

Health and Wellbeing Board
Meeting to be held on 16 July 2014

Electoral Division affected: <u>All</u>
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The Tobacco Control Strategy for Lancashire 2014-2016
(Appendices A, B, C and D refer)

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Executive Summary

Tobacco smoking is the single largest preventable cause of ill health, premature death and health inequalities in Lancashire, killing 1,673 adults aged 35 years and over each year. Smoking rates remain higher in Lancashire than England as a whole in adults (21.2% vs 20%), pregnant women (16.8% vs 12.0%) and young people (16% vs 11%). The total cost of smoking to society in Lancashire, including lost productivity, sick days, illness and death, house fires and dealing with tobacco litter is estimated to be £316.6 million each year.

Further to this, the Tobacco Free Lancashire Alliance has been formed to work collaboratively across the County to reduce the harm caused by tobacco and has developed a 'Tobacco Control Strategy for Lancashire 2014-2016'. This is in line with the government's national tobacco plan and the 'Local Government Declaration on Tobacco Control', which was adopted by Lancashire County Council in December 2013.

Reducing smoking in pregnancy is one of the key priority areas of the Tobacco Control Strategy for Lancashire 2014-2016 and Lancashire County Council's Strategy for Health and Wellbeing. A scoping of the smoking in pregnancy pathways currently operating across Lancashire has highlighted significant variances in programme delivery and gaps in current provision in line with the inherited legacy of the three Primary Care Trusts (PCTs). Therefore, in line with NICE guidance, a comprehensive Lancashire programme needs to be undertaken to systemise and embed organisational change to ensure all pregnant smokers are offered effective support in order to reduce the rates of smoking.

Further to this, a pan-Lancashire 'Tackling Smoking in Pregnancy' multi-disciplinary project group has been formulated as a sub-group of the Tobacco Free Lancashire Alliance, which has collectively developed a two-year 'Tackling Smoking in Pregnancy Action Plan'. The plan will be jointly implemented by Public Health Teams, Maternity Services within Hospital NHS Trusts, Clinical Commissioning Groups (CCGs), Stop Smoking Services and the Community and Voluntary Sector from Lancashire County, Blackburn with Darwen and Blackpool.

The proposed plan will facilitate implementation of a standardised opt-out pathway, comprehensive training for frontline staff, development of information for pregnant smokers and accurate data collection to reduce smoking rates during pregnancy and ensure every child in Lancashire has the best start in life.

This proposal to endorse and implement the Tobacco Control Strategy for Lancashire 2014-16 and the associated Tackling Smoking in Pregnancy Action Plan will assist in reducing health inequalities resulting from smoking and protecting successive generations of young people from the harm done by tobacco in Lancashire.

Recommendation

That the Board endorse the Tobacco Control Strategy for Lancashire 2014-2016 and associated Tackling Smoking in Pregnancy Action Plan and implement within commissioning plans where appropriate.

Background and Advice

1. Impact of Smoking in Lancashire

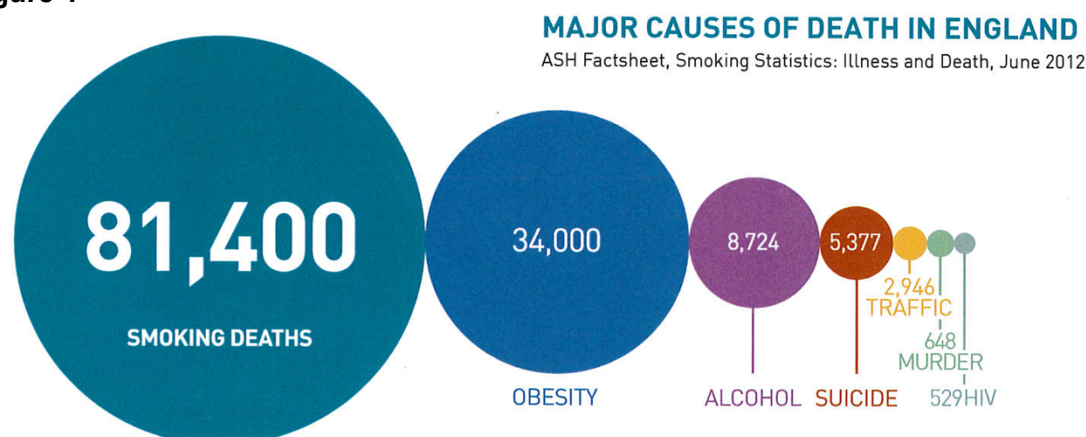
Tobacco smoking is the single largest preventable cause of ill health, premature death and inequalities in the communities we serve. One in two long-term smokers die prematurely as a result of smoking, half of these in middle age. On average, each smoker loses 16 years of life and experiences many more years of ill-health than a non-smoker.

