

# HEALTH OVERVIEW AND SCRUTINY COMMITTEE

22<sup>ND</sup> SEPTEMBER 2022

## Report by Corporate Director for Public Health

### RECOMMENDATION

1. **The Committee is RECOMMENDED to**
  - a) Consider the contents of the report and put relevant questions to the Director of Public Health, Cabinet Lead Member and supporting officers.
  - b) Recommend the adoption of the proposed amended actions, as per Appendix 1, to the Tobacco Control Action Plan, to the Health and Wellbeing Board.
  - c) Decide whether any further action is required.

### Executive Summary

2. Reducing tobacco-related harm is a priority for Oxfordshire County Council, the Health Improvement Board and the Health and Wellbeing Board. Smoking is the leading cause of preventable illness and premature death in England, with about half of all lifelong smokers dying prematurely, losing on average around 10 years of life.
3. In March 2020 Oxfordshire adopted a five-year smoke free strategy and ambition to have a smoking prevalence of less than 5%, whilst also tackling inequalities.
4. The first two years of the strategy coincided with the COVID-19 pandemic, which impacted progress of some of the work planned. Despite this, various partners across the system have acted towards the smoke free ambition.

### Background

5. **Mortality and morbidity**
  - Smoking is a leading cause of preventable death in the UK. It is also the single biggest modifiable risk factor for cancer<sup>1</sup> and COPD, as well as for miscarriages, stillbirth, premature birth and birth anomalies<sup>2</sup>.
  - Smokers are 36% more likely to be admitted to hospital and need social care 10 years before they should if they didn't smoke. Smoking also accounts for over half of the difference in risk of premature death between the most and least deprived social groups.

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<sup>1</sup> Brown KF, et al. The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. *British Journal of Cancer*. 2018. 118; 1130–1141. 2018. <https://pubmed.ncbi.nlm.nih.gov/29567982/>

<sup>2</sup> Royal College of Physicians. *Hiding in plain sight: treating tobacco dependency in the NHS*. 2018.

- The burden of disease for Oxfordshire is presented pictorially below (figure 1)<sup>3</sup>

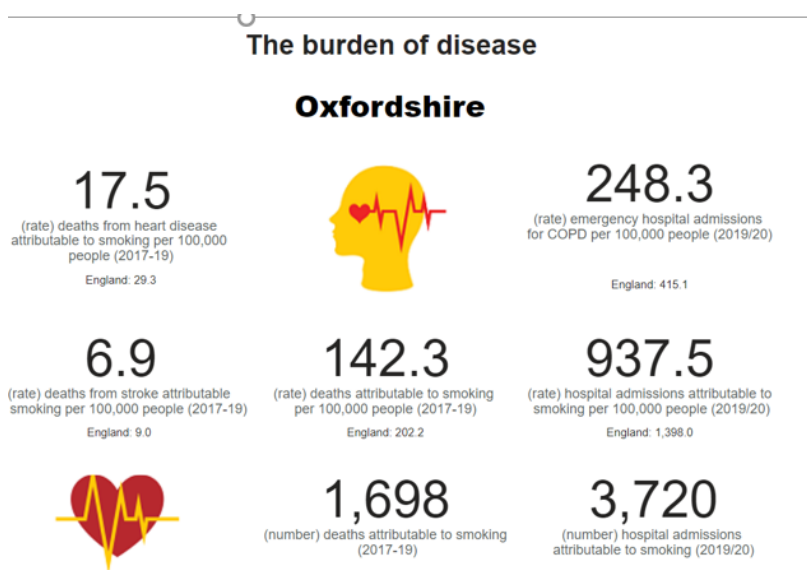


Figure 1: Burden of disease attributable to smoking in Oxfordshire

Source: OHID Tobacco Control Dashboard, 2022

## 6. Costs

- This health burden is echoed financially for both smokers and the wider system. It is estimated that smoking costs Oxfordshire around £193M annually<sup>4</sup>. This is made up by the following costs.



