

Tobacco Control Health Needs Assessment

Executive Summary

February 2023



Derby City Council

Executive Summary

Tobacco use remains a significant public health challenge. The main method of tobacco consumption is through smoking.

Nationally, smoking is the main cause of preventable illness and early death. It is also a substantial driver of health inequalities. In 2019, 74,600 people in England died as a result of smoking, with many more living with debilitating smoking-related illnesses.

As a major cause of ill-health, smoking increases a person's risk of developing more than 50 serious health conditions, including heart disease, lung disease and lung cancer. It also damages the health of children and non-smokers who are exposed to secondhand smoke and increases the risk of complications during pregnancy.

Each day in Derby approximately 300,000 cigarettes are smoked. There are opportunities to strengthen our efforts to reduce the harms caused by smoking locally.

This summary highlights the key messages from a health needs assessment, which brings together data and evidence to guide the development and delivery of tobacco control activities in Derby.

Who is smoking in Derby?

The latest data (2021) shows that 13.2% of adults in Derby are estimated to smoke, which is similar to the England average (13.0%). However, similar to the national picture, smoking prevalence in Derby is recognised to be higher among people living in social housing (37.8%), people with long-term mental health conditions (29.5%) and those working in routine and manual occupations (26.2%) when compared to the general population. Derby also continues to experience a significantly higher prevalence of smoking during pregnancy (measured at the time of delivery) than the England average (11.9% in Derby vs 9.1% for England).

What are the impacts of smoking in Derby?

Health impacts

Smoking is responsible for approximately half of the differences in life expectancy between the most and least advantaged in society. In Derby, smoking attributable mortality and hospital admissions remain significantly higher than the national average. The latest data shows that between 2017-2019, there were 982 deaths in Derby due to smoking-related causes. In 2019/20, there were 2,647 hospital admissions attributable to smoking in the City.

Societal impacts

Smoking is estimated to cost the economy in Derby £108 million per year. This is made up of:

- £89 million in costs due to lost productivity
- £10.8 million in costs to the NHS
- £6.6 million in social care costs
- £1.9 million in fire-related costs.

Tobacco addiction, and the loss of income it causes, can exacerbate and lock people into poverty, which perpetuates health inequalities. In Derby, it is estimated that smokers spend approximately

£64.3 million on tobacco products each year. This equates to around £1,945 on average per smoker. It is estimated that 6,704 households in Derby could be lifted out of poverty if the cost of tobacco addiction was returned to the household.

Environmental impacts

Tobacco use has an environmental impact in our communities. Cigarette butts constitute 66% of all street litter items. Most cigarette filters are non-biodegradable and must be collected and disposed of in landfill sites. In Derby, smoking generates approximately 16 tonnes of waste annually, of which 7 tonnes are collected as discarded street litter by the council. There is also increasing recognition around the environmental impacts of vaping devices, although this is not yet fully understood. Incorrect disposal of these items can potentially release plastic, electrical and hazardous chemical waste into the environment. The environmental impacts of vaping will be considered in more detail in future needs assessment updates as the evidence base continues to develop.

What is tobacco control?

Tobacco control is an internationally recognised evidence-based approach which incorporates a range of strategies to reduce the supply, demand and harms associated with tobacco use. The aim of tobacco control is to improve health and wellbeing by eliminating or reducing tobacco consumption and exposure to tobacco smoke.

The Tobacco Control Plan for England sets out an ambition for a smokefree generation, which is defined as a population smoking prevalence of 5% or less. To achieve this the national Tobacco Control Plan outlines four priority areas for action:

- prevention first
- supporting smokers to quit
- eliminating variation in smoking rates
- ensuring effective enforcement.

Following on from this, in 2019, the government set an objective for England to become a smokefree society by 2030.

What progress has been made in reducing smoking in Derby?

There has been substantial progress over recent years to reduce smoking prevalence among adults and routine and manual workers. Smoking prevalence in these groups is now similar to the England average. However, the proportion of adult smokers (13.2%) is above the government ambition to reduce adult smoking prevalence to 12% or less by the end of 2022.

Both locally and nationally, smoking is concentrated among more disadvantaged groups in society. There are ongoing social inequalities in smoking prevalence, particularly affecting routine and manual workers, people with long-term mental health conditions and people living in social housing, where the proportion of people smoking continues to be substantially higher than in the general population.