Smoking kills around 80,000 people each year in England and 1,673 adults aged 35 years and over in Lancashire alone. This is greater than the total number of deaths from alcohol, obesity, illegal drugs, murder, suicide, road traffic accidents and HIV infection combined (see figure 1).

Smoking disproportionately affects those disadvantaged by poverty and is a major contributor to health inequalities, accounting for half of the difference in life expectancy between social classes I and V. Nationally, adults in routine and manual occupations are twice as likely to smoke as those in managerial and professional occupations (30% vs 13.8% respectively). In Lancashire County, over a third of routine and manual workers currently smoke (35.3%).

Tobacco negatively impacts on the whole economy – not just the NHS. The cost of smoking to society in Lancashire, including lost productivity, sick days, illness and death, house fires and dealing with tobacco litter is estimated to be £316.6 million each year. Even if all of the tax revenue from local tobacco sales were to come directly into Lancashire, estimated at £273.4 million, this would leave an annual shortfall of £43.2 million.

Figure 1



Smoking rates remain higher in Lancashire than England as a whole in adults (21.2% vs 20%), pregnant women (16.8% vs 12.0%) and young people (16% vs 11%). However, two-thirds of smokers (63%) want to quit and welcome support to do so.

Reducing health inequalities resulting from smoking and protecting successive generations of young people from the harm done by tobacco therefore remains a public health priority in Lancashire.

2. Tobacco Free Lancashire Strategy

The Tobacco Free Lancashire Alliance is a partnership made up of representatives from Local Authorities, the County Council, NHS Trusts and Clinical Commissioning Groups, Lancashire Constabulary, Lancashire Fire and Rescue and other partner organisations across Lancashire, Blackburn with Darwen and Blackpool. It is chaired by the elected Cabinet Members for Health and Wellbeing of Lancashire County Council, Blackpool Council and Blackburn with Darwen Council to ensure direct alignment and effective communication with the respective Health and Wellbeing Boards.

The Alliance works collaboratively across a multitude of organisations throughout the county to reduce the harm caused by tobacco. Further to this a Three-Year Tobacco Control Strategy for Lancashire 2014-2016 has been produced (see Appendix A), which outlines the areas of activity that Tobacco Free Lancashire and its collaborating partners will undertake to reduce smoking rates in Lancashire. Tobacco Free Lancashire's three-year strategy mirrors the government's national tobacco plan, in addition to local priorities. It supports one of the key objectives of the Local Government Declaration on Tobacco Control, which was adopted by Lancashire County Council in December 2013, to *'develop plans with our partners and local communities to address the causes and impacts of tobacco use.'*

The strategy will be supported by a detailed delivery plan for the County Council, which will be updated on a yearly basis to reflect progress.

3. Smoking in Pregnancy

Maternal smoking during pregnancy remains the greatest cause of foetal ill health and death. Tobacco smoke brings over 4,000 chemicals into the body, including 200 known poisons and 69 carcinogens. Every cigarette smoked during pregnancy introduces carbon monoxide into the maternal bloodstream and disrupts the foetal oxygen supply for 15 seconds, which in turn, reduces oxygen flow to the baby for 15 minutes.