Figure 2: Costs of smoking to Oxfordshire system

- An individual who smokes an average of 7 cigarettes a day, at an average cost of £13 per packet of 20 cigarettes, will spend £970 a year. Rolled cigarettes are cheaper at about £20 for 50g of tobacco, which makes approximately 100 rolled cigarettes.
- When expenditure on tobacco is taken into account, around 500,000 extra households, comprising around 740,000 working age adults, 180,000 pensioners and 330,000 children, are classified as in poverty in the UK compared to the official Households Below Average Income figures<sup>5</sup>.

<sup>3</sup> OHID (2022) [Tobacco Control Dashboard](#)

<sup>4</sup> <https://ash.org.uk/resources/view/ash-ready-reckoner>

<sup>5</sup> <https://ash.org.uk/uploads/Smoking-and-poverty-July-2021.pdf>

## 7. Environmental impacts

- Reducing cigarette consumption more broadly can benefit climate change and environmental harm from reducing emissions related to the cultivation of tobacco as well as cigarette manufacture, transport, packaging, and waste<sup>6</sup>.
- A single year of tobacco industry operations will result in : [600 million trees](#) chopped down and more than [80 million tonnes of carbon dioxide emitted worldwide](#).

## 8. Smoking in Oxfordshire

- The most recent national data from the OHID Tobacco Control Profile (2020)<sup>7</sup> suggests smoking prevalence in Oxfordshire fell by 0.5% (from 12% to 11.5% between 19/20). Nationally the rate fell by 1.8% (from 13.9% to 12.1%). Publication of 2021 data on smoking prevalence is awaited.
- Quality Outcomes Framework data comes from GP practice records; so only relates to individuals who access GP services and where smoking status is recorded. This shows a reduction in smoking prevalence between 2019/20 and 2020/21 for both England (0.6%) and Oxfordshire (0.3%)<sup>8</sup>.
- Both sets of data suggest smoking rates are reducing, but falling more quickly across England as a whole, compared to Oxfordshire. This different rate of reduction is likely to be accounted for by lower prevalence areas like Oxfordshire having a smaller pool of individuals needing to quit (Smoking rates in some areas of England remain high for example, smoking prevalence in Manchester's is 20.8)<sup>7</sup>.

## 9. Inequalities

- Figure 3, shows the link between smoking and deprivation inequalities in England. Oxfordshire's overall smoking rate also masks some stark inequalities in smoking rates between different groups.

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<sup>6</sup> WHO (2017) [Tobacco and it's environmental impact: an overview](#)

<sup>7</sup> OHID (2022) [Tobacco Control Profile](#)

<sup>8</sup> NHSD (2022) [QOF 2020/2021](#)

## Deprivation inequalities in smoking prevalence and associated risk factors

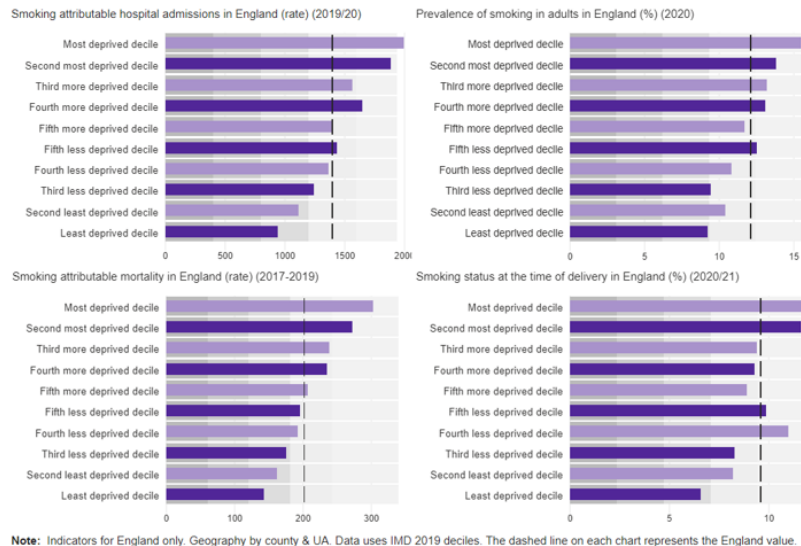


Figure 3: Deprivation inequalities in smoking prevalence and associated risk factors .

