

Report to Health Improvement Board from Oxfordshire Tobacco Control Alliance November 2020

The Health Improvement Board is asked to:

- 1) Recognise the work of the Oxfordshire Tobacco Control Alliance members and encourage continuing engagement from all partners.
- 2) Provide oversight to the Oxfordshire Tobacco Control Alliance, including endorsing its action plan and planned activities.

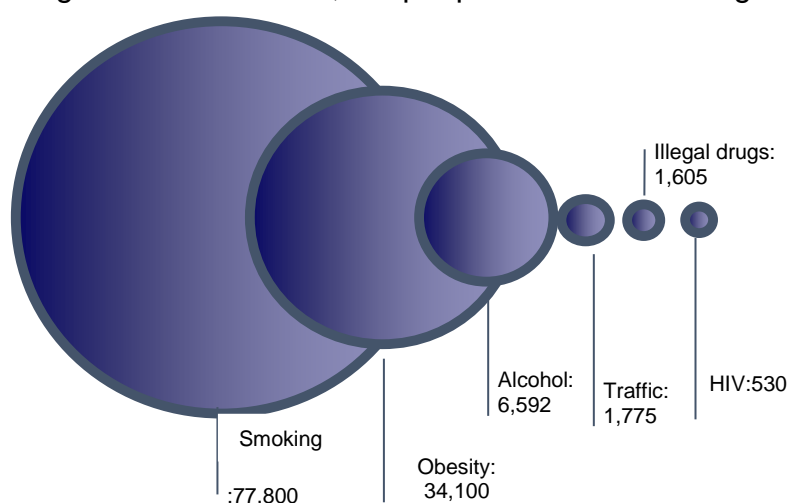
Key points

- The Oxfordshire Tobacco Control Strategy was launched on the 31st May 2020. It has been well received and its ambition has been held up as an exemplar in the All Party Parliamentary Group on Smoking and Health in July 2020¹.
- The Oxfordshire Tobacco Control Alliance has during the pandemic met twice in July and November 2020 to discuss current activity and future options of the Oxfordshire Tobacco Control Alliance.
- An Action Plan for 2020/21 has been agreed and important progress has been made. Appendix 1 and Appendix 2 provide further details of these activities.
- A reporting dashboard capturing a range of process, activity, and outcomes measures has been agreed. This can be found in Appendix 3.

Background

In 2018 the Oxfordshire Tobacco Control Alliance (OTCA) was formed. This is a partnership of local and national organisations who are committed to working collaboratively to eliminate the use of tobacco in Oxfordshire. As part of the work of the OTCA, an Oxfordshire Tobacco Control Strategy² was developed which aims to reduce the prevalence of smoking in the County to below 5% by 2025, five years ahead of the national ambition. The Strategy outlines a wider whole system approach to elimination of tobacco use through four Pillars. Further details of the OTCA can be found in the paper to the Board³ on the 14th May 2020.

Smoking is the single greatest cause of premature death and disease in our community. Every year in England more than 80,000 people die from smoking related diseases.



¹ <https://ash.org.uk/category/about-ash/all-party-parliamentary-group-on-smoking-health/meetings-seminars/>

² <https://www.oxfordshire.gov.uk/sites/default/files/file/public-health/OxfordshireTobaccoControlStrategy.pdf>

³ <https://mycouncil.oxfordshire.gov.uk/documents/s50518/Item%209.1%20-%2020200514%20HIPB%20Oxon%20TC%20Strategy%202020-25%20V.1.pdf>

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This is more than the combined total of the next six causes of preventable deaths, including alcohol and drugs misuse.

On average a smoker loses 10 years of life. Between 2016-18, 2,044 people died from smoking related causes in Oxfordshire, and in 2018/19, an estimated 4,252 hospital admissions in Oxfordshire were attributable to smoking⁴. In Oxfordshire, in 2019 an estimated 12% of adults were smokers (England 13.9%) which equates to approximately 65,000 smokers across the County.

