



## **HEALTH AND WELLBEING BOARD: 24<sup>th</sup> SEPTEMBER 2020**

### **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

#### **JOINT STRATEGIC NEEDS ASSESSMENT – TOBACCO CONTROL**

##### **Purpose of the report**

1. The purpose of this report is to provide a summary of the recommendations that have arisen from the Joint Strategic Needs Assessment (JSNA) Tobacco Control chapter.

##### **Link to the local Health and Care System**

2. The local authority and clinical commissioning groups (CCGs) have equal and joint statutory responsibility to prepare a JSNA for Leicestershire, through the Health and Wellbeing Board. The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs.
3. JSNAs are a continuous process and are an integral part of CCG and local authority commissioning cycles. Health and Wellbeing Boards need to decide for themselves when to update or refresh JSNAs or undertake a fresh process to ensure that they are able to inform local commissioning plans over time.
4. Leicester, Leicestershire and Rutland's Sustainability and Transformation Plan (STP) sets out a vision for the future of health and care services. It focuses on ensuring that consistently quality services are delivered which are easier for local people to access. Where possible, it is important that the JSNA is used as the evidence base for the STP.
5. The purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. It should be viewed as a continuous process of strategic assessment and planning with the aim to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.
6. The JSNA will be used to help to determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.
7. The local authority, CCGs and NHS England's plans for commissioning services will be expected to be informed by the JSNA. Where plans are not in line with the JSNA, the local authority, CCGs and NHS England must be able to explain why.

8. The JSNA is a statutory document that is used by many organisations to evidence changes to the commissioning of local services. As such, if any organisation receives a legal challenge to the services they commission based on the JSNA, the local authority could also be part of that legal challenge. It is essential that the process that is followed meets the legislation that is set out and that the JSNA is a robust document.

### **Recommendation**

9. It is recommended that the Health and Wellbeing Board welcomes and supports the recommendations of the Joint Strategic Needs Assessment - Tobacco Control.

### **Policy Framework and Previous Decisions**

10. The Health and Wellbeing Board received a paper in January 2018 which proposed that the JSNA would be published in subject-specific chapters throughout a three-year time period on an iterative basis, in line with CCG and local authority commissioning cycles. This approach was supported with the JSNA outputs agreed as:

- Subject-specific chapters of an assessment of current and future health and social care needs.
- Infographic summary of each chapter
- A data dashboard that is updated on a quarterly basis to allow users to self-serve high level data requests

11. The JSNA chapters published to date can be accessed at:  
<http://www.lsr-online.org/leicestershire-2018-2021-jsna.html>

### **Background**

12. The JSNA Tobacco Control chapter was published online in December 2019 following approval at the JSNA Reference Group. A link to the full chapter can be found under the Background papers section towards the bottom of this report. A summary of the recommendations arising from the chapter is provided below.

### **Summary of Recommendations JSNA Tobacco Control**

13. The Tobacco Control JSNA chapter provides an overview of the data on smoking and its consequences. The chapter also considers the relevant national and local policy and guidance context for smoking cessation and tobacco control. A set of recommendations have been made to address smoking with the aim of reducing smoking prevalence and the consequences of smoking in the people of Leicestershire.

The JSNA recommendations are:

- The Development of a Tobacco Control Strategy for Leicestershire to set out a

clear vision and priorities for reducing smoking related health inequalities and reducing the burden of illness and disease from smoking, recognising the need for partnership working between different organisations that will be required to fulfil this.