Source: OHID Tobacco Control Dashboard 2022

- Smoking rates amongst **routine and manual workers** are almost double that of the general population, at 22.5%<sup>9</sup>.
- The strongest predictor of smoking is **housing tenure** with those who don't own their home being more than twice as likely to smoke than those who do. Nationally, for people living in social housing, the smoking rate is 26% compared to 7% among owner occupied housing<sup>10</sup>.
- Smoking prevalence in people with **mental health conditions** like anxiety and depression is around double that of the general population, increasing to more than 3 times amongst people with 'Serious Mental Health Conditions'<sup>11</sup>
- The 2021 Oxfordshire Joint Strategic Needs Assessment<sup>12</sup> highlighted variation by **ethnicity and country of birth**: Smoking prevalence being highest in Mixed (19.5%), Other ethnicity (15.6%) and White (14.4%) ethnic groups. Smoking prevalence by country of birth ranges from 23.9% in those born in Poland, to 5.4% in those born in India.

### 10. Smoking in Pregnancy

- Smoking in pregnancy is a leading contributor to poor health outcomes during both pregnancy and childbirth for infant and mother. Risks include ectopic pregnancy, miscarriage, complications in labour, premature birth, still birth and low birthweight. Childhood obesity, asthma and wheezing are also associated

<sup>9</sup> ONS (2020) [Adult smoking habits in the UK: 2019](#)

<sup>10</sup> OHID (2022) the Khan Review: Making Smoking Obsolete.

<https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete>

<sup>11</sup> [Health matters: smoking and mental health - GOV.UK \(www.gov.uk\)](#)

<sup>12</sup> Oxfordshire County Council (2021) [JSNA](#)

with maternal smoking. Being exposed to smoking in pregnancy is also linked to lower birthweight<sup>13</sup>.

- In addition to these complications, it is estimated that children whose parents smoke are four times more likely to smoke in adulthood<sup>14</sup>
- Oxfordshire's overall prevalence of smoking at time of booking into maternity services is 9.1% and at the time of delivery is 6.8%. Although a downward trend is evident, it is notable that the prevalence is up to four times higher in some areas of geographical inequality in Oxfordshire.

