

2 September 2021		ITEM: 10
Health and Wellbeing Overview & Scrutiny Committee		
Tobacco Control Joint Strategic Needs Assessment		
Wards and communities affected: All	Key Decision: Non–Key	
Report of: Rebecca Willans, Specialty Public Health Registrar		
Accountable Assistant Director: Teresa Salami-Oru, Assistant Director and Consultant in Public Health		
Accountable Director: Jo Broadbent, Director of Public Health		
This report is Public		

Executive Summary

The Tobacco Control Joint Strategic Needs Assessment (JSNA) has been developed to gain an understanding of the scale and impact of tobacco use and harm in Thurrock, and the effectiveness of Thurrock’s current tobacco control strategy in addressing this. The JSNA identifies harm and opportunities for improvement across the population; however, its focus is on priority groups where there is either higher smoking prevalence, such as people living in more deprived wards and people living with mental ill health, or groups where the health benefits of quitting smoking are greatest, such as women during pregnancy. The JSNA aims to identify aspects of the current tobacco control strategy for Thurrock that are working well and areas where improvements could be made, especially to reduce tobacco related harm for priority groups. This is a particularly important subject since smoking is the main cause of preventable and premature deaths in England and is the largest single contributor to health inequalities; smoking accounts for half the difference in life expectancy in England between those living in the most and least deprived communities.

The JSNA describes that Thurrock still has one of the highest smoking prevalence rates in England and that there remains a high level of inequality in prevalence by level of deprivation and among people with poor mental health.

Thurrock’s current tobacco control strategy includes treatment, prevention and enforcement interventions. Of these, the JSNA found that the most impactful to reduce smoking prevalence in Thurrock is treatment and specifically, action to increase the number of smokers attempting to quit through Thurrock’s stop smoking service. Thurrock’s current approach has been effective in supporting an increasing number of smokers to attempt to quit and successfully do so. However improvements could be made in encouraging quit attempts among priority population

groups. There is an opportunity to achieve an increase in quit attempts at scale and reduce smoking related health inequalities by targeting communications and engagement work within the eight more deprived wards in Thurrock, where over 50% of smokers reside. This will involve a whole systems approach, working with local businesses in these wards and front line staff working in services that have most contact with higher smoking prevalence groups to refer smokers to the stop smoking service.

The stop smoking service has seen an increase in people accessing the service who report they have a mental illness, but it is unclear why. Work with mental health services and service users to explore opportunities to encourage more quit attempts and quit success will need to continue to reduce inequality in smoking prevalence among people with mental illness. However, other services and forums will also be important to reach people who have poor mental health, even if they are not currently accessing services for this or do not have a diagnosis. This is in recognition of the potential hidden need identified in this population group.

There is currently a lack of local insight for some populations that are known nationally to have higher smoking prevalence such as people who identify as LGBTQ and some BME populations. Close work with these groups identified in the JSNA will be required to co-produce solutions appropriate to their needs and to better understand progress in reducing inequalities.

Regarding Thurrock's prevention and enforcement interventions, the JSNA found that Thurrock's Trading Standard's team are making good use of local government powers to reduce supply and access to illicit tobacco and reduce underage sales. The prevention element of Thurrock's Tobacco Control Strategy should be strengthened to prevent uptake, especially among children and young people and reduce the risk of relapse among ex-smokers. Thurrock Council engage with national campaigns but there has been little recent targeted work in this intervention area and this is especially important in supporting priority populations.

The JSNA report makes recommendations for addressing the gaps identified in the JSNA, which broadly can be summarised as:

- There is a need to ensure more smokers are encouraged to attempt to quit through support from front line services, local employers and voluntary and community sector (VCS) organisations. In particular, settings accessed by or serving priority populations identified in the JSNA.
- Localised marketing and communications opportunities should be reviewed and targeted to prevent uptake among children and young people and to encourage current smokers to attempt to quit. Again, this should focus on high priority population groups.
- Work with the VCS should be undertaken to explore / co-produce stop smoking service solutions that better meet the needs of groups where there is currently little insight and where national data indicates there may be greater relatively higher smoking / tobacco use.
- There is a lack of recent research evidence regarding interventions that are effective in reducing smoking among the high priority populations identified.

