

# Title of report: Tobacco Control 2022

**Meeting: Health and wellbeing board**

**Meeting date: 26/09/2022**

**Report by: Public Health, Senior Public Health Commissioner**

## **Classification**

This is an open report.

## **Decision type**

This is not an executive decision

## **Wards affected**

All (All Wards);

## **Purpose**

The purpose of this report is to inform Health and Wellbeing Board on the recent publication of the 'The Khan review: Making smoking obsolete' (Appendix 1) and the findings from the recent smoking needs assessment (Appendix 2) and for the board to endorse the recommendations set-out within the report.

## **Recommendations:**

**That:**

- a) Health and Wellbeing Board welcomes the publication of Javed Khan's Independent Review into smoking and supports the development of an action plan to help make smoking obsolete in Herefordshire;**
- b) Health and Wellbeing Board acknowledge the findings from the recent smoking needs assessment and commit to supporting Herefordshire to become SmokeFree;**
- c) Health and Wellbeing Board actively support the need for a whole system approach to smoking at primary, secondary and tertiary prevention levels, and**

- d) Health and Wellbeing Board member organisations are asked to actively promote and engage in activity to work towards making smoking obsolete in Herefordshire, including supporting the establishment of a working group to produce an action plan reporting into the board annually.**

### **Alternative options**

1. Do nothing – this is not advised due to the impact smoking has on poorer health outcomes and widening health inequalities, in addition to the increasing demand smoking related ill-health places on the health and social care system.

### **Key considerations**

2. Virtually every indicator of disadvantage is associated with higher smoking rates. As a result, the health and financial impact of smoking is borne disproportionately by the most disadvantaged and marginalised in society.
3. Smoking therefore drives and exacerbates wider inequalities with people living in the most deprived areas and are four times more likely to smoke than those living in the least deprived areas.
4. In 2019, the government set an objective for England to be SmokeFree by 2030, meaning only 5% of the population would smoke by then. Without achieving this objective, the government will simply not meet its commitment “to extend healthy life expectancy by five years by 2035” and fulfil the ambition to save more lives as part of a new 10-Year Cancer Plan
5. The government commissioned an independent review into tobacco control in England which identified a number of recommendations that would enable Government to achieve its objective of being SmokeFree by 2030 and this was published 25 August 2022. In total, the report outlined 15 recommendations which can be broadly categorised in the following:
  - i. Increased investment
  - ii. Increase the age of sale
  - iii. Offer vaping as a substitute to smoking
  - iv. Improve prevention in the NHS
6. The government will consider these and take forward key recommendations within the forthcoming Health Disparities White Paper due to be announced imminently, and the development of a Tobacco Control Plan later in the year
7. Herefordshire has made good progress in reducing smoking rates across the county by working in partnership across all our organisations. Smoking prevalence in Herefordshire is currently 11.7% which remains lower than the national and regional average. However, whilst this progress is positive and should be commended, smoking remains the leading cause for differences in life expectancy in the county, and there are challenges within certain population groups.
8. Herefordshire Smoking Needs Assessment 2022 states that: in 2019/20 13.9% of pregnant women smoke at time of delivery and in 2018/19 15.1% of women in early pregnancy smoke which is higher than the national 12.8%.
9. Smoking prevalence in routine and manual workers is also at 28.6% which is higher than the county average, and highlights the need for renewed efforts to focus support to these groups.

10. Adults with severe mental illness (40%) and long term mental health conditions (28.2%) are also much more likely to smoke in Herefordshire than the general population. Although similar to the national average, Herefordshire ranks fourth worst out of 14 nearest neighbours.
11. Over 50% of smokers wanted to stop smoking, with the main drivers for this being current and future health concerns, and the cost of smoking. It is projected that on average smokers spend £1945 each year on tobacco in Herefordshire, and in total, £37.42 million (legal and illicit) across the population.
12. More recently additional work streams to support the NHS Long Term Plan, Tobacco Dependency element have started to gather pace presenting a further opportunity to support smokers within secondary care. These require hospital trusts to start patients on Nicotine Replacement Therapy at discharge and transfer to a community facing smoking cessation service.
13. However, achieving the SmokeFree objective requires a broad, cohesive and coordinated system wide approach across all prevention levels – primary (stopping people from starting smoking), secondary (harm reduction and cessation opportunities at every opportunity) and tertiary (breaking the cycle of addiction).
14. This approach needs to be aligned to changes in national legislation and policies, although a national Tobacco Control Plan and Health Disparities White Paper were expected but the formation of a new government is expected to delay this.