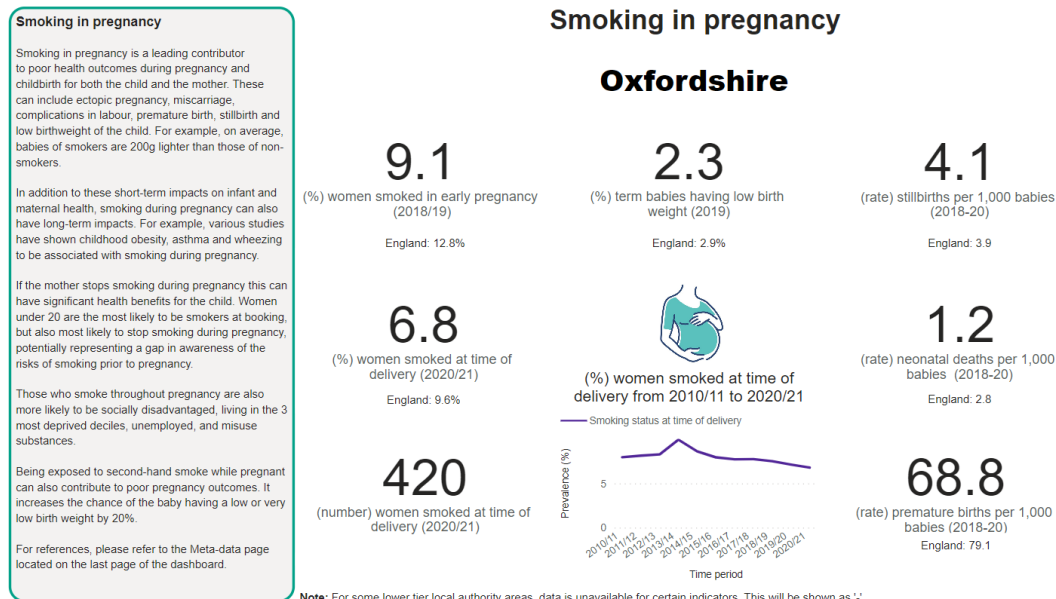


Figure 4: Smoking in pregnancy figures for Oxfordshire. From OHID Local Tobacco Control Dashboard

## 11. Smoking by age

- Whilst two thirds of current adult smokers started smoking as children, the under 18 age group has the lowest smoking prevalence. The most recent national survey considering young peoples' smoking status (2015/16) identified 5.7% of 15-year-olds smoked<sup>15</sup>.
- In 2022 ASH found 92% of under 18s had never smoked or used e-cigarettes. Regular smoking fell very slightly to 2.2% from the year before. Although ever trying vaping had increased to 16% only 1.9% had vaped more frequently than once or twice<sup>16</sup>.
- The OXWELL survey in 2020/21 (1500 pupils across 8 Oxfordshire schools) found similar findings: 93% had never smoked, 1% smoked regularly (more

<sup>13</sup> ASH (2021) [Smoking, pregnancy and fertility](#)

<sup>14</sup> DHSC (2021) [Better Health Smoke Free Press Release](#)

<sup>15</sup> What About Youth (WAY) Survey (2014)

<sup>16</sup> ASH (2022) Use of e-cigarettes among young people in Britain [Use-of-e-cigarettes-among-young-people-in-Great-Britain-2022.pdf \(ash.org.uk\)](#)

often than weekly) and whilst 88% had never used e-cigarettes, 1.5% had regularly<sup>17</sup>.

- Using e-cigarettes is 95% less harmful than smoking, and UK compliant devices are now recommended as a tool to support quitting smoking. Although there is some concern that the number of young people trying e-cigarettes has increased nationally, there is currently no evidence this will lead to smoking tobacco/cigarettes<sup>18</sup>.
- The highest proportion of current smokers are between 25 to 34 years of age.
- Those aged 65 years and above have the lowest proportion of current smokers<sup>19</sup>.
- National data also shows that men are around 3% more likely than women to be current smokers.

## 12. Oxfordshire's response

- The National Tobacco Control Plan for England 2017-22<sup>20</sup> ambition is to achieve smoking prevalence of 5% by 2030. This Strategy informed the Oxfordshire Tobacco Control Strategy.

### Oxfordshire's Tobacco Control Strategy

- During 2019, Oxfordshire completed the sector led improvement tool, CLear, which was peer reviewed. It made a series of recommendations, including the key need for strong leadership and a local strategy.
- In May 2020, County and District Councils across Oxfordshire, and local NHS organisations, signed the NHS Smokefree Pledge and the Local Government Declaration on Tobacco Control.
- The Oxfordshire Tobacco Control Alliance (TCA) is a collective of partners including District and City Councils and NHS organisations (CCG, primary, acute, maternity and mental health). Together they launched a County-wide Tobacco Control Strategy with an overarching ambition for Oxfordshire to be smoke free by 2025 (defined as an overall smoking prevalence of less than 5%). This is five years earlier than the national target to become smokefree by 2030. The Oxfordshire Strategy was adopted by the Health and Wellbeing Board in 2020.
- The Oxfordshire Tobacco Control Strategy has four key pillars for a whole systems approach to local tobacco use: prevention, creating smokefree environments, enforcement, and supporting smokers to quit. An overarching

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<sup>17</sup> Mansfield & Fazel (2019) Oxfordshire Oxwell School Survey Summary Report: Internal Report

<sup>18</sup> ASH (2022) ASH briefing on youth vaping [ASH-brief-for-local-authorities-on-youth-vaping.pdf](#)

<sup>19</sup> ONS (2021) [Smoking prevalence in the UK and the impact of data collection changes: 2020](#)

<sup>20</sup> DoH (2017) [Towards a smokefree generation: A tobacco control plan for England](#)

action plan was put in place in 20/21 and recently revised for 21/22 (appendix 1).

