

## **The Khan review: Making smoking obsolete**

### **1.0 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'* and that the board endorse the recommendations set-out within the report

### **2.0 Background**

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. Smoking therefore drives and exacerbates wider inequalities with people living in the most deprived areas are four times more likely to smoke than those living in the least deprived areas.<sup>1</sup>

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.

### **3.0 Summary of Kahn Review**

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. In total, the report outlined 15 recommendations which can be broadly categorised in the following:

#### **3.1 Increased Investment**

- Invest £125 million per year in interventions to reach a Smokefree 2030.
- Within this, £70 million per year should be ring-fenced for stop smoking services.
- The preferred option to fund the full range of measures is a 'polluter pays' industry levy on profits from cigarette sales.
- A Smokefree society would save the NHS £2.4 billion, lift around 2.6 million adults out of poverty, and create large productivity gains in the workforce and across the economy.

#### **3.2 Increase the age of sale**

- It is recommended that the age of sale is increased from 18, by one year, every year until no one can buy a tobacco product in this country.

#### **3.3 Offer vaping as a substitute for smoking**

- Healthcare professionals must be provided with accurate information about the benefits of vaping.
- All smokers should be offered vapes to help them quit smoking. The government should accelerate the path to prescribed vapes and provide free Swap-to-Stop packs in deprived communities.
- Young people must be prevented from taking up vaping by making vapes less appealing and accessible. Vapes should only ever be used a quit tool.

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<sup>1</sup> ONS [likelihood of smoking four times higher in England's most deprived areas than least](#)

### 3.4 Improve Prevention in the NHS

- All the existing commitments in the NHS Long Term Plan must be met.
- The Very Brief Advice (VBA), model must be used to offer smokers treatment. All smokers in primary or secondary care should receive VBA by their clinician or health professional.
- All hospitals should integrate 'opt-out' support and treatment for all smokers into routine care.
- Hospital trusts must report their progress in annual reports.
- Broader NHS messaging should be targeted to encourage people to stop smoking.

The government will consider these and take forward key recommendations within the forthcoming Health Disparities White Paper due to be announced this summer, and the development of a Tobacco Control Plan later in the year

### 4.0 Local Context

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%<sup>2</sup> 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 such as pregnant women where current smoking prevalence is higher than the national and regional average at 11.5% (SATOD). Smoking prevalence in routine and manual workers is also at 28.6% which is higher than the county average.<sup>3</sup>

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<sup>4</sup>. It is currently estimated that 1859 hospital admissions were attributed to smoking in 2019.<sup>5</sup>

### 5.0 Brief overview of work being undertaken to date in this area

- Herefordshire Smoking Cessation Service is funded by Public Health providing evidenced based support in the community for people wanting to stop smoking. As part of this service, pharmacies can sign up to the council contracting framework to dispense NRT to smokers following support from the Smoking Cessation Service.
- Public Health have provided additional interim investment to increase support available for pregnant smokers funding a maternity support worker and NRT supply. Ongoing funding needs to be considered.
- Additional maternity support worker post funded by WVT is in the process of being recruited.
- Smoking in pregnancy task and finish group established and will report back progress against SIP action plan to the H&W Maternity Transformation group /LMNS Board. Worcestershire PH chair.
- CLear assessment deep dive of H&W maternal smoking support carried out informing the SIP action plan.
- Further support is being developed following the roll-out of the NHS Tobacco Dependency pathways which is a key requirement from the NHS long term plan.
- Tobacco Dependency Steering Group has been established to support NHS LTP pathway development.

<sup>2</sup>Fingertips <https://fingertips.phe.org.uk/profile/tobacco-control/data>

<sup>3</sup>Fingertips tobacco control profile (<https://fingertips.phe.org.uk/static-reports/tobacco-control/at-a-glance/E06000019.html?area-name=Herefordshire>)

<sup>4</sup>Ash Ready Reckoner 2022. [ASH Ready Reckoner 2022 - Action on Smoking and Health](#)

<sup>5</sup>OHID Finger tips - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/ati/402/are/E06000019>

- Some pharmacies signed up to provide [Community Pharmacy Advanced Service](#), to support the discharge from care although a limited number across H&W.
- Broader CLear assessment across tobacco control needs to be considered.
- A tobacco needs assessments is currently being developed jointly between Worcestershire County Council that will inform local actions to further reduce tobacco dependency.
- The Government is expected to publish a Tobacco Control Strategy in late 2022.

## **6.0 Recommendations for the Board**

1. That the Health and Wellbeing Board welcomes the publication of Javed Khan's Independent Review into smoking
2. Health and Wellbeing Board supports the recommendations from the Kahn review and the resulting actions to help make smoking obsolete in England and Herefordshire
3. Health and Wellbeing board member organisations are asked actively promote and engage in activity to work towards making smoking obsolete in Herefordshire.

## The Khan Review: Independent review into smokefree 2030 policies

Four critical recommendations are boxed in red. These are 'must dos' for the government to achieve a smokefree England by 2030, around which all other interventions are based.

### Part 1: Invest Now

**REC 1: Urgently invest £125m per year in interventions to reach smokefree 2030.**

Option 1: Additional funding from within government  
Option 2: A 'polluter pays' industry levy  
Option 3: A corporation tax surcharge

### Part 3: Quit for Good

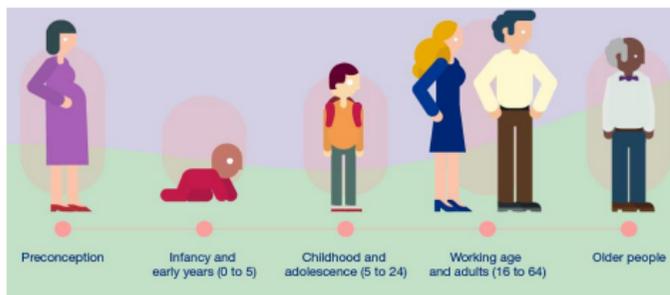
**REC 8: Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.**

**REC 9:** Invest an additional £70 million per year into 'stop smoking services', ringfenced for this purpose.

**REC 10:** Invest £15 million per year in a well-designed national mass media campaign, supported by targeted regional media.

### Part 2: Stop the Start

**REC 2: Raise age of sale of tobacco by one year, every year.**



The image above shows **the lifecycle of a smoker**. From smoking in pregnancy and the impact on the unborn baby, to old age, where 2/3 lifetime smokers will likely die from smoking. Interventions are needed at all stages of a person's life.

**REC 3:** Substantially raise the cost of tobacco duties (more than 30%) across all tobacco products, immediately. Abolish all duty free entry of tobacco products at our borders.

**REC 4:** Introduce a tobacco licence for retailers to limit where tobacco is available.

**REC 5:** Enhance local illicit tobacco enforcement by dedicating an additional funding of £15 million per year to local trading standards.

**REC 6:** Reduce the appeal of smoking by radically rethinking how cigarette sticks and packets look, closing regulatory gaps and tackling portrayals of smoking in the media.

**REC 7:** Increase smokefree places to de-normalise smoking and protect young people from second-hand smoke.

### Part 4: System Change

**REC 11: The NHS needs to prioritise prevention, with further action to stop people smoking, providing support and treatment across all its services, including primary care**

**REC 12:** Invest £15m per year to support pregnant women to quit smoking in all parts of the country.

**REC 13:** Tackle the issue of smoking and mental health.

**REC 14:** Invest £8m to ensure regional and local prioritisation of stop smoking interventions through ICS leadership.

**REC 15:** Invest £2 million per year in new research and data, including investing £2 million in an innovation fund.

[ICS Tobacco Dependence infographic](#)