambridgeshire (14.7%), Huntingdonshire (16.2%) and Cambridge (17.3%) but in Fenland it is 19.4%.

4.2.3 Pregnant smokers

There has been a steady decrease nationally and locally in the proportion of women who continue to smoke during their pregnancies. However, the national target of 6% for 2022 was not met as 9.1% of mothers in 2021/22 were known to be smokers at the time of delivery. In Peterborough and Cambridgeshire, the figure was 9.7%. The East of England rate is lower with around 8.5% of women smoking at delivery.

Figure 3: Smoking at time of delivery trends 2015/16 to 2021/22

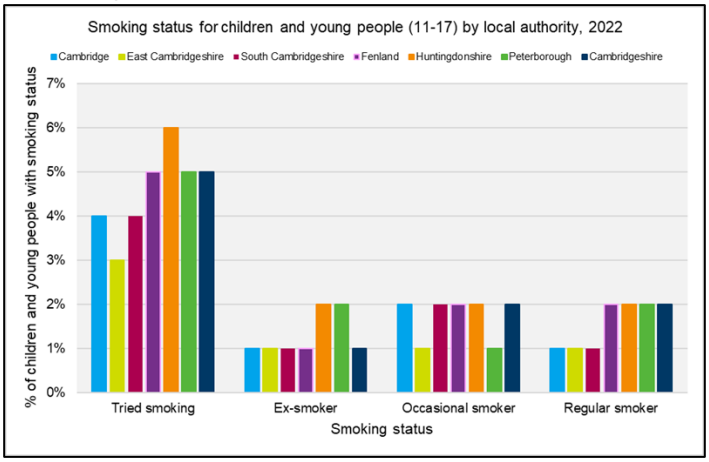


Sources: C & P ICB SATOD Data and NHS Digital/PHE (https://fingertips.phe.org.uk/profile/tobacco-control/)

4.2.4 Children and Young People

Around 90% of adults who smoke, start before the age of 25. We collect data locally on Children's and Young People's (CYP) behaviours through Health-Related Behaviour Survey. In the 2022 survey approximately 90% of CYP aged 11 to 19 years did not attempt to smoke and around 78% had not tried vaping or smoking.
The CYP who had tried smoking can be divided into ex-smokers, occasional smokers and regular smokers as shown in Figure 4.

Figure 4: Smoking status for children and young people by local authority



Source: Health-Related Behaviour Survey (HRBS), 2022, https://sheu.org.uk/content/page/secondary-schools-health-related-behaviour-questionnaire

CYP living in Peterborough, Fenland and Huntingdonshire have the highest rates of regular smokers. The Survey also found CYP who smoke, have at least one person around them that regularly smokes. This was highest in Fenland with at 61% and lowest in Cambridge City at 34%.

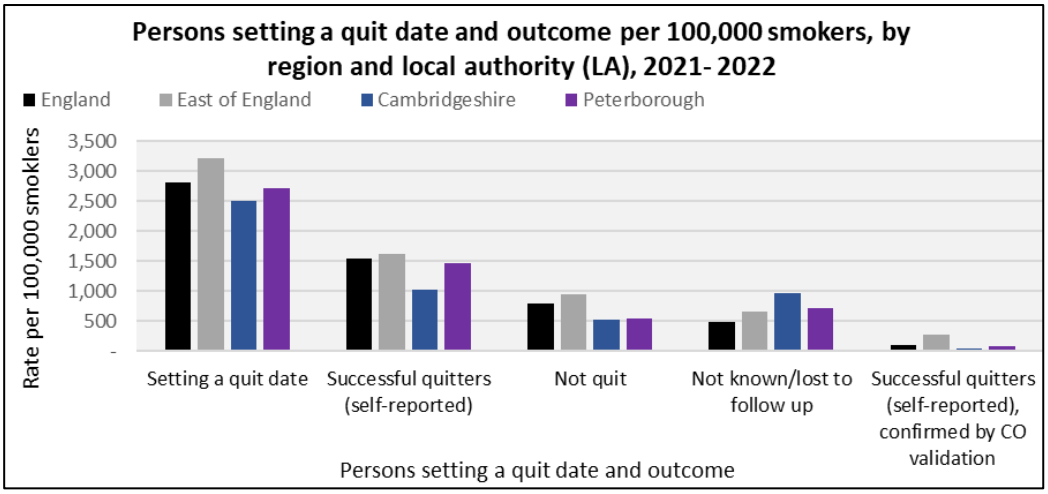
The Survey also showed that more young people had tried vaping (21%) compared to smoking (9%), with 5% of pupils saying they vape regularly (more than once a week) compared to 2% of pupils saying they smoked regularly (more than once a week).

When compared to 2018 this shows a 5% reduction in the number of young people who have ever tried smoking but a 3% increase in the number of young people who have tried vaping. Similarly, when compared to 2018 it shows a reduction of 3% in the number of pupils saying they smoke regularly but an increase of 4% in the number of young people who vape regularly.

4.2.5 Stop Smoking Services

There has been fall in the rate of smokers quitting in Peterborough and Cambridgeshire and our rates for this service are below the national figures. Underlying this is a fall in the number of people setting a quit date, in the proportion of successful quitters and in those who have their quite validated by a carbon monoxide monitor.