Exposure to tobacco increases the risk of:

- Ectopic pregnancy
- Miscarriage
- Placental abnormalities and premature rupture of the foetal membranes
- Still-birth
- Preterm delivery
- Low birth weight (under 2,500 grams)
- Perinatal mortality
- Sudden infant death syndrome

Research studies have confirmed the correlation between maternal smoking and lower birth weight. Babies born to women who smoke during their pregnancy are an average 175-200g lighter than those born to non-smoking mothers. This is significant given that low birth weight is the single most important risk factor in perinatal and infant mortality.

Overall, smoking during pregnancy increases the risk of infant mortality by around 40% and causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths in the UK every year. It has been estimated that a 10% reduction in infant and foetal deaths could be achieved if all pregnant women stopped smoking.

Antenatal exposure to maternal smoking also has other damaging effects on child health, increasing the risk of:

- Cleft lip and cleft palate
- Attention deficit and hyperactivity disorder (ADHD)
- Impaired lung function and cardio-vascular damage
- Acute respiratory conditions such as asthma
- Learning difficulties
- Problems of the ear, nose and throat
- Obesity
- Diabetes
- Meningitis

Mothers who smoke are also less likely to breastfeed their babies than non-smokers and those who do produce a smaller amount of milk and breastfeed for a shorter time.

In addition to the societal and familial costs of smoking in pregnancy, the financial impact is also significant. Nationally it is estimated to cost the NHS between £20 million and £87.5 million each year to treat smoking-related complications in mothers and babies (0-12 months). This equates to approximately £10,000 per baby. Economic analysis has shown that supporting pregnant smokers to quit is 3-6 times more cost-effective than treating smoking-related health issues in new born infants.

In view of this, the UK Government has set a national ambition to reduce smoking at time of delivery (SATOD) rates to 11% or less by the end of 2015. Currently, around one in eight pregnant women in England (12.0%) are recorded as smoking at the time of delivery. However, smoking rates vary by age, social group and region. Teenage women are six times more likely to smoke throughout pregnancy than older mothers aged 35 years and over (35% vs. 6%). Similarly pregnant women from routine and manual occupations are five times more likely to smoke than those in professional and managerial roles (20% vs. 4%).

As table 1 highlights, smoking at time of delivery rates also remain higher in Lancashire than England as a whole (16.8% vs. 12.0%), with one in six pregnant women continuing to smoke. This means that it is highly unlikely that Lancashire will achieve the national SATOD ambition.

Table 1: Smoking Status at Time of Delivery (SATOD), April 2013 – March 2014

Clinical Commissioning Group	Number of Maternities	Number SATOD	% SATOD
Chorley and South Ribble	1,850	308	16.6%
East Lancashire	4,418	797	18.0%
Fylde and Wyre	1,247	189	15.2%
Greater Preston	2,429	412	17.0%
Lancashire North	1,588	257	16.2%
West Lancashire	989	142	14.4%
Lancashire County	12,521	2,105	16.8%
North West	84,069	12,870	15.3%
England	632,956	75,913	12.0%

The higher proportion of smoking during pregnancy in Lancashire is also reflected in greater rates of Lower Birth Weight (LBW) prevalence (see Table 2). In 2012, there were 1,119 LBW births across the County, representing a prevalence rate of 8.2% compared to 7.3% nationally.

It is estimated that around one in five (20-25%) of babies that are admitted to a Neonatal Unit are there primarily as a result of smoking during pregnancy, which equates to 224 LBW babies in Lancashire each year. The cost of delivering a complicated birth, the care of a LBW baby or the care of a premature baby is estimated as an average £12,500 per child compared to £1,000 for a normal vaginal birth. Therefore, the overall health care cost of smoking related neonatal complications in Lancashire is an estimated £2.8million each year. Stopping smoking during pregnancy could therefore potentially save £11.5k per baby and £2.58million across the County annually.