While smoking prevalence at the time of delivery has reduced over recent years, this continues to be significantly higher than the national average. Further multiagency work and leadership will be needed to reduce the rates of smoking during pregnancy. This remains an ongoing priority area for

focus, including through the work to implement the new NHS Tobacco Dependency Treatment Programme.

What is being implemented for tobacco control in Derby?

Stop smoking support

Tobacco dependence is one of the hardest addictions to break. Effective Stop Smoking Services continue to offer smokers the best chance of quitting. In 2021/22, 61% of Livewell clients who set a quit date reported successful 4-week quit attempts. This was higher than the England average of 55%. However, there are variations in quit rates among different sociodemographic groups. Successful quit outcomes were lower among service users who were pregnant, certain ethnic groups and certain age groups when compared to the local service average. Plans are underway to enhance the local service offer to better support key 'at-risk' and priority populations known to be at greater risk of smoking and its related harms. This includes a planned service review to enhance the smoking cessation support offer provided to children and young people. It is recognised that further insight work is needed to continue to optimise engagement and the local service offer to reduce smoking-related inequalities.

Healthcare organisations across the Integrated Care System (ICS) footprint have demonstrated a commitment to reducing smoking prevalence in the local population. Across the local system work is underway to develop a programme to deliver the ambitions set out in the NHS Long-term Plan, which aims to ensure that all acute and mental health inpatients who smoke are offered NHS funded tobacco dependency treatment services by 2023/24. The Long-term Plan service model also extends to include those who are pregnant and their partners, and certain high-risk outpatient groups. A Tobacco Dependency Board has been established to coordinate this work with membership of partners across the ICS. One area not explored in detail in this needs assessment are smoking cessation outcomes among hospital inpatients and people with mental health conditions. Once fully established, data gathered as part of the NHS Tobacco Dependency Treatment Programme will support local understanding of engagement and quit rates among these groups.

Smokefree places

Smokefree environments aim to protect people from the harms of secondhand smoking, demonstrating the importance of continued enforcement of existing smokefree legislation and policies. There may be opportunities to extend smokefree environments through implementing voluntary smokefree zones at school gates, playgrounds and as part of new planning and regeneration projects. This could be beneficial for reducing the harms of secondhand smoking, particularly among children and other vulnerable groups. The implementation of voluntary smokefree zones could be explored through local consultation work, which could also increase public awareness of the harms of secondhand smoke. There may also be opportunities to work with social housing providers to integrate stop smoking support into their existing health and wellbeing activities.

Preventing uptake

Smoking is an addiction that is largely established in childhood. Discouraging young people from smoking remains a priority. In Derby, the School Nursing Team works more intensively with schools that have identified tobacco dependency among their top 3 priority health needs, providing staff training and delivering targeted group work sessions to students. However, there are local insight

gaps around smoking and vaping prevalence among children and young people and the impacts of current school-based prevention activities. This is recognised as an area for development.

Tackling the illegal tobacco trade

The illegal tobacco trade undermines the effectiveness of tobacco control initiatives. Over recent months Derby Trading Standards has made substantial seizures of illegal tobacco and illegal vapes, despite changes in service capacity. This highlights the need for ongoing enforcement operations supported by the appropriate capacity, resource and intelligence to reduce the supply and demand of illegal tobacco and illegal vaping products across the City.

Collaboration across organisations

Effective tobacco control requires a multi-agency and multi-component approach. This needs assessment has highlighted the need for whole systems approach to tobacco control encompassing a broad range of areas. Consideration of developing a strategic group across the Derby and Derbyshire ICS footprint, as well as engaging with regional activities through the Midlands Tobacco Control Network, could provide opportunities to upscale cross-organisational working. This would also optimise strategic leadership and coordination of efforts across system partners to facilitate sustained and cohesive local action.

Recommendations for consideration

Recommendations
An overarching approach to tobacco control that:
<p>1. Strengthens local action to address smoking-related inequalities through:</p> <ul style="list-style-type: none"> • A place-based approach to target communities and populations where smoking prevalence is highest. • An approach that engages and supports known priority and ‘at-risk’ groups. This includes: <ul style="list-style-type: none"> ○ children and young people ○ during pregnancy ○ routine and manual workers ○ hospital inpatients ○ people with long-term mental health conditions ○ people living in social housing ○ certain ethnic minority groups ○ LGBTQI+ groups. • Development of mass media campaigns to reduce tobacco-related harms, linking with regional and national initiatives, as appropriate.
<p>2. Gathers local insight, as appropriate and feasible, to inform:</p> <ul style="list-style-type: none"> • future commissioning arrangements • service provision • wider tobacco control initiatives.
<p>3. Builds system capacity through strategic leadership and collaborative action:</p> <ul style="list-style-type: none"> • Strengthen system-wide leadership and action via the Derby Health and Wellbeing Board to raise the local profile of tobacco control initiatives. • Consider developing a Derby and Derbyshire Tobacco Control Strategic Group to upscale cross-organisational working and coordination of local efforts. This includes working with Derbyshire County Council and other partners at an ICS level, as appropriate • Invite the development of shared commitments across multi-agency partners.