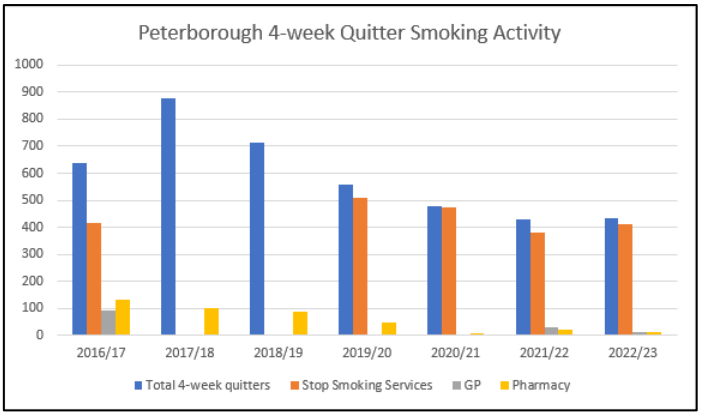
Figure 5: Smoking quitter outcomes



Source: NHS Digital, Persons setting a quit date and outcome per 100,000 smokers, by region and local authority (LA), April 21 - March 22. https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england/april-2021-to-march-

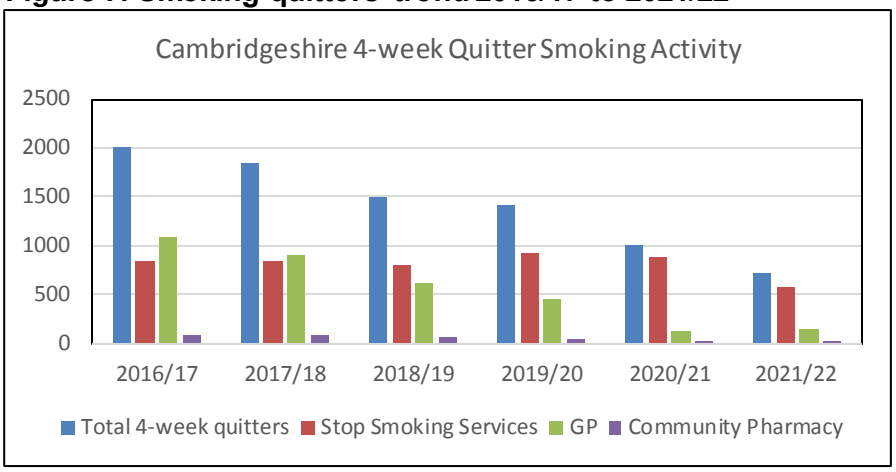
The downward trend in quitters started in 2016/17. It is most marked in GP (General Practice) practices where falling activity was exacerbated by the COVID 19 pandemic and the current pressures in GP practices and pharmacies.

Figure 6: Smoking quitters' trend 2016/17 to 2021/22 (GP data unavailable 2017/21)



Source: Stop Smoking Services

Figure 7: Smoking quitters' trend 2016/17 to 2021/22



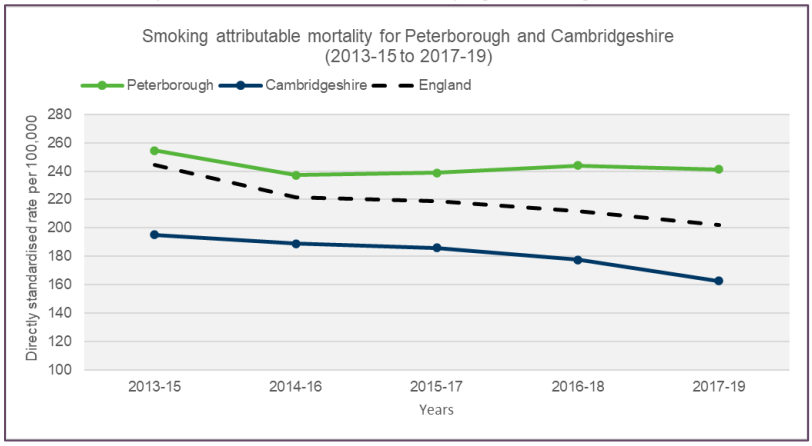
Source: Stop Smoking Services

4.3 HEALTH OUTCOMES

4.3.1 A proportion of certain conditions and deaths are attributed to smoking. In Peterborough rates of conditions and deaths attributed to smoking are generally above the national rate. Whilst in Cambridgeshire the rates are lower. The rates show that smoking continues to play a big role in morbidity and mortality and provides the evidence that not smoking is the most effective behaviour in preventing poor health outcomes.

Figure 8 shows that in 2017/19 in Peterborough the rate for deaths attributed to smoking was 241 per 100,000. In Cambridgeshire, the rate was163 per 100,000.

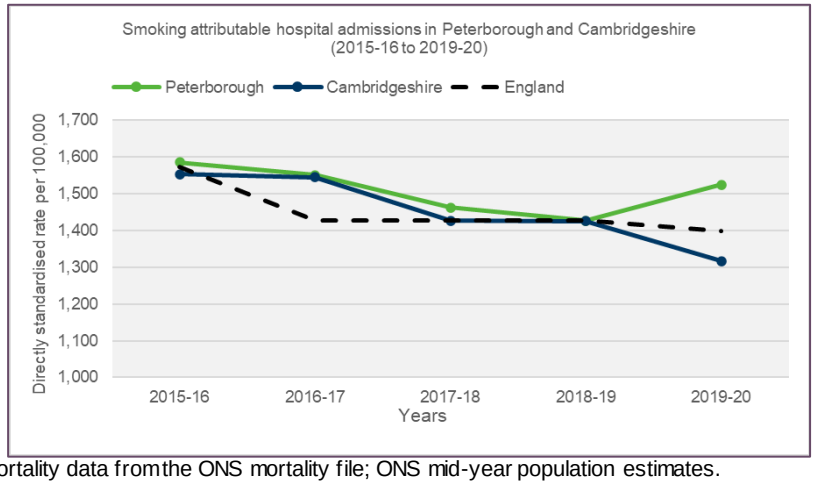
Figure 8: Smoking attributable mortality (deaths) 2013/15 to 2017/19



Source: Mortality data from the ONS mortality file; ONS mid-year population estimates.
Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight, 2013-15 to 2017-19
https://fingertips.phe.org.uk/profile/tobacco-control

Hospital admissions are also linked to smoking. In 2017/18 Peterborough had 1,524 per 100,000 hospital admissions attributed to smoking, for example for stroke, heart disease. Cambridgeshire had 1,317.