Progress on the work of the Oxfordshire Tobacco Control Alliance

The Tobacco Control Plan for England 2017-22⁵ recommended that local health and wellbeing partners undertake a CLear assessment (**C**hallenge, **L**eadership and **R**esults) – a ‘deep dive’ self-assessment tool aimed to provide a stock take on current tobacco control work. In March 2019, the OTCA completed the audit process and external peer review. The results were reported to the board in May 2019⁶, including areas for development (Appendix 1).

In March 2020 all Councils in Oxfordshire signed the Local Government Declaration on Tobacco Control⁷ and the two NHS Trusts signed the NHS Smokefree Pledge⁸, publicly committing these organisations to a range of measures aimed at reducing tobacco-related harm. These include Oxfordshire Councils reducing smoking prevalence and health inequalities, and NHS Trusts supporting patients and staff to quit, and becoming smoke-free NHS sites.

In May 2020, Oxfordshire launched its new four pillared Tobacco Control Strategy⁹, soon followed by the development of the Oxfordshire Tobacco Control Alliance draft Action Plan (Appendix 2) and reporting dashboard (Appendix 3).

Examples of action taken by the OTCA to date include:

Pillar 1: Prevention

- Work with midwives to raise the issue smoking with expectant mothers and implementing an opt out smoking referral to the local stop smoking service.
- Work with school and college health nurses to provide information and advice on smoking cessation and the harms of tobacco.
- Initiating a voluntary smokefree policy in Oxford City Council owned playgrounds.

Pillar 2: Local Regulations and Enforcement

- Trading Standards has a dedicated Tobacco Control post. They have also carried out an under-age test purchasing exercise for electronic cigarettes and are committed to providing training to local street litter teams to identify hotspot areas of illicit tobacco control.
- The OTCA met in July to discuss the possibility of Closure Orders to tackle illicit tobacco.

⁴ <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/par/E12000008/ati/102/are/E10000025/cid/4>

⁵ <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>

⁶ <https://mycouncil.oxfordshire.gov.uk/documents/s45562/Item%209%20-%20HIPB%20May%202019.%20OTCA%20and%20CLear%20assessment%20V.1.pdf>

⁷ <https://smokefreeaction.org.uk/declarationsindex-html/>

⁸ <https://smokefreeaction.org.uk/smokefree-nhs/nhs-smokefree-pledge/>

⁹ <https://www.oxfordshire.gov.uk/residents/social-and-health-care/public-health-and-wellbeing/smoke-free-oxfordshire>

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Pillar 3: Smokefree Environments

- Launch of Oxfordshire Smokefree Sidelines¹⁰. This initiative encourages youth football clubs to have smokefree sidelines, with at least 30 clubs having signed up already, including Rose Hill and Summertown
- Working with Licensing Teams to explore creating smoke free pavements for Pavement Licences¹¹. Cherwell District Council have included a 70% smokefree area in their licence conditions.
- Conversations are ongoing with mental health practitioners to ensure NICE Guidance¹² is adopted, including supporting the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Physical health checks in people with a severe mental illness, thereby raising the profile of smoking in physical health checks.

Pillar 4: Supporting Smokers to Quit

- Three media campaigns have been run, #QuitforCovid, #TodaystheDay and Stoptober, all of which were targeted to the ten most deprived wards in Oxfordshire as identified in the Director of Public Health Annual Report of 2019/20¹³.
- Around a third of Oxfordshire GP surgeries sent out just over 20,000 text messages to patients who were registered smokers to encourage them to access local stop smoking support, between May and October this year.

Smoking in Pregnancy

Smoking at time of delivery (SATOD) has declined slowly over the past 7 years, at approximately 0.3% each year to 7.1% in 2019. However, this masks important local variation but it not been possible to prepare data by local ward in time for the board meeting. Should these data become available, they will be shared following the meeting.

Smoking and Mental Health

The Oxfordshire Mental Health Partnership targets having fewer than 43.5% of patients who smoke. Current smoking prevalence among patients is 34%. The supported housing part of the service has a smoking cessation lead working on smoking prevalence.