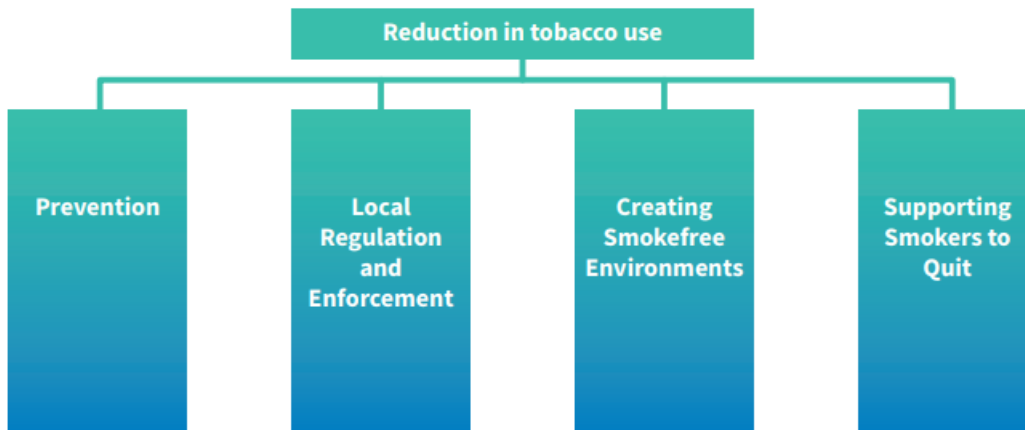


Figure 5: Oxfordshire Tobacco Control Strategy Four Pillars

### 13. Impact of COVID19 on smoking and the smokefree ambition

- The impact of the COVID-19 pandemic on smoking behaviour is complex and unclear. The results from a systematic review indicate that, in most cases, smoking consumption has decreased during the COVID-19 pandemic<sup>21</sup>. In some cases however, the pandemic has negatively affected smoking behaviour, predominantly as a result of boredom, stress and anxiety. In another study during the pandemic, 32% of respondents increased their smoking, 37% decreased their smoking, and 31% made no change<sup>22</sup>. Those who increased their smoking tended to perceive more stress.
- COVID19 has also impacted negatively on the timely availability of data and the methodologies for data collection, making it harder to have an up-to-date picture of smoking rates and patterns.
- General capacity pressures also impacted on partners ability to deliver at this time.

### 14. Actions towards smokefree ambition 2025

- The TCA regularly reviews its plans and performance against national guidance like NICE guidance<sup>23</sup> new evidence and benchmarking tools. For example, the recent Khan Review<sup>10</sup> has informed changes to the action plan for 22/23 which now includes enhanced work around tobacco and e-cigarette sales for under 18s and supporting social housing tenants to quit.

<sup>21</sup> Almeda & Gomez-Gomez (2022) [The Impact of the COVID-19 Pandemic on smoking consumption: a systematic review of longitudinal studies](#)

<sup>22</sup> Cunningham (2021) [Changes in cigarette smoking during the COVID-19 pandemic – Press Release](#)

<sup>23</sup> [NICE Guidance \(Nov 2021\)](#)

- The latter will be co-designed, taking learning from previous programmes such as the Family Nurse Partnership scheme, incentivising young pregnant women to quit which had co-production elements.
- A performance monitoring dashboard is in place.
- Despite the impact of COVID-19, a wide range of initiatives and interventions have commenced since the launch of the Strategy as highlighted in Appendix 2.