## **Community impact**

15. In addition to the health impact there is also an impact on economy, community and the local health and social care system. In Herefordshire alone, it is estimated that smoking costs the county £47 million due to costs associated with lower productivity, health care, social care and fire costs. It is currently estimated that 1859 hospital admissions were attributed to smoking in 2019.20.
16. The Khan Review states the importance of preventing children from starting smoking. Tobacco Smoke (second-hand smoke) can directly affect the health of children, but that also, children who grow up in homes where adults smoke, are 3-4 times more likely to smoke as adults. Furthermore, around 66% of all smokers become addicted to tobacco by the time they reach eighteen years old.

## **Environmental Impact**

17. Making Smoking obsolete in Herefordshire, and achieving Smoke Free status will have a significant impact on the environment, reducing the polluting effect of cigarette litter (plastics, heavy metals and other toxins) on land and water courses. There would also be a reduction in activity required by Herefordshire Council in order to collect and deal with cigarette litter. It is estimated that around 4 tonnes of cigarette litter (66% cigarette butts) are dropped on the streets of Herefordshire every year, and 9 tonnes of waste created overall, most of which ends up in landfill<sup>1</sup>. Tackling the issue of smoking supports both the smoker and wider population health improving the conditions for people to live healthier lives.

---

<sup>1</sup>ASH: Ready Recknor - <https://ash.org.uk/resources/view/ash-ready-reckoner>

18. The burden on the NHS will be significantly reduced and in turn so will the huge carbon footprint of smoking. Smoking materials are a major contributor to accidental fires, smoking related fires result in annual losses of 58.9K.

## **Equality duty**

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
19. Tobacco use, primarily in the form of smoking cigarettes correlates with deprivation. It adds to and amplifies health inequalities, and reduces the life expectancies of smokers, and in many cases, the people who live with them. Supporting the commitment for Herefordshire to make smoking obsolete through evidence-based recommendations will reach groups within the population who are more at risk of smoking, ensuring equity of support and avoiding discrimination.

## **Resource implications**

20. There are no resource implications to this report.

## **Legal implications**

21. This report is for the Health and Wellbeing to note and promote. Health and wellbeing boards are responsible for encouraging integrated working between health and social care commissioners and therefore the recommendations as set in the recommendations are in line with the functions of the Health and Wellbeing Board as set out in paragraph 3.5.24 of the council's constitution.

## **Risk management**

22. There are no specific implications arising out of this report.

## **Consultees**

None

## **Appendices**

Appendix 1 – Kahn Review summary and key points

Appendix 2 – Smoking Needs Assessment for Herefordshire

**Background papers**

None identified

**Report Reviewers Used for appraising this report:**

<b>Please note this section must be completed before the report can be published</b>		
Governance	Click or tap here to enter text.	Date Click or tap to enter a date.
Finance	John Coleman	Date 15/09/2022
Legal	Click or tap here to enter text.	Date Click or tap to enter a date.
Communications	Click or tap here to enter text.	Date Click or tap to enter a date.
Equality Duty	Click or tap here to enter text.	Date Click or tap to enter a date.
Procurement	Mark Cage	Date 15/09/2022
Risk	Click or tap here to enter text.	Date Click or tap to enter a date.
Approved by	Click or tap here to enter text.	Date Click or tap to enter a date.

**[Note: Please remember to overwrite or delete the guidance highlighted in grey]**

**Please include a glossary of terms, abbreviations and acronyms used in this report.**