Figure 9: Smoking attributable hospital admissions for Peterborough and Cambridgeshire against England (2015-16 to 2019-20)



Source: Mortality data from the ONS mortality file; ONS mid-year population estimates.
Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight, 2013-15 to 2017-19
https://fingertips.phe.org.uk/profile/tobacco-control

Smoking in pregnancy is associated with poor maternal and infant health outcomes. Smoking during pregnancy causes up to 2,200 premature deaths, 5,000 miscarriages and 300 perinatal deaths every year in the UK. It also increases the risks of stillbirth and of the child developing respiratory diseases; attention and hyperactivity difficulties; learning difficulties; problems of the ear, nose, and throat; obesity and diabetes.

4.4 THE NHS AND SMOKING

4.4.1 Tobacco Dependency Programme

The aims of the NHS Long Term Plan (LTP) are to support people to live longer and lead healthier lives through helping them to make healthier lifestyle choices and treating avoidable illness early on. As part of the LTP, NHS England (NHSE) has funded new evidence-based prevention programmes which focus on reducing smoking, obesity, and alcohol intake.

The Treating Tobacco Dependency Programme (TTDP) is a prevention initiative funded by NHSE to support the introduction of new tobacco cessation pathways in secondary care settings and maternity patients. Being in hospital is a significant event in someone's life and people can be more open to making healthier choices. The overarching ambition of the TTDP is that by 2023/24, NHS-funded tobacco treatment services will be offered to:

1) Anyone admitted overnight to hospital who smokes.
2) Pregnant women and members of their household
3) Long-term users of specialist mental health services

The recommended inpatient (acute) model is based on delivering systematic in-house treatment of tobacco dependence in secondary care. Patients are provided with behavioural support, nicotine replacement therapy (NRT) or other pharmacotherapy during their hospitalisation, with onward referral to community stop smoking services and follow-up post-discharge. The acute inpatient pathway is underpinned by published evidence on the Ottawa Model for Smoking Cessation and based on work undertaken in Greater Manchester as part of the 'CURE model.'

The model for pregnant women is more intensive and was designed to be implemented 'in-house' as part of the maternity pathway.

Since August 2021, Cambridgeshire & Peterborough Integrated Care Board (ICB) has been allocated funding of approximately £450K per annum to implement the new tobacco

pathways across its acute hospitals and maternity providers. Funding has been distributed on a weighted basis, taking into consideration smoking prevalence, deprivation score and other data, such as smoking rates at time of delivery (SATOD). To fully establish this programme, NHSE estimates a current shortfall in funding in the region of 40%.

Cambridgeshire & Peterborough ICB commenced the TTDP in September 2021 by implementing delivery groups with our provider trusts. To date, Tobacco Dependency Services are being delivered across most of our provider Trusts, as outlined below:

- November 2022 the maternity pathway commenced at Northwest Anglia NHS Foundation Trust (NWAFT)
- January 2023 Cambridgeshire University Hospitals NHS Foundation Trust (CUHFT) also started delivering the maternity pathway (See incentives scheme in next section)
- In the summer of 2022 Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) commenced the mental health pathway
- The Acute Inpatient Pathway provided by NWAFT, CUHFT and The Royal Papworth NHS Foundation Trust (RPHFT) will be commencing in 2023.

NHSE has set a mandatory data submission requirement for all provider trusts which will be available via a Tobacco Dashboard to enable the service to be evaluated, however this is not available yet. Therefore, local KPIs have been developed to enable the ICB to start evaluating the programme earlier. Data submissions have only recently commenced, however preliminary indications show that uptake of the maternity pathway is increasing, with successful quit rates, and to date, three smokefree babies have been delivered.

Full evaluation of the new tobacco services will start in 2023 to measure outcomes, assess future funding requirements and identify opportunities to expand tobacco cessation into other areas, particularly for those within our population who are experiencing high deprivation and health inequalities.

4.4.2 NHS Clinical Policies

The current ICB smoking clinical policy covers the preoperative referral of patients undergoing elective surgery who smoke to a stop-smoking service. It does not include patients undergoing urgent non-elective surgery. The policy states that all patients who smoke and are being referred for possible elective surgery should also be:

- Advised on the benefits of stopping smoking (online training).
- Referred to a Stop Smoking Service (SSS) indicating that the patient is referred through the 'Stop Before Your Op' policy.
- Stop smoking services (SSS) should arrange for the patient to attend a course and provide a letter (either to the patient or secondary care) confirming attendance and outcome (e.g., quit, or tried, but unsuccessful, or not willing to quit).
- Secondary care: Where there is no information from the SSS that the patient has attended a course and the patient is still smoking, the importance of smoking cessation should be re-emphasized, and the patient should be referred to a SSS before surgery.

The policy has recently been reviewed against evidence and policies already in place in other areas. Apart from some updating, the review concluded that the current policy was robust and did not recommend any changes apart from ensuring that it was implemented.

4.5 DEVELOPING EXISTING WORK AND NEW INTERVENTIONS TO ADDRESS SMOKING

As described above since the Smoking Kills White Paper in 1998 there has been substantial changes to address smoking. A raft of legislation commenced in 2007 that affected people's ability to smoke in public but also helped to change attitudes to smoking. These developments alongside the well-established Stop Smoking Services (SSS) have substantially reduced rates of smoking. However, there are still substantial numbers of people who continue to smoke and consequently we see the associated health outcomes. Smoking rates have stalled in Peterborough and now in Fenland the rates have increased to a point where it has the highest rates in the country.

This paper has laid out the issues and the following section outlines proposals for addressing this ongoing major Public Health concern. It includes securing an understanding of the current motivators for people to start and stop smoking, the impact and opportunities afforded by new technologies, reducing access through the use of regulatory powers, and calling for a system wide approach to maximise the traction of these new interventions.

4.6 PREVENTION

4.6.1 Behaviour Change science for prevention and quitting smoking.

Behaviour Change science for prevention and quitting smoking. The Public Health team is commissioning behaviour science insights research for a number of health behaviours including smoking. Behavioural insights are how people perceive things, how they decide, and how they behave. They are generated by empirical evidence from behavioural science research which studies human behaviour to identify the factors that affect our behaviour. It is now very well developed as a behavioural science and is used across different sectors to understand and target behaviours.