## 15. Progress Towards Oxfordshires 2025 Smokefree Ambition

- In June 2022, The LGA published predictions for future smoking prevalence for all Upper Tier Local Authorities in England. As figure 6 shows, Oxfordshire is one of 77 (of 149) Local Authorities who are projected to reach smoking prevalence of below 5% by 2030. Using this data, it is predicted that Oxfordshire could reach 6.8% prevalence (compared to England's predicted 8.8% prevalence) by 2025.

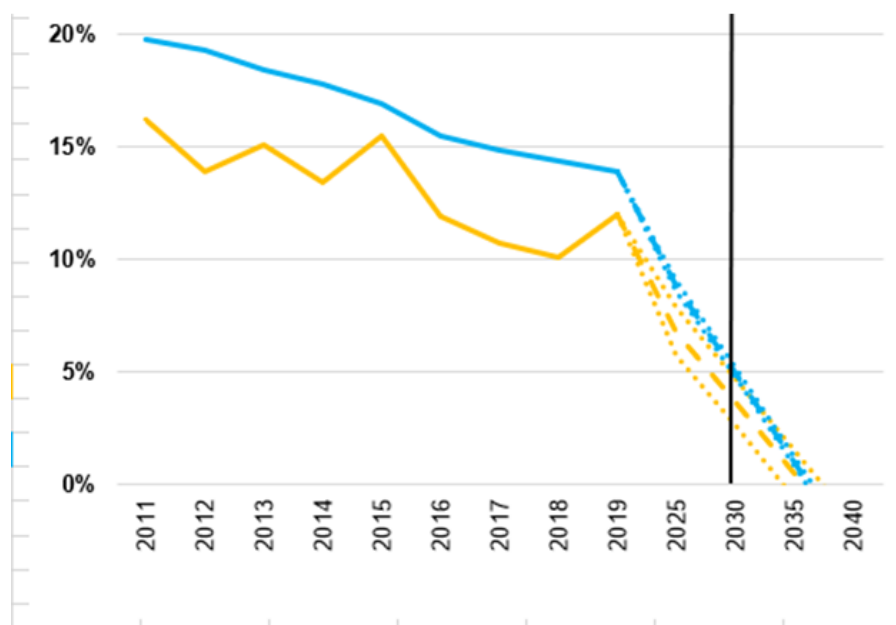


Figure 6: Graph showing England & Oxfordshire progress to smokefree by 2030

Key: — National; — Oxfordshire

## 16. Oxfordshire Tobacco Control Action Plan for 22-23

- In light of work undertaken towards the 2021/22 Action Plan, the publication of the Khan Review<sup>10</sup> and the ASH report on youth vaping<sup>16</sup>, the TCA has proposed new actions within the plan for 2022/23; specifically, supporting social housing tenants to quit and further work to address under-age sales. Appendix 1 details the 2022/23 actions,



## 17. Corporate Policies and Priorities

This report reflects priorities both in the Oxfordshire County Council Corporate Plan and Oxfordshire Health and Wellbeing Strategy.

- **Climate action** – tobacco production contributes negatively towards the climate and causes destruction of the environment as evidenced previously.
- **Tackle inequalities** – tobacco affects some communities and people more than others, increasing poor health outcomes and shortening their lives.
- **Prioritise the health and wellbeing of residents** – quitting smoking is the single biggest thing someone can do to improve their health (and wealth)
- **Support carers and the social care system** – smoking costs social care in Oxfordshire approximately £9.94 million annually<sup>4</sup>
- **Preserve and improve access to nature and green spaces** – Smoking causes littering of public spaces and accounts for 87kg of daily cigarette waste produced in Oxfordshire.
- **Create opportunities for children and young people to reach their full potential** – Over two thirds of smokers started as children and children whose parents smoke are four times more likely to smoke<sup>14</sup>. Quitting during pregnancy can reduce the chances of having a miscarriage or still birth, minimise the risk of cot death (SIDS) and the baby will be less likely to be born early (premature) or underweight.
- **Work with local businesses and partners for environmental, economic and social benefit** – smoking is everyone business in line with Health in All policies. Smoking impacts the environment and overall, smoking is estimated to cost Oxfordshire £152.95M in lost productivity each year.