- Reduce health inequalities due to smoking through a reduction in people starting smoking, supporting people to stop smoking (recurrently if needs be) and optimal management of smoking related illnesses and diseases in primary and secondary care.
- To take a multi-agency approach to prevention and stop smoking support in geographical areas where smoking prevalence is highest, alongside universal access to services.
- To carry out an evaluation of the QuitReady service to ensure that those groups with higher smoking prevalence are appropriately targeted and reached by the service, alongside maintaining a universal offer to all smokers.
- Working in partnership and utilising principles of system leadership across organisations in Leicestershire, and in Leicester and Rutland where appropriate, on areas such as smoke-free housing and inpatient stop-smoking services
- Clinical commissioning groups to provide leadership on contributing to a smoke free society in England and work with NHS providers on: provision of inpatient stop smoking services, provision of a universal smoking cessation offers to long-term users of specialist mental health and/or learning disability services, development of smoke free NHS sites and embedding Making Every Contact Count.
- District councils to provide leadership on smoke free housing, working with housing providers to lead the way in improving the health of their population through smoke free tenancies, and reducing second-hand smoke exposure due to smoke drift (for example in flats/apartments), including utilising Making Every Contact Count.
- Continue to consider equality of access to stop smoking services, including information and support, for those who may face particular challenges in accessing services, for example those with a learning disability and other groups under the Equality Act.
- Ensure that smoking advice and information, and the stop smoking services

are thoroughly embedded in the Making Every Contact Count plus (MECC+) workstream and training.

- Work with Primary Care Networks in conjunction with social prescribing link workers to ensure that smokers are offered brief advice and relevant signposting to stop smoking services by social prescribing link workers.
- UHL NHS Trust and Leicestershire Partnership NHS Trust (Acute mental health services) to strengthen their smoke free sites policies and the enforcement of these policies
- Work in partnership to reach looked after children and support them and the places where they live to be smoke free and have tailored services to support quit attempts.
- For specialist services such as prison healthcare, and homeless primary care services, ensure that accessible and relevant advice is provided to these groups in appropriate and pragmatic ways, with support from partners as appropriate and required.
- Investigate why prevalence of smoking in Leicestershire may have increased from 2017 to 2018 and continue to monitor and respond to the trend of smoking over time.

## **Conclusion**

14. Smoking is a major cause of preventable ill health and premature mortality in England and in Leicestershire. Prevalence of smoking in Leicestershire has decreased from 17.7% in 2011, to 13.2% in 2018. However, this still equates to 73,535 smokers in Leicestershire in 2018. The prevalence of smoking in Leicestershire in those in routine and manual occupations is 22.4%.
15. Smoking is a major contributor to health inequalities. Those who are more economically deprived, and who are likely to be deprived in other areas of life, are also faced with a substantial health inequality as a result of smoking. This will manifest itself in reduced life expectancy, more smoking related illnesses, more smoking related hospital admissions and more impacts on day to day activities as a result of smoking.
16. Tobacco control measures, including a universal, accessible and effective stop smoking service, as well as other measures listed in the recommendations of the JSNA chapter, will act to reduce smoking prevalence, and reduce health inequalities linked to smoking.

## **Background papers**

JSNA Tobacco Control Chapter

<https://www.lsr-online.org/uploads/tobacco-control.pdf?v=1577105672>

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### **Relevant Impact Assessments**

#### **Equality and Human Rights Implications**

17. The JSNA is subject to an EHRIA. This is being conducted on an ongoing basis in consultation with the council's policy officers. A representative from the Leicestershire Equality Challenge Group (LECG) sits on the JSNA Reference Group and members of the LECG participate in the Task and Finish Groups which oversee the development of each chapter.

#### **Environmental Implications**

18. Second-hand smoke can have a particularly damaging effect on cardiovascular health. Since the introduction of smoke free legislation, there has been a statistically significant reduction in the number of hospital admissions for heart attacks. A study of bar workers showed that measures of their respiratory health significantly improved after the introduction of the legislation.
19. Second-hand smoke remains a risk to household members, including children, of people who smoke. Smoke 'drift' from neighbouring properties (particularly in accommodation such as flats) can also expose people to second-hand smoke.
20. Work by district councils with housing providers towards smoke-free housing and tenancies would reduce risks due to exposure to second-hand smoke.

#### **Partnership Working and associated issues**

21. A range of organisations have roles to play in tobacco control and reducing smoking prevalence, exposure to second-hand smoke, smoking-related ill health and mortality. This includes health and social care providers through smoke free sites, the use of Healthy Conversations (formerly Making Every Contact Count), district councils and housing providers, clinical commissioning groups through delivering the

NHS Long Term Plan and many others. Individual organisations have their own roles, responsibilities and spheres of influence in this area, but partnership working to ensure a co-ordinated approach will also be crucial.