It will enable us to tailor our interventions at a population level. This is especially important where there is a need to understand the barriers and enablers for prevention and treatment in areas /groups where smoking prevalence is higher.

Actions

The insights relating to smoking behaviours will inform the development of prevention and treatment services in different communities, age groups and settings.

This will include communication/campaign activity. There is evidence that exposure to mass media campaigns significantly reduces the number of people smoking by encouraging people to make quit attempts. Mass media campaigns are cost-effective in terms of life year or quality-adjusted life years gained. However, the evidence is also that mass media campaigns can have a greater impact on more disadvantaged smokers if they are carefully tailored and targeted.

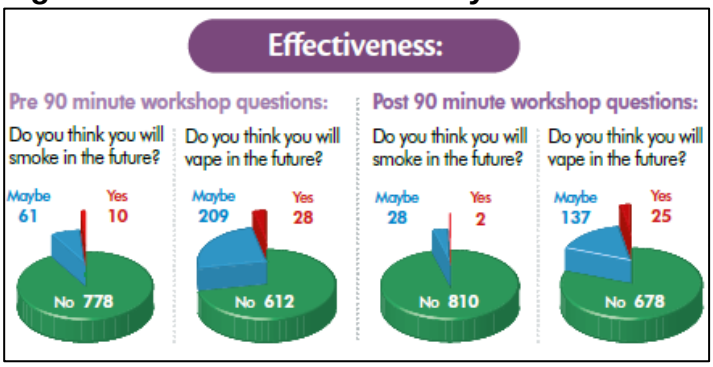
In Peterborough and Cambridgeshire two stop smoking campaigns are delivered annually by the Local Authorities and more recently with NHS partners, to support the national campaigns of Stoptober and No Smoking Day. To build on this the Local Authorities in partnership with the NHS will develop a local marketing and communication strategy for stopping smoking to amplify national and regional marketing campaigns to meet the guidance set out in NICE NG209.

However, we also want to secure involvement from communication teams from across the whole system to develop behaviour science informed comprehensive consistent campaigns and promotional activities to address the prevention and treatment of smoking.

4.6.2 **School Based interventions**

The majority of people (19%) who start to smoke are under the age of 19 year, consequently the focus for prevention has been in schools-based programmes. Catch Your Breath (formally Kick Ash) is Peterborough and Cambridgeshire's school-based smoking and vaping prevention programme for children and young people. Smoking and vaping prevention sessions are delivered through a 90-minute interactive workshop, prevention assemblies are delivered to secondary school students alongside targeted cessation sessions to those who are smoking/vaping. The programme's overall goal is to encourage a coordinated, whole-school approach at both primary and secondary level to positively discourage smoking and vaping behaviour amongst children and young people. Since November 2021, the programme has been delivered in 28 Primary and 19 Secondary schools, reaching 12,216 pupils. Pre and post workshop questionnaires are carried out with Primary school students and so far, these have shown a 59% reduction in the number of children saying they might or will smoke in the future and a 32% reduction in the number of children saying they would vape in the future, see figure 8 below.

Figure 10: Pre and Post Primary School Workshop Questions



Actions

Expand and develop school-based programmes that address both smoking and vaping through the Public Health re-commission of the Healthy Schools Programme which supports schools with prevention and health improvement initiatives.

The Healthy Child Programme (HCP) commissioned by Public Health has a role as it could work with parents with children under the age of 5 who smoke, supporting behaviour change and signposting/referral to services. School nurses are also able to support initiatives to prevent and support stopping smoking in their role as Public Health practitioners. We would recommend that these HCP initiatives are part of the ongoing review of the HCP programme.

4.6.3 **Illegal sales**

In the UK it is illegal to sell tobacco products including vapes to anyone under the age of 18. Nationally, half of the tobacco bought by 14 to 15-year-olds is illegal tobacco. 1 in 4 young smokers are regularly offered illegal tobacco, which is substantially cheaper.
Cheaper illicit tobacco fuels tobacco use inequalities, undermines the effectiveness of taxation, makes it harder for smokers to quit, and is linked to crime at many levels.

A concern is that some vapes do not meet the required safety standards but are still being sold. Vaping products are regulated under the Tobacco and Related products Regulations 2016 and need to be notified to the Medicines and Healthcare Products Regulatory Authority (MHRA) and comply to certain standards before they can legally be sold in the UK.

The Joint Cambridgeshire County Council and Peterborough City Trading Standards Service has an intelligence led approach to enforcement for underage and illicit sales of tobacco and vapes. This leads to more targeted work and a greater focus on those traders causing the most harm. In 2022/23 the Trading Standards Service visited 9 stores in Peterborough, with a 56% pass rate. In Cambridgeshire 29 premises were visited and the pass rate was 81.8%.

Table 1: Test purchasing exercises.

District	% Pass	% Fail
Fenland	75%	25%
Cambridge	67%	33%
South Cambs	67%	33%
East Cambs	100%	0%
Huntingdonshire	100%	0%
Peterborough	56%	44%

The rationale for test purchasing is that traders who are selling illicit products or to underage young people could have their trading license revoked and/or fined.

Actions

Over 90% of people start smoking before the age of 19 and it has been estimated that each year in Peterborough 472 young people start smoking, in Cambridgeshire the figure is 1141. There is need to strengthen prevention in schools and the tightening of the regulation of the sale of illegal tobacco alongside illegal sales of vapes to young people.

Nationally the Government recently announced that there would be investment in strengthening regulatory compliance with a focus upon the sale of products that do not comply with regulations and the sale of compliant products to minors.

A “flying squad” is going to be established to enforce the rules. This will be led nationally by Trading Standards working closely with local teams to gather intelligence, undertake test purchasing and develop guidance to build regulatory compliance.

We are currently working with our Local Trading Standards to strengthen its work around compliance and regulation through increased spot checks and enforcement. It will also be important that the Service works closely with the national initiative as it develops.