## 18. Financial Implications

- Funding for Oxfordshire County Council's smokefree work in the public health team comes from the [ringfenced public health grant](#). Other partner organisations fund their smoke free work directly.
- NHS Foundation Trusts are receiving additional funding for supporting in-patients, pregnant women at the time of delivery, and long-term users of specialist mental health services to stop smoking. This work is being overseen by the new Buckinghamshire Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) as part of the [NHS Long Term Plan](#) commitments on reducing tobacco dependency.

**Appendix 1. Oxfordshire Tobacco Control Alliance Overarching Action Plan, 2021/22  
and 22/23 proposed updates (**bold**)**

#	Action	Who	Progress measurement
3	Support people working in routine and manual occupations to be smokefree,  And  Work with <b>social housing tenants and providers to support smokefree initiatives.</b>	All	Regulated e-cigarettes added to Local Stop Smoking Services as part of their nicotine replacement offer for those wishing to quit Proportion of all smokers that stop smoking that are from routine and manual occupations Number of organisations attending training on the role and provision of regulated e-cigarettes as part of tobacco-harm reduction Number of vape-shops partnering with the Local Stop Smoking Services and number of staff trained in VBA ( <b>new</b> ) Number of Housing staff trained in VBA Number of tenants provided support ( <b>new</b> ) .
4	Improve understanding of role of e-cigarettes as a route to reducing tobacco-related harm as per the South East position statement on e-cigarettes, and increase the availability of e-cigarettes to those who wish to quit.	Oxfordshire County Council	Number of e-cig training sessions offered in 12 months Number of people signing up and attending e-cig training sessions. <b>E cigarette enforcement and education interventions by Trading Standards</b>
5	Supporting women and their partners to be smokefree during pregnancy and during early years	Oxfordshire County Council, Maternity, Family Nurse Partnership and Health Visiting services	- Development of a strategy around how to work with system partners to support prospective and new parents, and their partners, not to smoke during pregnancy and in early years - Number of women signing up to FNP incentive scheme (as a proportion)
7	Encouraging commissioned services to support Oxfordshire's smokefree ambition	Oxfordshire CCG (now BOB ICB) and Oxfordshire County Council	- Identification of future contracts where i tobacco-related harm reduction measures are included as part of contract KPIs - KPIs related to tobacco use to be considered as part of contract reviews, aligned to Oxfordshire smokefree ambitions (e.g. smoking at time of delivery)
8	Maximise opportunities for primary care to support people to quit smoking	Oxfordshire CCG (now BOB ICB)	Annual message from primary care to all registered smokers advising them to quit and how to access Local Stop Smoking Services.  Promotion of uptake of VBA Training with onward referral.
9	Increase staff training in providing advice to quit	Oxford Health NHS	- Have a staff member trained in providing advice to quit and in prescribing NRT on every inpatient mental health ward

		Foundation Trust	- Number and proportion of mental health inpatients who smoke having received advice to quit and offered NRT
10	Relaunch smokefree Oxford Health	Oxford Health NHS Foundation Trust	- Review of organisational smoke free policy (complete) - Annual conference for inpatient staff on smokefree
11	Development of patient pathway for smoking cessation	Oxford Health NHS Foundation Trust	- Development and implementation of smoking cessation pathway for all adult mental health admissions, including transfer to community-based Local Stop Smoking Services (complete)
12	Implementation of trust smoke free policy through smoke free working group, including commitment of relevant resources to support patients, staff and visitors to remain smoke free	Oxford University Hospitals NHS Foundation Trust	- Number of staff trained in providing VBA - Implementation of smoking cessation pathway for inpatients, including provision of NRT and transfer to community-based Local Stop Smoking Services - Number of inpatients with smoking status recorded and proportion who smoke offered advice to quit and access to NRT