<ul style="list-style-type: none"> • Identify priority areas for action to support effective planning and service development. • Establish links to the Midlands Tobacco Control Network to strengthen advocacy for local tobacco control initiatives, partnership work and action at a regional and national level.
<p>4. Self-assesses work on a broad range of tobacco control issues through:</p> <ul style="list-style-type: none"> • Evaluating and monitoring the impacts of local tobacco control initiatives. • Ensuring activities follow the latest evidence-based practice.
<p>Stop smoking support</p>
<ul style="list-style-type: none"> • Ensure support and services are evidence-based and easily accessible. • Consider more targeted support for priority and 'at-risk' groups who are most vulnerable to tobacco-related harms. • Consider targeted work with local employers to support reductions in smoking prevalence among routine and manual workers. • Develop a consensus across ICS partners on vaping, informed by the latest evidence and guidance.
<p>Preventing uptake</p>
<ul style="list-style-type: none"> • Understand the impact of current prevention activities and the role for wider evidence-based prevention initiatives. • Local insight work to understand the numbers of young people who may be taking up smoking and vaping.
<p>Illegal tobacco</p>
<ul style="list-style-type: none"> • Continue enforcement action to target the illegal tobacco trade. • Ensure this is supported by the appropriate local capacity, resource and intelligence.
<p>Smokefree places</p>
<ul style="list-style-type: none"> • Continue to support and enforce existing smokefree legislation and policies. • Consider extending smokefree environments, supported by local public consultation. • Consider opportunities to work with local social housing providers to integrate stop smoking support into their existing health and wellbeing activities.

Tobacco Control (2023)

A Call to Action



Derby City Council

Smoking is the **main cause** of **preventable illness** and **premature death**

Tobacco control is an evidence-based approach to tackle the harms caused by tobacco

13.2%

of adults in Derby smoke, which is **SIMILAR** to the England average



There are inequalities associated with smoking and the harm it causes



Smoking accounts for half the differences in life expectancy between the richest and poorest in society



People living in the most deprived communities are more likely to smoke and less likely to quit



Children are more likely to take up smoking if they live with people who smoke



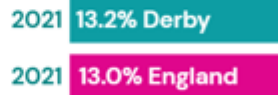
37.8% of people living in social housing smoke

Smoking rates are higher among people with long-term mental health conditions and routine and manual workers compared to the general population



At **11.9%** smoking rates in pregnancy are significantly **HIGHER** than the England average (9.1%)

Adult smoking rates



Smoking rates in routine and manual workers



Smoking rates in people with long-term mental health conditions



Stop Smoking Services

In 2021/22:

762 people quit smoking through Stop Smoking Services

61% of people setting a quit date reported successfully stopping smoking at 4 weeks

Quit rates in Derby were **HIGHER** than the England average

The impacts of smoking affect the whole community in Derby

Smoking attributable hospital admissions and death rates are **HIGHER** than the England average. There were:

982 deaths attributable to smoking between 2017-19

2,647 hospital admissions

for smoking-related conditions in 2019/20

Smoking is estimated to cost society in Derby **£108 million** per year. This consists of:



£89 million in lost productivity



£17.4 million in NHS and social care costs



£1.9 million in fire-related costs

300,000 cigarettes are smoked in Derby every day. This generates **16 tonnes** of waste annually, of which **7 tonnes** are discarded as street litter

A whole systems approach to tobacco control

The national vision is to create a smokefree society by 2030, which is achieved when the national smoking prevalence is 5% or less.

Tobacco control is everybody's business.

To be effective at reducing smoking rates and the harms caused by tobacco we must work in partnership, using a whole systems approach to tobacco control. This includes:

- Preventing children and young people from taking up smoking
- Supporting people who smoke to quit
- Addressing inequalities in smoking rates
- Reducing the harm caused by tobacco in our communities through creating smokefree environments and tackling illegal tobacco.