As a system locally to prevent the illegal sales of tobacco and vapes we need to adopt a joined-up approach to tackling supply and demand of illicit tobacco with key partners, including the promotion of good trading practice. We need to ensure effective prosecutions in appropriate cases based on the intelligence received.

4.7 TREATMENT

4.7.1 Stop Smoking Services

Evidence shows that Stop Smoking Services (SSS) are the most effective way to quit and are one of the most cost-effective interventions in the NHS. Smokers are three times more likely to stop smoking if they receive support from an evidence-based stop smoking service than if they try to quit without any help.

NICE NG209 guidance recommends that the following stop-smoking interventions are accessible to adults who smoke:

Table 2: NICE Guidance on evidence-based stop smoking interventions.

Stop Smoking Interventions	***Available to Peterborough and Cambridgeshire and Residents***
Behavioural support	✓
Very brief advice	✓
Medicinally licensed products	✓
Nicotine-containing e-cigarettes	x
Allen Carr's Easyway in-person group seminar	x

Peterborough City Council and Cambridgeshire County Council fund and commission the following providers to support residents to stop smoking. All providers provide 12 weeks of structured support which is delivered in line with National Centre for Smoking Cessation Training (NCSCT) and NICE guidance.

- Healthy You – community-based stop smoking service that is part of the Integrated Behaviour Change (Lifestyle) Service (formally known as CAMQUIT).
- GP Surgeries – delivered by practice staff.

The community pharmacy stop smoking service was decommissioned in 23/24 due to ongoing very low uptake to the service.

4.7.2 **Medications and devices**

There is need to increase the number of people who access stop smoking services and who make successful quit attempt.

Medications

There is a strong cost-effective evidence base for the use of licensed medications to support quit attempts. (See Appendix 1). However, many of these medications are currently not available in England for a number of reasons sometimes related to supply chains that has affected the success rates for quit attempts. The Government is working to unblock these barriers to improve access to existing prescribed medication but also new ones. It will be important to ensure that locally our services can easily provide these medications, through investment, if necessary but also making sure that services are able to "prescribe/dispense the medications.

Vaping

E-cigarettes or vapes are relatively new aids to helping people stop smoking. They are battery-powered devices that allow the user to inhale nicotine in a vapour rather than smoke. They have been found to be twice as effective for quitting smoking as combination nicotine replacement therapy (NRT).

Research on the long-term impact of inhaling nicotine vapour is limited by the relatively short period of time that these products have been available. However, there is robust short- and medium-term evidence found in the Office for Health Improvement and Disparities “Nicotine vaping in England” evidence update which concluded that there is significantly lower exposure to harmful substances from vaping compared with smoking in the short and medium term. This is because unlike tobacco cigarettes, vapes do not contain cancer-causing tobacco or involve combustion. There is no smoke, tar or carbon monoxide.

Current advice NICE Guidance (NICE Guideline 209, 2023) says that smokers should be advised about over counter nicotine products including e-cigarettes/vapes. Information should be given about their correct use and when they should be used. They should also be made aware that e-cigarettes/vapes are not licensed medicines but are regulated by the Tobacco and Related Products Regulations (2016).
NICE acknowledges that there is not enough evidence to know if there are any long terms harms from vaping but states that they are likely to be substantially less harmful than smoking.

However currently vapes are the most popular stop smoking aids in England, with an estimated 4.3 million adult users in 2022. Although both the most popular and most effective aid, the proportion of Cambridgeshire residents using vapes whilst accessing local stop smoking services was only 4% in 2021/22, which is lower than the England average of 9%.

There has been a focus nationally on the vaping with the Khan review: Making Smoking Obsolete (2022) recommending that offer vapes should be offered to all smokers to help them quit. This is particularly important at the moment as Varenicline and Bupropion two medically licensed produces are unavailable.

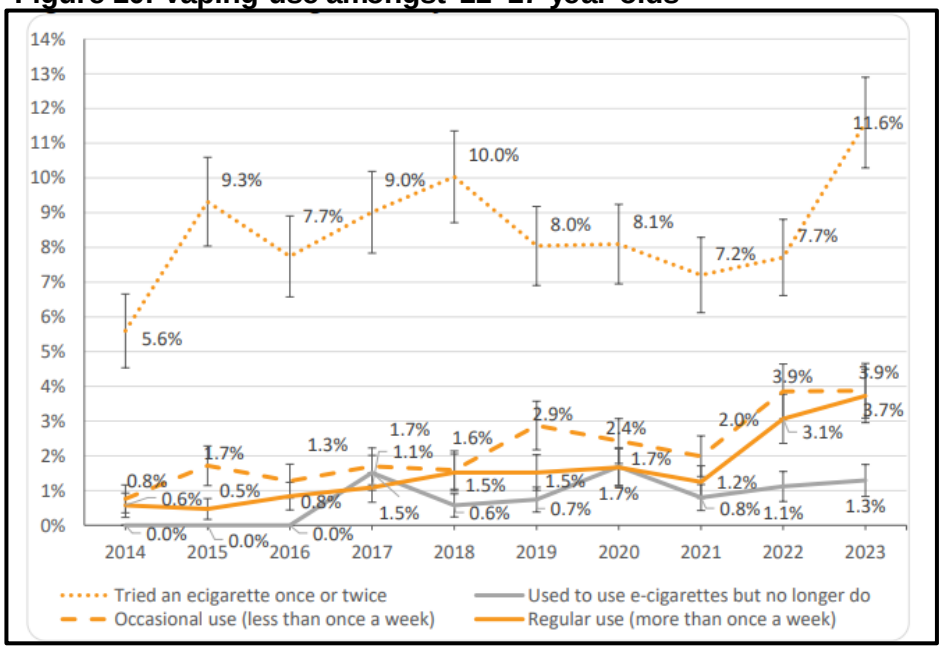
Central government has recently announced that they will be providing funding to support a million smokers to ‘swap to stop’ to vaping targeting the communities most at-risk first i.e., job centres, homeless centres, and social housing providers.

However very recently significant concerns about the use of vapes amongst young people have emerged.