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¹⁰ <https://smokefreeaction.org.uk/declarationsindex-html/>

¹¹ <https://ash.org.uk/wp-content/uploads/2020/07/ASH-Briefing-for-councils-on-smoke-free-pavement-Licences-200724FINAL.pdf>

¹² <https://www.nice.org.uk/guidance/ph48>

¹³ <https://www.oxfordshire.gov.uk/residents/social-and-health-care/public-health-and-wellbeing/public-health-annual-report>

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Appendix 1 Results of peer reviewed CLear Assessment (March 2019)

CLear Recommendation March 2019	Status
You have an intention to use the CLear process and outcomes to facilitate a conversation, within the Council and with partners, about the development of a joint vision and tobacco control plan.	Completed May 2020
There is an opportunity to build a strong multi-agency alliance which includes members that can influence policy and practice within their own organisation. The selection of the chair may determine how others perceive and engage with this group.	Cllr McHugh appointed Chair April 2020
There is an opportunity to encourage the development of more tobacco control champions within many partner organisations, particularly the NHS.	Yet to develop.
There is an opportunity to demonstrate the commitment to the tobacco control agenda by signing the Local Government Declaration on Tobacco Control and Smokefree NHS pledge.	Both signed by Councils and NHS trust March 2020
The development of the new plan gives an opportunity to increase understanding in partner organisations about tobacco control, the policy levers and which interventions will be most impactful.	Draft plan developed May 2020
There is currently no systematic way to ensure partners are held to account. As a new plan is being developed, now might be the time to consider developing formal arrangements.	HIB requests reports Feb 2020 and ongoing
The stop smoking service is following best practice guidance and is responsive to the need to adapt and change practice. There are opportunities for partner organisations to support the service in increasing referrals. It is important to ensure that there are systematic and robust referral pathways into the local support services.	Ongoing
Partners could be engaged in a sustained, strategic, and comprehensive approach to media and communications. A partnership communications plan, as part of the tobacco control plan, may increase activity and reach of messages.	A draft Comms plan shared Summer 2020
There is an opportunity to use more insights to determine prevailing attitudes and knowledge of smokers and other audiences which may help guide activity.	BIT project completed April 2019 R&M men in Banbury
The use of local people as case studies both as recent quitters but also as champions for tobacco control could be developed. There may be economies of scale to be made through more supra-local collaboration in marketing.	Stoptober 2020 case
Knowledge of the responsibilities under the WHO Framework Convention on Tobacco Control was demonstrated with reference to recent events. Consideration should be given to further action to inform elected members and partner organisations to guard against tobacco industry interference.	County Audit, completion of ppt with local information and new intranet page with details.
Smoking in pregnancy remains a challenging area. There is a commitment and focus within the stop smoking service but there is a need for greater commitment at a senior level within the acute trust to implementation of NICE guidelines.	BOB LMS completed maternity deep dive
There is an opportunity to build on individual projects to further engage secondary care. Consideration should be given to the	Invitations made and ongoing conversations

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recommendations of the Royal College of Physicians report “Hiding in Plain Sight” (June 2018)	
It may be helpful to consider using CLear self-assessment tools for pregnancy; secondary care and mental health. The results of which will inform the tobacco control plan.	BOB LMS completed maternity deep dive
Given the varying views expressed regarding electronic cigarettes, consideration should be given to the development of an explicit local policy regarding their promotion and use. This should incorporate the latest evidence regarding harm and draw a distinction between youth experimentation and long-term use. It should also identify their role in helping smokers quit and stay quit.	SP leading on South East regional position statement.
Consideration should be given to proportionate and evidence-based activity to address youth smoking. This should be based on insights work to quantify the levels of youth smoking across Oxfordshire, to establish if this is significant issue.	School survey completed April 2019
There may be opportunities for agencies to work together to promote smokefree homes.	Conversation with Sanctuary Housing Association

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Appendix 2 Oxfordshire Tobacco Control Alliance Action Plan 2020/21