Table 2: Low Birth Weight (LBW) Births, 2012

Area	Number of LBW Births	Percentage of LBW Births
Burnley	108	8.8
Chorley	115	9.3
Fylde	43	6.4
Hyndburn	110	9.8
Lancaster	110	6.9
Pendle	128	9.8
Preston	180	9.7
Ribble Valley	30	6.3
Rossendale	69	8.2
South Ribble	83	6.7
West Lancashire	88	7.5
Wyre	55	5.8
Lancashire County Council	1,119	8.2
North West	6,417	7.2
England	50,516	7.3

Infants born to smokers are also at greater risk of exposure to second-hand smoke (SHS) in the home and car. The World Health Organisation (WHO) has listed SHS as a human carcinogen to which there is no safe level of exposure. Babies and children are especially vulnerable to the effects of second-hand smoke because they have smaller vessels and their organs are still developing. Therefore they breathe faster and breathe in more toxic chemicals than adults.

Children exposed to second-hand smoke are at increased risk of bronchitis, asthma symptoms, middle ear infections (glue ear) and sudden infant death syndrome (cot death). A report by the Royal College of Physicians estimates that second-hand smoke annually causes:

- 20,500 new cases of lower respiratory tract infection in children aged two years and under
- 121,400 new cases of middle ear infections in children of all ages
- 22,600 new cases of wheeze and asthma in children
- At least 200 new cases of bacterial meningitis

Based on these national figures, it is estimated that there are 3,057 additional incidents of childhood diseases each year within Lancashire, directly attributable to SHS:

- 360 new cases of lower respiratory tract infection in children under three years old
- 2,267 new cases of middle ear infections in children of all ages
- 419 new cases of wheeze and asthma in children
- At least 11 new cases of bacterial meningitis

Locally, it is estimated that exposure of adults and children to SHS in Lancashire, costs the NHS £15.67 million to treat every year.

Additionally, children of smokers are far more likely to become smokers themselves, which perpetuates cycles of health inequalities and deprivation. The Public Health Outcomes Framework has emphasised the continued commitment to reducing health inequalities and increasing healthy life expectancy. In order to achieve this, giving every child the best start in life must be made a priority and this must include protecting babies from the damage of tobacco smoke, both before and after birth.

In view of this, decreasing smoking rates during pregnancy remains a public health priority in Lancashire and the earlier a mother can quit her habit the greater the health benefit for both herself and her baby.

4. Pan-Lancashire Smoking in Pregnancy Programme

In line with the NICE guidance on smoking in pregnancy, a comprehensive Pan-Lancashire programme needs to be undertaken to systemise and embed organisational change to ensure all pregnant smokers are offered effective support in order to reduce the rates of smoking.

In response, a Pan-Lancashire 'Tackling Smoking in Pregnancy' multi-disciplinary project group has been formulated as a sub-group of the Tobacco Free Lancashire Alliance. To date, this group contains representatives from Midwifery and Health Visiting Teams in Community and Hospital NHS Trusts, CCG's, Public Health Teams, Stop Smoking Services, the Community and Voluntary Sector (CVS) from Lancashire County, Blackburn with Darwen and Blackpool.

It has collectively developed a two-year 'Tackling Smoking in Pregnancy Action Plan (see Appendix C), which has four areas of action:

1. Implementation of a standardised opt-out pathway
2. Comprehensive training for frontline staff
3. Development of information and support for pregnant smokers
4. Accurate data collection and performance monitoring

Given the shared commissioning responsibilities of the smoking in pregnancy pathway across Lancashire County, the six Clinical Commissioning Groups (CCG's), five Maternity Services within Hospital NHS Trusts, Public Health within Lancashire County Council, four Stop Smoking Services and the Community and Voluntary Sector will need to collectively work together and invest in this programme to reduce smoking rates during pregnancy and ensure every child in Lancashire has the best start in life. Further to this, Public Health has secured funding to deliver the Lancashire County Council elements of the programme between 2014 and 2016.