NHS Digital figures released last year found that while there was a fall in the number of school children taking drugs and smoking cigarettes, vape usage had risen to 9% among 11 to 15-year-olds in England - up from 6% in 2018.

A study undertaken this year by Action on Smoking and Health (ASH) found that there was no significant change in the number of young people currently smoking. However, numbers of young people experimenting with vapes, trying them once or twice is up by 50% from 7.7% in 2022 to 11.6% in 2023.

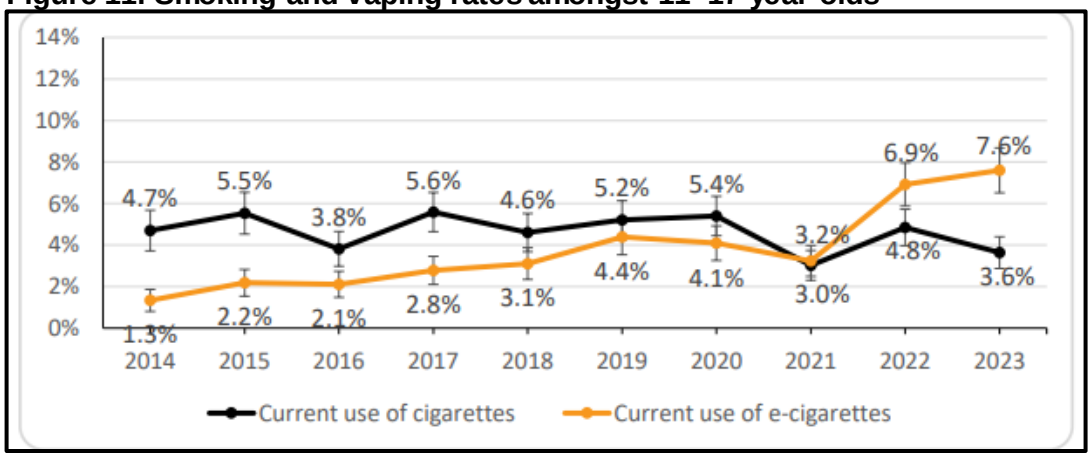
Figure 10: Vaping use amongst 11–17-year-olds



Source: Action on Smoking and Health. Use of e-cigarettes (vapes) among young people in Great Britain. 2023

Surveys have found that although vaping amongst young people has increased, smoking rates have not.

Figure 11: Smoking and vaping rates amongst 11–17-year-olds



Source: Action on Smoking and Health. Use of e-cigarettes (vapes) among young people in Great Britain. 2023

4.7.3 Although vapes can help smokers quit and have considerable fewer harmful substances there are concerns about their use especially in relation to young people.

There are toxins and carcinogens in vape products, albeit at lower or trace levels but there are concerns about their impact upon young developing lungs. Currently a national review of the evidence is being undertaken.

Currently it is illegal to sell vapes containing nicotine to those under the age of 18 years. However, there are reports of illegal sales or even free "samples to young people. The colourful packaging, in a variety of colours and disposable are associated with their attractiveness to young people.

4.7.4 **Actions**

Vapes

We are proposing to pilot a universal vape offer for a period of one year in the commissioned stop smoking service (Healthy You) to see if it increases engagement and quit rates. The offer will only be available to adult smokers and as part of a structured quit attempt. This will not create cost pressures as the cost of vapes is less than other medications, which will offset any increase in demand for stop smoking services. We acknowledge that the relatively short timeframe for any evidence about their long-term use but this in the context of positive national support, that they are probably less harmful than cigarettes and that they are successful in heling people quit.

The ICB intends to ask for the support of its Joint Prescribing Group for the use of vapes as part of a structured quit attempt to ensure that the system is supportive of the approach.

Central Government has indicated that areas will be able to apply to be a pilot site for the "swap to stop" initiative. We are proposing that when the details emerge that we make an application for Cambridgeshire and Peterborough due to the very high rates in Fenland along with high numbers of homeless in Cambridge City and Peterborough.

We know that smoking prevalence is higher in these communities, but we also know that smoking related health inequalities are not restricted to socio-economic status. By providing the 'swap to stop' initiative to only these communities a high number of smokers will not be reached so population-level interventions also need to be prioritised.

4.7.5 **Increasing access to stop smoking services through digital/virtual options.**

Apps

The NICE Guidance states that increasing the choice of interventions for smoking cessation support should increase the reach and the numbers accessing smoking cessation support. The majority of smokers attempting a quit attempt in Cambridgeshire do so through 1: 1 support. During the COVID:19 pandemic virtual support became the main offer from the service, and this remained popular with over 50% of support still being provided virtually.

Additional funding has been provided to the Stop Smoking Services (Healthy You) to pilot stop smoking support via the Smokefree app with the aim of increasing access to services. The Smokefree app adheres to UK guidelines and includes a range of features that have been found to improve quit rates. The stop smoking apps are highly convenient, constantly available, can reach large numbers and are appealing to a younger audience. App users can take place anonymously and without fear of negative judgment and support can be provided as part of a structured programme or taken at the individual's pace. The app has successfully been used as part of the Greater Manchester stop smoking service, with 40% of service users reporting not smoking at their 4-week follow-up. In Manchester, the app was equally effective at helping people quit regardless of ethnicity, work status or time to first cigarette.

4.7.6 ***Allen Carr's Easyway to Stop Smoking - Online Seminars***

NICE guidance recommends that NHS/Local Authority Smoking Cessation Services make Allen Carr's Easyway to Stop Smoking Live Group Seminars available to all smokers as a drug free alternative to the existing stop smoking offers. Other areas including Southend, Thurrock and Essex are using this virtual approach and have seen positive results in terms of quitter rates. We are proposing to pilot this offer over a year as a means to increase access and choice of services for smokers.

4.7.7 **Increasing support to NHS staff who smoke.**

There are some examples, Blackpool Teaching Hospital, Northeast and North Cumbria Hospitals where a dedicated staff resource provides behavioural support and facilitates access to pharmacotherapy to support quitting or to abstain from smoking whilst they are on site.