## Appendix 2: Detailed projects related to Tobacco Control and Stop Smoking 2020 onwards (by pillar)

Prevention	Environment	Local Enforcement	Support	Overarching
<p>Evidence based incentive scheme for FNP clients to quit (pregnant young women) (launched spring 2022)</p> <p>Work planned to consider wider roll out of the scheme (2022)</p>	<p>Smokefree Sidelines launched 2020: <i>60 (half) football clubs signed up.</i></p> <p>Positive evaluation 2021</p>	<p>Enforcement programme in place via Trading Standards</p> <p><i>740k illegal cigarettes seized</i></p> <p><i>£6652 in fines/costs awarded by Courts</i></p>	<p>Stop for Life Oxon providing free targeted behavioural support and NRT (regular monitoring). Delivered more quits than commissioned (2021).</p> <p>E Cigarettes as a quit tool added to Stop for Life Oxon offer (July 2022)</p> <p><i>22 e-cig starter kits issues to date</i></p>	<p>Smokefree Survey of Oxfordshire smokers' views: 600</p>
<p>Identification and support for pregnant women in place with CO monitoring and pathway to quit service: 2021- <i>58 achieved 4-week quit through specialist service</i></p> <p>NHSE funding enhanced service of in house (maternity) stop smoking advisors (launching late 2022)</p>	<p>Smokefree School Gates Toolkit in place and piloted (<i>available to schools from Sept 2022</i>)</p>	<p>Advice &amp; training offered to 15 premises where reports of underage e-cigarette sales had taken place (2022)</p>	<p>Targeted social media advertising in post codes where smoking is likely to be higher and physical banners to re-establish a presence in communities such as libraries (ongoing).</p>	<p>Very Brief Advice (evidence based) training for frontline staff (GPs, housing) in place – ongoing</p>
<p>School health nursing offering VBA &amp; support during school COVID immunisation sessions</p>	<p>Smokefree Parks – voluntarily in place in Oxford City.</p> <p>Roll out across Districts with shared signage in development (2022)</p>	<p>Further engagement with premises and schools on e-cigarettes and tobacco in 2022</p>	<p>GPs in higher prevalence areas sent <i>13,000 text messages to patients</i> reminding of support available (2020)</p>	<p>Communications materials and information about key initiatives translated into key languages (incl Polish, Romanian, Urdu) - ongoing</p>
<p>Protective Behaviours training provider in schools addresses smoking (to be reviewed further) – (ongoing)</p>	<p>Oxford Health NHS Trust launched smokefree policy (2021)</p>	<p>OCC social media accounts updated with details of seizures and fines related to tobacco/e-cigarette control (on-going)</p>	<p>NHSE targeted Stop Smoking Support (acute hospital patients, mental health patients and maternity) to launch 2022</p>	<p>Healthy Heart Grants in Place (21/22) 1 homeless support organisation supporting <math>\frac{1}{4}</math> (7) of their clients to quit.</p>

Prevention	Environment	Local Enforcement	Support	Overarching
Mass media campaigns World No Smoking day, StopTober supported locally - ongoing	Smokefree Community Fund launched (2022)		VBA and E cigarettes (as a quit tool) offered to response clients (mental health housing) (2021)- 35 clients supported to date.	
			Drug and alcohol support service provider offering NRT and e-cigarettes to smoking clients as a quit and harm reduction tool (2022)	
			Free NRT Available in Pharmacies in target areas piloted including translated materials (2021) evaluation underway (2022)	
			NHSE fund specialist smoking support in acute, maternity and inpatient mental health settings (planning underway go live 2022)	
			Bespoke support for Oxford City Social Housing Tenants– VBA underway and co-production planned	