Consultations

The Tobacco Control Strategy for Lancashire 2014-2016 (Appendix A), has been collectively developed and adopted by members of the Tobacco Free Lancashire (TFL) Alliance and a two-week consultation was held with the following stakeholders to facilitate collaborative contribution:

Blackburn with Darwen Clinical Commissioning Group
Blackburn with Darwen Council
Blackpool Clinical Commissioning Group
Blackpool Council
Blackpool Teaching Hospitals NHS Foundation Trust
Burnley Borough Council
Cumbria and Lancashire Public Health Collaborative
Chorley Borough Council
Chorley & South Ribble Clinical Commissioning Group
East Lancashire Clinical Commissioning Group
East Lancashire Hospitals NHS Trust
Fylde Borough Council
Fylde and Wyre Clinical Commissioning Group
Greater Preston Clinical Commissioning Group
Hyndburn Borough Council
Lancashire Association of Councils for Voluntary Service
Lancashire Care NHS Foundation Trust
Lancashire Constabulary
Lancashire County Council
Lancashire Fire & Rescue
Lancashire North Clinical Commissioning Group
Lancashire Teaching Hospitals NHS Foundation Trust
Lancaster City Council
Pendle Borough Council
Preston City Council
Pennine Care NHS Foundation Trust
Ribble Valley Borough Council
Rossendale Borough Council
South Ribble Borough Council
Southport and Ormskirk Hospital NHS Trust
University Hospitals of Morecambe Bay NHS Foundation Trust
West Lancashire Borough Council
West Lancashire Clinical Commissioning Group
Wyre Borough Council

The TFL Alliance builds a strategic partnership within Lancashire to support Tobacco Control programmes and action to reduce smoking prevalence and niche tobacco use, protect adults and children from exposure to second-hand smoke and help all residents to live tobacco free lives.

A multidisciplinary, pan-Lancashire Smoking in Pregnancy workshop was held in November 2013 with 53 representatives from Midwifery and Health Visiting Teams in Community and Hospital NHS Trusts, CCG's, Public Health Teams, Stop Smoking Services and the Community and Voluntary Sector from Lancashire, Blackburn with Darwen and Blackpool to review the current service provision and collectively develop a two-year action plan. Further to this, a Pan-Lancashire 'Tackling Smoking in Pregnancy' multi-disciplinary project group was formulated as a sub-group of the Tobacco Free Lancashire Alliance and has collectively developed the 'Tackling Smoking in Pregnancy Action Plan (Appendix C). Two meetings and a four-week

consultation were held with all stakeholders to facilitate collaborative contribution to the plan. The group will meet bi-monthly to implement the plan and report progress to the TFL Alliance on a quarterly basis.

Implications:

This item has the following implications, as indicated:

Financial

Implementation of the 'Tobacco Control Strategy for Lancashire' between 2014 and 2016 will require funding from the Public Health grant.

Funding has been secured from the Public Health grant to implement the Public Health components of the 'Tackling the Smoking in Pregnancy' programme. The financial allocation is £150,000 in 2014/15 and £105,000 in 2015/16. The programme will be evaluated after the two-year period to inform the need for recurrent annual investment. Additional capacity and resource investment to support the smoking in pregnancy pathway to the £255,000 contribution from Public Health will also be required from the six CCGs operating within Lancashire County as commissioners of maternity services

Legal

None identified. The Tobacco Control Strategy for Lancashire is in line with the government's national tobacco plan and the 'Local Government Declaration on Tobacco Control', which was adopted by Lancashire County Council in December 2013.

Personnel

Programme management of the 'Tobacco Control Strategy' for Lancashire County Council will be undertaken by Public Health. However, the strategy will be collectively implemented by members of the Tobacco Free Lancashire (TFL) Alliance (please see above).