4.7.8 **Increasing access through commissioning and dedicated pathways.**

Commissioning Stop Smoking Services

As part of the transfer of Public Health to local authorities in 2013 they assumed responsibility for commissioning Stop Smoking Services (SSS). The commissioning has been focused upon primary care, GP practices and pharmacies. In addition, local areas had their own SSS initially as a provider team within the NHS (PCT) then the local authorities but in recent years these have been commissioned in the main from behaviour change services.

The relationship with GPs and pharmacies has been established over many years and they work collaboratively with SSS. We want to maintain these commissioning and collaborative arrangements with GP practices but increase the number of providers with whom they work.

This would include continuing to competitively commission behaviour change services to deliver SSS. Along with commissioning voluntary sector organisations that work with groups which we know have higher rates of smoking to provide stop smoking services that could range from support for a full quit attempt to a brief intervention and referral to SSS. For example, the Citizen's Advice Bureau and the Homelessness charities. Public Health could provide the behavioural change training for staff for organisations wanting to provide the services.

At its simplest we would want to increase referral pathways to SSS whether delivered in primary care or the behaviour change services but to develop over time a network of SSS. Although many people access virtual SSS many still prefer face to face meetings either 1:1 or in groups. Currently options for clinics have decreased and we want to ask system partners for their support in providing space at locations throughout the area.

4.7.9 **Incentives to quit.**

There is increasing evidence that incentives can influence health behaviours. This approach has commenced but there is the potential to deliver it further.

Smoking in pregnancy

There is a growing body of evidence that has found incentives schemes conducted among pregnant smokers improve cessation rates. Financial incentives for smoking cessation in pregnancy are highly cost-effective, with an incremental cost per QALY of £482, which is well below recommended decision thresholds. Or put another way for every £1 invested there is a £4 return.
Until recently pregnancy smoking cessation support was delivered by Local Authority commissioned stop smoking services (Healthy You). Support is now being provided by maternity units as part of the NHS Tobacco Dependency Programme that is being implemented as part of the NHS Long Term Plan described earlier in this paper. The newly established smokefree pregnancy pathway supports pregnant women from their first contact with midwifery services, throughout the duration of their pregnancy, postnatal period, up to 1 year post their quit date.

Currently the Local Authority is funding a pilot to provide incentives (Love2Shop vouchers) at key points of the pregnant smoker's smokefree journey from setting a quit date to 52-weeks quit to improve local cessation rates as part of the NHS TTDP implementation. If successful,

which evidence suggests it will be, it is proposed that there is ongoing investment in the approach.

Incentives for challenging groups

Higher smoking prevalence is associated with almost every indicator of deprivation or marginalisation and cumulative disadvantage increases the likelihood of smoking. Compared to the population, smoking is more common among specific population groups i.e., people with a mental health condition, people with lower incomes, people who are unemployed, people who are experiencing homelessness and people without qualifications.

Cambridgeshire County Council has also offered funding for an incentive scheme for mental health patients. However, there are significant challenges with mental health inpatient services but the potential to offer this in community mental health services will be discussed further when the pathway is more established.

As part of the TDP, NHSE had originally proposed that additional funding would be available in 2023/24 for systems to establish a community mental health pathway, focussing on helping to address the disproportionately high rates of smoking amongst mental health patients. However, this is now not in scope due to reductions in overall funding. That said, the ICB, in partnership with the local authority and other partners, will explore opportunities to link tobacco cessation in with annual health checks for serious mental illness (SMI) patients and those with learning disabilities (LD).

There are other opportunities to access high risk challenging groups. Cambridgeshire & Peterborough ICB has identified anecdotal evidence that people experiencing homelessness would like to stop smoking, however they do not feel there are services to support them currently within the system. Following collaboration with system partners, funding was secured for the Homeless Health Hub (HHH) which is being set up to provide various healthcare services to the homeless in a mobile vehicle from the Summer of 2023. (Currently Peterborough only) The homeless health hub model consists of a clinically adapted vehicle, which will be operational by June 2023 and will provide additional space and opportunities for targeted health and prevention interventions for those experiencing or at risk of homelessness.

4.8 WHAT CAN WE DO AS SYSTEM?

4.8.1 *CLeaR Assessment*

Currently we have the Cambridgeshire and Peterborough Tobacco Alliance with representation from key partners. It is active, has a system wide Tobacco Control Plan and oversees the TDP and other smoking initiatives. Although smoking continues to have a substantial negative effect upon health outcomes, the landscape has changed, and we are proposing that we undertake a CLeaR Assessment. **CLeaR** is an improvement model which provides local government and its partners with a structured, evidence-based approach to achieving excellence in **local tobacco control.** The model comprises a self-**assessment** questionnaire, backed by an optional challenge and **assessment** process from a team of expert and peer assessors. The outputs would enable us to refresh and develop our current Tobacco Control Plan.

4.8.2 *System wide target for smoking and investment*

Along with the development of a system wide Tobacco Control Plan we are proposing that it is underpinned by agreed system wide targets for smoking rates that also includes a reduction in health inequalities. This would provide a focus for efforts and drive work forward. NHS England's Core20PLUS5 (adult) approach to reducing healthcare inequalities identifies smoking cessation as a central thread that runs through the five clinical priorities identified. For Cambridgeshire and Peterborough, and in respect of these five clinical priorities, it is

estimated that:

- One in eight women in the North of the system compared to one in twelve in the South smoke at the time of delivery (*Maternity*)
- 39% of people with Severe Mental illness (SMI) smoke in Peterborough & Peterborough (*Mental Health*)
- 366 people a year die from chronic obstructive pulmonary disease (COPD) in Peterborough & Cambridgeshire (*Respiratory*)
- 370 people die each year from cancer caused by smoking in Peterborough & Cambridgeshire (*Cancer*)
- 138 people a year die from cardiovascular disease (CVS) caused by smoking in Cambridgeshire & Peterborough (*Hypertension*).

Reporting on the Plan and achievement against target will require system wide governance provided by a Board that partners in the system consider most appropriate.