Thurrock should evaluate local tobacco control innovations to improve knowledge in this area. This will enable agile adaptations to be made locally and could improve knowledge on the subject more widely.

1. Recommendation(s)

- 1.1 That the Health and Wellbeing Overview and Scrutiny Committee note and comment on the content and recommendations contained within the report.**

2. Introduction and Background

- 2.1 The Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of the local community. It is intended to provide a shared, evidence-based consensus about key local priorities and support commissioning to improve health and well-being outcomes and reduce inequalities. It brings together detailed information on local health and wellbeing needs and looks ahead at emerging challenges and projected future needs.
- 2.2 The Tobacco Control JSNA aims to identify the extent to which the current tobacco control strategy is impacting on smoking prevalence and tobacco related harm in Thurrock, whether this is equitable and where improvements could be made. The purpose is to reduce tobacco related harm in Thurrock.
- 2.3 This JSNA provides an evidence base to demonstrate the scale of smoking in Thurrock, inequalities in prevalence and opportunities to reduce prevalence.
- 2.4 This JSNA will support the Thurrock Health and Wellbeing Strategy aim to reduce the number of people in Thurrock who smoke and contribute to delivery of at least five of the Public Health Outcomes Framework indicators.

3. Issues, Options and Analysis of Options

- 3.1 These are set out in detail in the JSNA report itself.

4. Reasons for Recommendation

- 4.1 To update the Committee and seek their views and input prior to developing a Tobacco Control Strategy and taking forward the outlined recommendations for implementation.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 Stakeholders from Thurrock Council, mental health services, Essex County Council, and HM Prison and Probation Service were consulted with and supported the development of this JSNA report. Input from these stakeholders was vital in ensuring a holistic picture of the landscape in Thurrock was captured and accurately reflected within the report, and the recommendations

developed from this. Stakeholders, including members of the public representing priority groups identified in the JSNA will also be consulted with as the tobacco control strategy is developed to help coproduce solutions relevant to their needs as part of a longer term approach to understand and responding to these needs.

6. Impact on corporate policies, priorities, performance and community impact

6.1 Reducing smoking prevalence is a priority in Thurrock's current Health and Wellbeing Strategy and proposals for the refresh for the next five years have retained this aim. There are also five Public Health Outcome Framework indicators associated with smoking; delivering recommendations of this JSNA will support the local authority in making progress against these.

6.2 Reducing smoking prevalence in Thurrock will also play a part in the levelling up agenda due to the health effects of smoking and the amount of household expenditure it accounts for, especially among low income households.

7. Implications

7.1 Financial

Implications verified by: **Mike Jones**
**Strategic Lead | Corporate Finance –
Resources and Place Delivery**

The JSNA identifies that the estimated annual net deficit to Thurrock's economy because of people smoking was £17.6 million in 2019. Much of this is associated with reduced productivity of the working age population but includes specific health and local government service costs.

The current stop smoking service is designed and delivered in a way that is within the cost effectiveness threshold identified by the National Institute for Health and Social Care Excellent. Decisions arising from recommendations of the JSNA that may have a future financial impact for the council would be subject to the full consideration of the relevant boards before implementation.

7.2 Legal

Implications verified by: **Ian Hunt**
**Assistant Director of Law and Governance &
Monitoring Officer**

There are no immediate, direct legal implications arising from this report; this report and the attached JSNA document have been compiled to help support and inform local programme planning and commissioning. Relevant national

policy is outlined in the attached JSNA document. Legal Services will be able to advise on any legal implications arising as necessary in due course.

7.3 **Diversity and Equality**

Implications verified by: **Roxanne Scanlon**
**Community Engagement and Project
Monitoring Officer**

The analysis and evidence base in this report seeks to understand inequalities in health in the borough associated with smoking and makes recommendations to further understand and take action to tackle these.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder, or Impact on Looked After Children)

None.

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Detailed references are given in the full report

9. **Appendices to the report**

Appendix 1: Tobacco Control JSNA

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