	SMART Task	Who	RAG
1	Maintain/attend three Alliance meetings a year to a) share data (see 3) b) share good local practice c) inform the local tobacco control system to deliver good local tobacco control	All Alliance members (lead by PH)	G
2	To agree annual comms Strategy and then support/amplify run 6 #smokefreeoxon campaigns and deliver against the Comms Strategy in one year	All Alliance members (lead by PH)	A
3	Report against data dashboard at least annually.	All relevant Alliance members	A
4	to complete the Acute settings and maternity deep dive self-assessment tool and report the findings to the HIB before April 2021.	OUH	A
5	To complete the Mental health deep dive self-assessment tool and report the findings to the HIB before April 2021.	OH	R
6	a) To discuss with the OUH an adjustment to the KPI on Smoking At Time of Delivery from 8% to 6% to keep pace with the Strategys ambition of a SATOD of 3% by 2025.	OCCG	A
7	a) Ensure that policies are robust to approaches from the Tobacco Industry by including reference and training in procurement and legal contracts on Article 5.3 of the WHO Framework Convention on Tobacco Control.	City, Cherwell, West, South and Vale	R
8	c) Allow for street cleansing teams to be briefed on recognising illicit tobacco products/packaging and are able to report clusters of illicit tobacco packaging to Trading Standards	Cherwell	A
9	Ensure that all Oxford City Council owned playgrounds are have a voluntary smoke free policy	Oxford City Council	G
10	Inspect all vape stores to ensure compliance with age restriction legislation	Trading Standards	G

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Appendix 3 Oxfordshire Tobacco Control Alliance Reporting Dashboard

Report against data dashboard at least annually, but for each meeting	Who	April to October 2020-21	2019/20	2025 Target
Number of 4 week quits supported by SmokefreeLife Oxfordshire	PH/LSSS	Q1= 252 Q2 (to date) = 352	1949	
Number of prosecutions for tobacco related offences/advisory visits/total fines/sticks/weight seized	Trading Standards	0 prosecutions completed (but 7 in the Court system due to multiple adjournments), 1 advisory visit, 1 seizure (128 chewing tobacco pouches = 512g)	seizures from 16 premises (including 2 vehicles) seized 22,700 illegal cigarettes seized 12,450g illegal hand-rolling tobacco seized 57,420g illegal shisha tobacco completed 6 successful prosecutions (with 5 pending)	
Number of pregnant women supported to quit for 4 weeks	OUH/LSSS	99	45	
Percentage of women Smoking At Time Of Delivery	OUH	Q1 = 6.28 Q2 = 7.58	7.10%	4%
Percentage of women Smoking At Time Of Booking	OUH	Not provided	9.50%	
Smoking prevalence in routine and manual population	Fingertips (APS)	22%	17%	10%
Oxfordshire Smoking Prevalence	Fingertips (APS)	12%	12%	5%
Oxfordshire prevalence (Primary care/QOF)	OCCG	Reported at year end	13.5%	5%
Oxfordshire prevalence among those with a Severe Mental Illness	Fingertips (APS)	Reported at year end	36.40%	20%
Oxfordshire prevalence among those with a Severe Mental Illness	Oxford Health	34%	34%	20%
Oxfordshire prevalence in young people	Fingertips (WAY) and FAB	10.2% Year 12 smoke tobacco (WAY). 3.7% of	10.2% Year 12 smoke tobacco (WAY). 3.7% of secondary school pupils	3%

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	survey	secondary school pupils smoke regularly (FAB survey)	smoke regularly (FAB survey)	
Number of people being trained in VBA and Level 2 training	PH	OUP trained up 20 new advisors, which includes 14 cardiology medical staff	98 (OUP) + 41 VBA training on IBA training courses (S4H x169)	
number of #smokefreeoxon mentions on social media platforms (or press releases) or report on publicity activity	PH (All)	#smokefreeoxon 17 tweets	9 on google search (16 between 1st and 4th June)	