Alongside a new Plan and targets, a business plan that will enable the proposed developments to be undertaken will need to be developed. Local authority funding for specific interventions and services because of decreased GP activity can be re-profiled to fund for example other providers.

However, the developments will require some investment at a system level if smoking is to be reduced to levels where it has limited impact on health outcomes.

4.8.3 ***Smokefree Councillor Network***

The **Smokefree Councillor Network** is a cross-party group of elected members committed to achieving comprehensive local government action on tobacco and the elimination of the harm it causes in our communities. It is supported by Action of Smoking and Health (ASH). This could provide a focus for driving through actions to address smoking.

4.8.4 **Localism and communities Integrated Neighbourhoods**

Integrated Neighbourhoods are being implemented on a phased approach across Cambridgeshire & Peterborough, with the vision to provide integrated care in primary, secondary, community and social and voluntary service to improve quality, outcomes, and value for money for our population.

Integrated Neighbourhood North provides 13 primary care networks with a total population of around 575,000. Integrated Neighbourhood South provides 9 primary care networks with a total population of around 375,000.

Locally, a Target Operating Model for Integrated Neighbourhoods is being developed and co-produced with partners across the system to plan the system approach.

Tobacco cessation is high on the agenda of the Integrated Neighbourhood teams who are linking in with local partners working together to review and develop opportunities and services that will improve smoking rates in the population.

4.9 ACTION SUMMARY

The table below summarises the proposed actions found in this paper.

Table 3: Summary of proposed actions		
Theme	**Key actions**	**Resource implications**

Prevention	• Behaviour science informing services and communications. • Will support targeting area/groups with higher smoking prevalence rates**.**	• Behaviour science research already funded/commissioned. • Additional funding will be required for targeted areas. Use of Public Health underspends is proposed.
	• School based interventions, developing the Healthy Schools Programme	• Existing funding but expansion could require additional funding.
	• Embedding new interventions into the Healthy Child Programme (Health Visiting and School Nursing)	• To be included in service specifications
	• Strengthening regulatory services: Increasing Trading Standards Illegal sales activity Ensuring effective prosecutions	Options to re-focus activity will require exploring.
Treatment	Stop Smoking Services Improved and increased access to • Medication and vaping • Digital and virtual options • Incentives: pregnancy and challenging groups	• Vapes are currently more cost-effective that NRT so this should be cost neutral. • Digital, virtual and incentives are currently being piloted but potentially will require funding
	NHS Tobacco Dependency Programme Dedicated interventions and pathways • Maternity Services • Acute Services • Mental Health Services Strengthened NHS Clinical Policies	• Funded by the NHS
System wide interventions	• CLeaR Assessment	• Cost neutral/minimal costs
	New Tobacco Control Plan • System target for smoking rates and health inequalities • Underpinning Business Plan	• Any costs to be identified in the Business Plan
	Community support • Smokefree Councillor Network • Integrated Neighbourhoods	• Cost neutral

5. CONSULTATION

5.1 The proposals in the paper will require further consultation as part of their development. However. the paper and its proposals have been signed off by the ICB.

5.2 The behaviour science commission will undertake research with community members which will include identifying facilitators and barriers to starting and stopping smoking and will address service delivery issues.

5.3 The Health Behaviour Services will be re-commissioned in 2024/25 and this will include a needs assessment that will involve qualitative research with communities to identify their views on smoking prevention and treatment services.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The overall impact of Peterborough City Council's public health functions should be to improve the health of local residents and reduce health inequalities.

Stopping smoking remains the preventative intervention that has the most impact upon health

7. REASON FOR THE RECOMMENDATION

7.1 The recommendation to the Adult and Health Scrutiny Committee to support the proposals in this paper is based on the risks to the public health which includes the ongoing smoking rates and the associated poor health outcomes, new challenges to health through for example the use of vapes and the need to adopt a system wide integrated approach to address these challenges.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The paper contains a wide range of options, and no additional interventions were considered.

9. IMPLICATIONS

9.1 Financial Implications

9.1.1 This paper describes the strategic and planned actions to deliver improvement in smoking rates.
If supported, business cases will be developed that will in part include a re-profiling of current smoking related budgets to develop new evidence-based approaches.

9.2 Legal Implications

9.2.1 Under the Health and Social Care Act (2012) the Council has a statutory duty to take such steps as it considers appropriate to improve the health of local residents. The public health grant is currently ring-fenced for use on services meeting the grants terms and conditions.

The commissioning of services relating to the proposed actions will be undertaken in compliance with the Public Contracts Regulations 2015 and the Council's Contract Rules.

9.3 Equalities Implications

9.3.1 Higher rates of smoking are associated with areas of deprivation and certain groups.
The system wide approach will ensure that interventions will have the biggest impact at a population and targeted level where rates are higher.

9.4 Rural Implications

9.4.1 The described proposed interventions where feasible, will be delivered in both urban and rural areas of Peterborough. It is important to ensure that where services are based centrally within the City there is appropriate outreach into rural areas, based on need.

9.5 Carbon Impact Assessment

9.5.1 Overall, the proposals will have a positive effect upon the carbon emissions in the City through the increased use of virtual and digital services.

The Council's carbon emissions will not be affected, but its commissioned services emissions will through the increase in virtual and digital services decreasing their carbon emissions.
There will be a positive environmental impact as a reduction in smoking will result in a decrease in associated waste that requires processing along with a decrease in the toxins released into the environment through smoking.
The increased regulation of illegal vapes that have high levels of nicotine and less stable lithium batteries will have positive effect on environmental pollution.
These will have a positive effect upon the City's carbon emissions as well as reducing harmful impacts upon the environment.

Although it should be noted that vapes are used by smokers to help them quit and their use will increase if the proposals for services to use them are adopted. However, this will only involve regulated vapes that are refillable and have recyclable bottles which have a less negative effect upon the environment. Services will also advise on their disposal.

10. BACKGROUND DOCUMENTS

10.1

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11. APPENDICES

Appendix One - Supporting data pack.