Programme management of the 'Tackling Smoking in Pregnancy' programme for Lancashire County Council will be undertaken by Public Health. However, this will be collectively implemented by the wider pan-Lancashire 'Tackling Smoking in Pregnancy' multi-disciplinary project group, which includes Public Health Teams, Maternity Services within Hospital NHS Trusts, Health Visiting teams in Community NHS Trusts, CCG's, Stop Smoking Services and the Community and Voluntary Sector from Lancashire County, Blackburn with Darwen and Blackpool. This is a task-finish sub-group of the Tobacco Free Lancashire Alliance and as such will submit progress updates on a quarterly basis.

Equality and Diversity

The 'Tobacco Control Strategy for Lancashire' 2014-16 is all embracing and as such, is not considered to have an adverse impact on any groups of individuals sharing protected characteristics. The strategy and programmes are designed to decrease smoking rates among all residents across the County to ensure they live smokefree

healthy lives. An Equality Analysis has been completed and is attached at Appendix 'B'.

Equally, the Tackling Smoking in Pregnancy Action Plan is all embracing and as such, is not considered to have an adverse impact on any groups of individuals sharing protected characteristics. It is designed to have a positive impact on both pregnant women and protecting babies from the damage of tobacco smoke, both before and after birth. An Equality Analysis has been completed and is attached at Appendix 'D'.

Risk management

Endorsement of the Tobacco Control Strategy for Lancashire

Tobacco smoking is the single largest preventable cause of ill health, premature death and inequalities in Lancashire, killing 1,673 adults aged 35 years each year. Smoking rates remain higher in Lancashire than England as a whole in adults (21.2% vs 20%), pregnant women (16.8% vs 12.0%) and young people (16% vs 11%). The total cost of smoking to society in Lancashire, including lost productivity, sick days, illness and death, house fires and dealing with tobacco litter is estimated to be £316.6 million each year.

If the request to adopt the Three-Year Tobacco Control Strategy for Lancashire 2014-16 is declined, inequalities and gaps in health policy will continue, exposure to smoking behaviour will not decrease and rates of smoking will not reduce.

As a consequence, Lancashire County Council will not achieve the smoking-related Public Health Outcome targets and the economic, societal and financial burden of smoking-related illness, death and health inequalities will continue.

Endorsement of the Tackling Smoking in Pregnancy Action Plan

Maternal smoking during pregnancy remains the greatest cause of foetal ill health and death. Babies born to women who smoke during their pregnancy are lighter than those born to non-smoking mothers and low birth weight is the most significant risk factor in perinatal and infant mortality. Rates of smoking during pregnancy remain higher in Lancashire than England as a whole (16.8% vs. 12.0%) and this is reflected in the greater rates of Lower Birth Weight (LBW) prevalence across the County (8.2% compared to 7.3% nationally). Consequently, reducing smoking in pregnancy is one of the key priority areas of the Tobacco Control Strategy for Lancashire 2014-16 and Lancashire County Council's Strategy for Health and Wellbeing.

A scoping of the smoking in pregnancy pathways currently operating across Lancashire has highlighted significant variances in programme delivery and gaps in current provision. If the request to endorse the Lancashire-wide 'Tackling Smoking in Pregnancy' action plan is declined, inequalities and gaps in service delivery will continue and as a result, pregnant smokers will not receive effective support to quit their habit. Inaccuracies in SATOD data collection will also continue. In turn, rates of smoking during pregnancy, exposure to second-hand smoke and levels of perinatal and infant mortality in Lancashire will not reduce.

As a consequence, within Lancashire: the emotional turmoil experienced by families as a result of infant smoking-related illness and death will continue; financial savings from smoking-related health care (estimated £18.25million) will not be made; Public Health Outcome targets will not be achieved; and levels of health inequalities will continue.

Therefore, this strategy and associated action plan should be prioritised to ensure every child in Lancashire is given the maximum opportunity to live a smokefree healthy life.

**Local Government (Access to Information) Act 1985
List of Background Papers**

NA

Reason for inclusion in Part II, if appropriate

N/A